

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

OMB No 1545-0047 2013

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 cale	endar year, or tax year	beginning		, 2013	, and endir	ng	_	, 20			
В	Check if	fapplicable	C Name of organization	aSalle Council	, Inc., Boy Scou	uts of Americ	a #165 Tru	st	D Employ	er identification n	umber		
	Address	change	Doing Business As Inc						35-6034215				
	Name ch	hange	Number and street (or I				Room/su	ııte	E Telephone number				
	Initial ret	turn	1340 South Bend Ave	9 .						574-289-0337			
	Termina		City or town, state or p		ind ZIP or foreign p	oostal code				374-203-0337			
\Box	Amende		South Bend, IN 4661		G Gross re	eceipts \$	511,760						
\Box		tion pending			Patrick D. Bridg	105		H(a) is this a	_	subordinates? Yes			
_	, ippliout	don pending	1340 South Bend Ave	-	_				• .	s included? Yes			
_	Tay-eye	mpt status	√ 501(c)(3)	501(c) () ◀ (insert no)	_	r 🗆 527			a list (see instruction			
<u>-</u>	Website		301(0)(0)) 1 (1110011110) [4947 (a)(1) 0	J 1321		o exemption	,	1761		
K			☐ Corporation ✓ Trust	Association	Other ▶	11,	Year of forma	<u> </u>		of legal domicile	IN		
P	art I	Summ		7.000000000			roar or romma	1974	, III Ciaic	or logar dormone			
	1		escribe the organizat	ion's mission	or most signific	cant activitie	e. To pro	wide the Cou	ıncil (LaS	alle Council, Inc	Boy		
•	١.												
Governance			f America #165 EIN: 3		increasing ima	iriciai suppo	I L IOI DOLLI	operating an	o capitai i	ieeus. See Scii	equie		
Ĕ	2		mission of the Counc ons box ► ☐ If the org		continued its or	orations or	diepoead	of more tha	n 25% of	ite not accote			
Š	3		of voting members of						1 -		44		
ري مع	4		_	-	• • •				4		41		
Se			of independent votin	_		• .	-		· ——		41		
ŧ	5		mber of individuals e		-	13 (Part V, II	ne zaj .		. 5		0		
Activities &	6		mber of volunteers (e		• •				. 6		0		
٩	7a		related business reve		-	•			. 7a		0		
	b	Net unre	lated business taxab	ole income tror	n Form 990-1,	line 34 .		· · · Prior Y	. 7b	Current Y	0		
		0	(D.	Prior t	25,031	Current 1							
e	8 Contributions and grants (Part VIII, line 1h)										14,291		
en (
Ae e	11 Other revenue (Part VIII, column (A) lines 5,6d,8c,-9c,/10c and 11e)								109,523		223,208		
									3,006	1	1,205		
	12						, line 12)		137,560		238,704		
	13		ind similar amounts p						113,848		126,840		
	14		paid to or for memb										
es	15		other compensation,			10/1	es 5–10)						
ens	16a		onal fundraising fees							ļ	 ;		
Expenses	b		ndraising expenses (F				0						
-	17		penses (Part IX, colu			•			11,323		13,179		
	18		penses. Add lines 13						125,171		140,019		
	19	Revenue	e less expenses Sub	tract line 18 fr	om line 12 .		· · ·		12,389		98,685		
sets or	2							Beginning of C	Surrent Year	End of Ye	ear		
sset	20		sets (Part X, line 16)						2,851,663		3,156,090		
Net Ass	21		bilities (Part X, line 26	•					0		0		
			ets or fund balances.	Subtract line	21 from line 20)			2,851,663	<u> </u>	3,156,090		
Ŀ	art II	Signa	ture Block					•					
			ury, I declare that I have e: plete Declaration of prepai							my knowledge and	d belief, it is		
		T i	Diete Deciaration of prepar	er (other than onle	cer) is based on all	inormation or	writen prepar	er rias ariy kriot	wiedge				
o:			D-ft ()	0									
	gn		hatture of lefficer	Wula	·L			L	Date	ك رأياً 8			
п	ere	\downarrow	out f							8 /",// /	+		
			e or print name and title	PATRA		1065			ECHTI	VE (LEO			
Pa	aid	Print/T	ype preparer's name	Pre	parer's signature		[Date	Check				
Pi	epare	er				 			self-err	ployed			
	se On		name					Fi	rm's EIN 🕨				
_		Firm's	address >					Pt	none no				
M	ay the I	IRS discus	ss this return with the	e preparer sho	wn above? (se	e instruction	าร) .			🗌 Ye	s 🗌 No		

-orm	OOO	(2012)	

Page 2

Part		plishments	
1	Check if Schedule O contains a response	e or note to any line in this Part III	<u> </u>
•	Briefly describe the organization's mission:	Scouts of America #165 EIN: 35-0867966) with increas	ing financial avenued for
	both operating and capital needs. See Schedule O.	for the mission of the Council.	ing imancial support for
2	Did the organization undertake any significant p	rogram services during the year which were not lis	sted on the
	If "Yes," describe these new services on Schedu		· · · ∐Yes ☑ No
3		ake significant changes in how it conducts, an	v program
	services?		· · · ☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O		
4		complishments for each of its three largest progra	
	expenses. Section 501(c)(3) and 501(c)(4) organ the total expenses, and revenue, if any, for each	nizations are required to report the amount of gran	its and allocations to others,
	the total expenses, and revenue, it arry, for each	program service reported.	
4a	(Code:) (Expenses \$ 126,840	ncluding grants of \$) (Revenue	\$ 224.413)
	The Trust consists of investments, the proceeds of	f which are partially available for disbursement to LaS	alle Council, Inc., Boy
	Scouts of America #165 for use in its exempt purpo	ose. The availability of funds is determined by the rule	es set forth in the
	Statement of Investment Policy and Spending Policy	cy for the Trust.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue	2 \$
		, (, , , , , , , , , , , , , ,	
	••••••		
		•••••	
	•		
			•••••••
			•••••
			•••••
			•••••••
			••••••
4c	(Code:) (Expenses \$	including grants of \$) (Revenue)

			••••••
4d	Other program services (Describe in Schedule C		
	(Expenses \$ including grants of	f\$) (Revenue \$	
4e	Total program service expenses ▶	<u>126,840</u>	

	0 (2013)			Page ${f 3}$
Part	V 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	1	Yes	No
2 3	ls the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	2	-	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		✓
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		1
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? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		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		/
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, 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		✓
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	1	-
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	<u> </u>	1
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		✓

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

20b

Form 99	0 (2013)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or 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 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</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		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	35b 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		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		age O
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			j
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
1	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		_
	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			
b	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?	Ch		
7	gifts were not tax deductible?	6b		
'а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
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	8		}
9	organization, have excess business holdings at any time during the year?	8		l
a	Sponsoring organizations maintaining donor advised funds. 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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			ĺ
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		ļ .
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
ıs a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ısa	-	
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			
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		1
b		14b		Ť

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			✓
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 41			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 41			Ì
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			Ĺ
_	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	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	1	
	stockholders, or persons other than the governing body?	7b	•	
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	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			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	✓	<u> </u>
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	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		/
р	Other officers or key employees of the organization	15b	 	1
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	and the second s		<i>-</i> -	<u> </u>
_	with a taxable entity during the year?	16a	<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			<u> </u>
Sect	organization's exempt status with respect to such arrangements?	16b	L	
	Let the states with which a copy of this Form 200 is required to be filed by		<u> </u>	
17 18	List the states with which a copy of this Form 990 is required to be filed IN	2 EQ-	(0)(0)	المما
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(၁)(૩)၅	only)
19	Own website Another's website Upon request Other (explain in Schedule 0) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest.		nel:-	
13	financial statements available to the public during the tax year	.erest	bolic.	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of +L	_	
20	organization: ► Patrick D. Bridges, 1340 South Bend Ave, South Bend, IN 46617	บา เก	=	
	Patrick U. Bridges, 1340 South Bend Ave, South Bend, IN 46617			

orm	990	(2013)
-orm	990	(2013)

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

Check if Schedule O contains a response or note to any line in this Part VII	
	_

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

Chook this how if neither the agreement in a superior of the control of the contr

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

(2) Michael Beeler .02 .02 .03 .00 .03 .00	Check this box if neither the organization no	r any related	d orga	anız	atıc	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(1) Jay Asdell					(0	C)					
Name and Title	(A)	(B)	١,,						(D)	(E)	(F)
Compensation Comp	Name and Title	Average hours per	box,	unles	s pe	rson	ıs both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
Director		hours for related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the organization and related
(2) Michael Beeler		.02									
Director 1.5	Director	1.5	✓	<u> </u>				<u> </u>	0	o	
(3) Donald Bengel 0.02 0 0 0	(2) Michael Beeler	.02]		ŀ	ĺ					
Director 1.5	Director	1.5	✓						0	<u> </u>	
(4) Brad Beutter	(3) Donald Bengel	.02									
Director 1.5 ✓ 0 0 (5) Peter Braasch .02 ✓ 0 0 Director 1.5 ✓ 0 0 (6) Chris Bryan .02 ✓ 0 0 Director 1.5 ✓ 0 0 (7) John Callan .02 ✓ 0 0 Director 1.5 ✓ 0 0 0 (8) Philip Daub .02 ✓ 0	Director	1.5	✓						0	0	
(5) Peter Braasch	(4) Brad Beutter	.02									
Director 1.5 ✓ 0 0 (6) Chris Bryan .02 0 0 Director 1.5 ✓ 0 0 (7) John Callan .02 0 0 0 Director 1.5 ✓ 0 0 0 (B) Philip Daub .02 0	Director	1.5	✓	1					0	0	
(6) Chris Bryan	(5) Peter Braasch	.02									
Director 1.5 ✓ 0 0 (7) John Callan .02 ✓ 0 0 Director 1.5 ✓ 0 0 (8) Philip Daub .02 ✓ 0 0 Director 1.5 ✓ 0 0 (9) Kevin Davis .02 ✓ 0 0 Director 1.5 ✓ 0 0 (10) Mark Dicken .02 O 0 Director 1.5 ✓ 0 0 (11) Mick Faloon .02 O 0 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 O 0 Director 1.5 ✓ 0 0 (13) Tom Gresik .02 O 0 Director 1.5 ✓ 0 0	Director	7	✓						0	0	
Director 1.5 ✓ 0 0 (7) John Callan .02 0 0 Director 1.5 ✓ 0 0 (8) Philip Daub .02 0 0 0 Director 1.5 ✓ 0 0 0 (9) Kevin Davis .02 .02 .02 .02 .02 .02 .02 .02 .02 .02 .03 <t< td=""><td>(6) Chris Bryan</td><td>.02</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>	(6) Chris Bryan	.02									-
Director 1.5 ✓ 0 0 (8) Philip Daub .02 0 0 Director 1.5 ✓ 0 0 (9) Kevin Davis .02 0 0 Director 1.5 ✓ 0 0 (10) Mark Dicken .02 0 0 Director 1.5 ✓ 0 0 (11) Mick Faloon .02 0 0 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 0 0 Director 1.5 ✓ 0 0 (13) Tom Gresik .02 0 0 Director 1.5 ✓ 0 0 (14) David Harnish .02 0 0			✓						0	0	
Director 1.5 ✓ 0 0 (8) Philip Daub .02 0 0 Director 1.5 ✓ 0 0 (9) Kevin Davis .02 0 0 Director 1.5 ✓ 0 0 (10) Mark Dicken .02 0 0 Director 1.5 ✓ 0 0 (11) Mick Faloon .02 0 0 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 0 0 Director 1.5 ✓ 0 0 (13) Tom Gresik .02 0 0 Director 1.5 ✓ 0 0 (14) David Harnish .02 0 0	(7) John Callan	.02								1	
(8) Philip Daub	Director		✓		İ				0	o	
Director 1.5 ✓ 0 0 (9) Kevin Davis .02 0 0 Director 1.5 ✓ 0 0 (10) Mark Dicken .02 0 0 0 Director 1.5 ✓ 0 0 0 (11) Mick Faloon .02 0	(8) Philip Daub										
(9) Kevin Davis	Director		✓						0	o	
Director 1.5 ✓ 0 0 (10) Mark Dicken .02 0 0 Director 1.5 ✓ 0 0 (11) Mick Faloon .02 0 0 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 0 0 Director 1.5 ✓ 0 0 (13) Tom Gresik .02 0 0 Director 1.5 ✓ 0 0 (14) David Harnish .02 0 0	(9) Kevin Davis		Ì								
(10) Mark Dicken	Director		1 ✓			İ			0	0	
Director 1.5 ✓ 0 0 (11) Mick Faloon .02 0 0 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 0 0 0 Director 1.5 ✓ 0 0 0 (13) Tom Gresik .02 0 0 0 0 Director 1.5 ✓ 0 0 0 (14) David Harnish .02	(10) Mark Dicken										
(11) Mick Faloon .02 Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 0 0 0 Director 1.5 ✓ 0 0 0 (13) Tom Gresik .02 0			1 ✓						0	0	
Director 1.5 ✓ 0 0 (12) Donald Fischeser .02 O 0 Director 1.5 ✓ 0 0 (13) Tom Gresik .02 O 0 0 Director 1.5 ✓ 0 0 0 (14) David Harnish .02 O 0 0 0	(11) Mick Faloon							Т			
(12) Donald Fischeser .02 Director 1.5 (13) Tom Gresik .02 Director 1.5 ✓ 0 0 0 (14) David Harnish .02	Director		1 ✓	}					0	0	
Director 1.5 ✓ 0 0 (13) Tom Gresik .02 0 0 0 Director 1.5 ✓ 0 0 (14) David Harnish .02 0 0	(12) Donald Fischeser										
(13) Tom Gresik .02 Director 1.5 ✓ 0 0 (14) David Harnish .02 ✓ 0 0			1				1		i 0	0	
Director 1.5 ✓ 0 0 (14) David Harnish .02 ✓ <td< td=""><td>(13) Tom Gresik</td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td></td><td> </td></td<>	(13) Tom Gresik		1						1		
(14) David Harnish .02	***************************************		1		ĺ				0	0	
								Т			
			1				1		0	n	

Part \	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	t C	ompensated E	mployees (c	ontınu	ed)		_
						>)								
	(B)	(do n		Pos		than c	nne	(D)	(E)	İ	(F)		
	Average	box, ι	unles	s pe	rson	ıs both	an	Reportable	Reportable			nated		
	hours per week (list any		_	_		or/trust	—	compensation from	compensation related	trom		unt of her		
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	the	organization		•	nsation	
		related organizations	l reci	턌	er	<u>8</u>	nest doye	ner	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		n the ization	
		below dotted	orta	nai		l Se	е		(11 2) 1000 111100)	1		and r	elated	
		line)	uste	tz		æ	ıpen					organı	zations	
			•	tee			Highest compensated employee							
(15) Day	n Haverty	.02					٩			- ::				
Directo		1.5	1		i				۰ ا		o			0
	nald Jordan	.02										•		<u>-</u>
Directo		1.5	1						o		o			0
(17) Gre	eg Kil	.02												
<u>Directo</u>	r	1.5	1					_	0		0			0
(18) Evi	e Kirkwood	.02							1		1			
<u>Directo</u>		1.5	✓	<u> </u>				_	0		0			0
	nes Krzyzewski	.02	,			i								
Directo		1.5	/	-		-		<u> </u>	0		0			0
	bert Lewis	.02	1			Ì								•
Directo		1.5	 	┢	┢	 		├	0		_0			0
Directo	n Lozen	.02 1.5	1						0		o			0
	nes Mauck	.02	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	┢╌	\vdash		 	<u> </u>					
Directo		1.5	1								o			0
	n Oates	.02	Ť	 	\vdash			<u>├</u>						
Directo		1.5	1						0	,	o			0
	x Plumhoff	.02	İ		1				-					
Directo		1.5	1 ✓		ļ				0		0			0
(25) Ric	chard Rush Sr	.02												
Directo	or	1.5	✓						_0		0			0
1b	Sub-total							•	0		0			0
С	Total from continuation sheets to Part								0		0			0
	Total (add lines 1b and 1c)							<u> </u>		·	0			0
2	Total number of individuals (including bu			hose	e lıs	ted	abov	e) v	vho received m	ore than \$10	00,000) of		
	reportable compensation from the organ	ization ► 0								-			Yes	NI.
3	Did the organization list any former o	fficer direc	etor .	or t	ruet	-00	kov	amı	nlovee or high	neet compa	neator		res	NO
J	employee on line 1a? If "Yes," complete											1 3		√
4	For any individual listed on line 1a, is th													
•	organization and related organizations												1	
	ındıvıdual											4	1	
5	Did any person listed on line 1a receive													
	for services rendered to the organization	? If "Yes,"	comp	lete	Sc	hea	ule J	for	such person			5		✓
Section	n B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	for t	he o	calend	dar	year ending wi	th or within i	the or	ganızatıd	on's ta	Х
	year.							_		· · · · · · · · · · · · · · · · · · ·				
	(A) Name and business ad	dress							(B) Description of	services		(C) Compens	ation	
								+-						
								╁						
								+			_			
			-					1						
								1						
2	Total number of independent contract							o t	hose listed at	ove) who				
	received more than \$100,000 of comper	nsation from	the o	orga	nıza	atio	n▶		0					

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2013

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 (list any hours for related organizations below dotted	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)Ken Sherry Director	0.02	tor X	tee		ee	yee		0	0	0	
(27)Linda Lee Taylor Director	0.02 1.5	Х						0	0	0	
(28)Rex Voorheis Director	0.02 1.5	х						0	0	0	
(29)Kevin Warren Director	0.02 1.5	х						0	0	0	
(30)Will Wilson Director	0.02 1.5	x						0	0	0	
(31) Indiana Trust Investment & Mgmt Co Trustee	1.5 0		x					0	0	0	
(32)Patrick Bridges Secretary/Scout Exec	0.72 50			х				0	0	0	
(33)Michael Gotsch President	0.05 1.5	х		x	!			0	0	0	
(34)Tom Gotsch Asst Treasurer	0.05 1.5	х		х				0	0	0	
(35)Joe Null Commissioner	0.05 1.5	х		х				0	0	0	
(36)Linda Roebuck VP Membership	0.05 1.5	X		х				0	0	0	
(37)David Niswonger VP Finance	0.05 1.5	х		х				0	0	0	
(38)Donald Parker VP Administration	0.05 1.5	Х		х				0	0	0	
(39)Bernie Rieder VP Program	0.05 1.5	х		х				0	0	0	
(40)Joe Grabill Asst VP Finance	0.05 1.5	X		×				0	0	0	
(41)Kim Overmyer VP District Operations	0.05 1.5	×		×				0	0	0	
(42)Michael Flowers Treasurer	0.05 1.5	×		X				0	0	0 Form 990 2013	

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2013

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 (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	§ Officer	Key employee	Highest compensated employee	Former	compensation from	Reportable compensation from related organizations (W-2/1099- MISC)	of other
(43)Rich Urda President Elect	0.05 1.5	Х	L	х				0	0	o
						_				
					_					
			_							
						_				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
		Check if Schedule O contains a res	oonse or note to			(C)	(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, (C	Fundraising events 1c					
ia Gi	d	Related organizations 1d					
Si mi	е	Government grants (contributions) 1e					
er ë	f	All other contributions, gifts, grants,					
휼		and similar amounts not included above 1f	14,291				
a at	g	Noncash contributions included in lines 1a-1f. \$	o				
	h	Total. Add lines 1a-1f	▶	14,291			
J.	_		Business Code				
eve	2a						
Program Service Revenue	b						
Ŋ	C .						
Se	d						
ran	e	All ather are are a constant					
709	f	All other program service revenue. Total. Add lines 2a-2f					
	g 3	Investment income (including divid					
		and other similar amounts)		87,610			87,610
	4	Income from investment of tax-exempt be	, i	87,010			67,010
	5	Royalties					·
		(i) Real	(ii) Personal				
	6a	Gross rents					
	ь	Less: rental expenses	-				
	C	Rental income or (loss)				i	
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 408,654	·				
	b	Less, cost or other basis					
		and sales expenses 273,056					
	С	Gain or (loss) 135,598					_
	d	Net gain or (loss)		13 <u>5,</u> 598			135,598
d)	ı						
a Green	8a	Gross income from fundraising					
Š		events (not including \$				-	
č		of contributions reported on line 1c).					
Other Revel	١.	See Part IV, line 18 a					
ð	I .	Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
	ya	Gross income from gaming activities. See Part IV, line 19 a					
		-					
		Less: direct expenses b Net income or (loss) from gaming act					
		Gross sales of inventory, less	ivities				
	iva						
	h	returns and allowances a Less: cost of goods sold b					
		Net income or (loss) from sales of inv				- 	
	- '	Miscellaneous Revenue	Business Code	 			
	11a						
	b						
	C						
	ď	All other revenue	900099	1,205	·		1,205
	e	Total. Add lines 11a–11d		1,205			.,,200
	12	Total revenue. See instructions		238 704	0	0	238 704

Potm 99				· · · · · · · · · · · · · · · · · · ·	Page 10
	Statement of Functional Expenses	anlata all aglumana. Al	l athar areas estima	must samplete sel	········ (4)
<u>Section</u>	n 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-				umn (A).
	t include amounts reported on lines 6b, 7b, , 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	126,840	126,840		,
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
C	Accounting				···
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees	13,179		13,179	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			_	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
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					
e	All other expenses				<u></u>
25	Total functional expenses. Add lines 1 through 24e	140,019	126,840	13,179	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	:			

Pá	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		· · · <u>· · · </u>
			(A) Beginning of year		(B) End of year
$\neg \top$	1	Cash—non-interest-bearing	22,980	1	211,137
1	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net	3,000	3	3,500
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
Ì		trustees, key employees, and highest compensated employees.			
1		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		_	
ts		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities	2,825,683	11	2,941,453
	12 13	Investments—other securities. See Part IV, line 11		12	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,851,663	16	3,156,090
	17	Accounts payable and accrued expenses	2,031,003	17	3,130,030
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	 	21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities	1	trustees, key employees, highest compensated employees, and			+
abi		disqualified persons. Complete Part II of Schedule L		22	
Ï	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		i	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	2,090,055		2,321,425
Ва	28	Temporarily restricted net assets	55,311		114,077
Б	29	Permanently restricted net assets	706,297	29	720,588
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	2,851,663	33	3,156,090
	34	Total liabilities and net assets/fund balances	2,851,663	34	3,156,090,
					Form 990 (2013)

1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," 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:	2a		✓	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?	2b	✓		
	separate basis, consolidated basis, or both:				i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1			ĺ
С	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?	3a		1	
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			
		Forr	n 990	(2013)	,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							mployer id	entificatio	n number
LaSa	le Council, Inc., Boy						\			34215
Par	ttl Reason fo	r Public Char	ity Status (All organ	<u>nizations</u>	must co	omplete	this par	t.) See ii	nstructio	ons.
The 6	☐ A church, conv ☐ A school descr ☐ A hospital or a	ention of church bed in section cooperative hos	tion because it is: (Foines, or association of interpretation of interpretation of interpretation). (Attaction) and service organization operated in conjunc	churches h Schedu tion desc	describe ule E.) cribed in s	ed in sect	tion 170(70(b)(1)(b)(1)(A)(i) A)(iii).		(iii) Enter the
4		e, city, and state		MOH WILL	a nospita	ai descrit	ea in se i	cuon 170	(א)(וו)(ט)י	un). Enter the
5	An organization section 170(b)	n operated for t	he benefit of a collect plete Part II.)		•		•	, ,	vernmeni	tal unit described in
6 7	=									
8	☐ A community to	rust described ir	section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II)				
9										
10	An organization	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)(4).	
11										
	a 🗌 Type I	b 🗹 Type	II c ☐ Type III	l-Functio	nally integ	grated	d □ -	Type III–N	Non-funct	tionally integrated
€		ndation manage	that the organization ers and other than one							
f			written determination	on from 1	the IRS t	hat it is	a Type	I. Type	II. or Tvr	pe III supporting
-		heck this box .							.,,	
g	Since August following person		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	_
			ndirectly controls, eithody of the supported o							nd Yes No 11g(i) ✓
	(ii) A family me	ember of a perso	on described in (i) abo	ve?						. 11g(iı) ✓
	(iii) A 35% con	trolled entity of	a person described in	ı (ı) or (ıı) a	above? .					. 11g(iii) ✓
	Provide the fol	lowing informati	on about the support	ed organ	ızatıon(s).			,		,
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orgai	rou notify nization in of your port?	organizati (i) organi	Is the tion in col ized in the S?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
	aSalle Council, nc., Boy Scouts of	35-0867966	7	/		1		1		126,840
(B) A	merica #165									
(C)										
(D)										
(E)					<u> </u>					
		ļ					1			

Total

Part		ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v	<u> </u>
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatıo	n failed to qu	alify under
Soction	Part III. If the organization fails to on A. Public Support	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	dar year (or fiscal year beginning in)	(-) 2000	(h) 0010	(-) 0011	(4) 0010	(-) 0010	(6) T-4-1
1	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201 <u>3</u>	(f) Total
•	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.						
	on B. Total Support	,			·		
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secor 		=		' ' ' '
Secti	on C. Computation of Public Support						· · · · <u>_</u>
14	Public support percentage for 2013 (line			11, column (f))		14	%
15	Public support percentage from 2012 Sc	hedule A, Part	II, line 14 .			15	%
16a	331/3% support test—2013. If the organi box and stop here. The organization qua	alifies as a pub	licly supported	dorganization			. ▶ □
b	331/3% support test—2012. If the organ check this box and stop here. The organ					e 15 is 33¹/3% · · · ·	or more,
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	ition meets th neets the "fact	e "facts-and-c	eircumstances" stances" test	' test, check t	his box and s	a, and line top here.
18	Private foundation. If the organization d				a, or 17b, ched	ck this box and	l see

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.)

Socti	on A. Public Support	under the te	sts listed belt	ow, please co	ompiete Fart	11.)	
		(-) 0000	(5) 0040	(1) 0044	() 0040	() 0010	10 T
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	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			1			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						<u> </u>
С 8	Add lines 7a and 7b						
0	Public support (Subtract line 7c from line 6.)		•				
Sacti	on B. Total Support			<u> </u>	<u>.</u>	L	
	dar year (or fiscal year beginning in)	(=) 2000	(h) 0010	(-) 0011	(-1) 0010	(-) 0040	(O. T. 1.1)
9	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10a							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	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				h, or fifth tax y		
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2013 (line	8, column (f) c	livided by line	13, column (f))		15	%
16	Public support percentage from 2012 Sc	hedule A, Part	: III, line 15 .			16	 %
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2013					17	%
18							%
19a	331/3% support tests - 2013. If the organ	ization did no	t check the bo	x on line 14, a	and line 15 is n	nore than 33	¹/3%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz	zation did not	check a box on	line 14 or line	19a, and line 1	6 is more tha	n 33¹/3%, and
	line 18 is not more than 331/3%, check this						_
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see ins	tructions 🕨 🔲

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2013						
Part IV		I Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and . Also complete this part for any additional information. (See instructions).					

		•••••••••••••••••••••••••••••••••••••••					
		······································					
		·····					
		······					
••							
	•••••						
							
		······································					
		······································					

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

asalle Part	Council, Inc., Boy Scouts of America #165 Tru		35-6034215
Fart		or Advised Funds or Other Similar Fu	
 	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	
4	Total aumhor at and af	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year) .		
	Aggregate grants from (during year)		
	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		
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds can be used
	only for charitable purposes and not for the		• •
			· · · · · · Yes 🗌 No
Part			
		vered "Yes" to Form 990, Part IV, line 7	7
	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g.,	recreation or education) Preservation	of an historically important land area
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	2b
C	Number of conservation easements on a ce	rtified historic structure included in (a)	2c
d	Number of conservation easements include	led in (c) acquired after 8/17/06, and no	ot on a
	historic structure listed in the National Regis	ster	· · 2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po	licy regarding the periodic monitoring, in	nspection, handling of
	violations, and enforcement of the conserva	tion easements it holds?	· · · · · · □ Yes □ No
	Staff and volunteer hours devoted to monitor		
	>		3 ,
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	▶ \$, J	,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the		
	organization's accounting for conservation		
Part	Organizations Maintaining Colle	ections of Art, Historical Treasures, o	or Other Similar Assets.
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other	similar assets held for public exhibition	education or research in furtherance of
	public service, provide the following amount		saccation, or recourse in furtherance o
			• •
	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X.	, mo	
2	If the organization received or held works	of art historical treasures or other similar	lar assets for financial gain, provide the
	following amounts required to be reported in	inder SEAS 116 (ASC 958) relating to these	items.
_	Povenies included in Form 900. Part VIII III	no 1	, nome.
a	Revenues included in Form 990, Part VIII, lir Assets included in Form 990, Part X	IC 1	· · · · • • • • • • • • • • • • • • • •
U	ASSELS INCHURED IN FUITH SSU. FAILA	. 	

	- ·-	00010010
Schedul	e D (Forn	າ 990) 2013

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or C	Other Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):					
а	☐ Public exhibition			or exchange pro		
b	Scholarly research		e 🗌 Other			
	Preservation for future generations					
4	Provide a description of the organizat XIII.					
5	During the year, did the organization assets to be sold to raise funds rather					□ Yes □ No
Part		•	-			
	Complete if the organization 990, Part X, line 21.	answered "Yes"	' to Form 990, P	art IV, line 9, oi	r reported an amo	ount on Form
	Is the organization an agent, trustee,	. custodian or oth	er intermediary fo	r contributions	or other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	ıble:		_
		•	J		Am	ount
С	Beginning balance			🗔	1c	
d	Additions during the year			🗔	ld	
е	Distributions during the year			[1	le l	
f	Ending balance			🔽	1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21? .	.		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	has been provi	ded in Part XIII .	
Part						
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	2,851,663	2,608,763	2,693,20	4 2,458,189	1,938,868
b	Contributions	15,496	28,037	50,05	0 68,637	134,547
С	Net investment earnings, gains, and					
	losses	428,950	340,034	(11,368	3) 287,526	516,528
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	(126,840)	(113,848)	(110,700) (111,575)	(124,048)
f	Administrative expenses	(13,179)	(11,323)	(12,423	3) (9,573)	(7,706)
9	End of year balance	3,156,090	2,851,663	2,608,76		2,458,189
2	Provide the estimated percentage of t			, column (a)) held	d as:	
а	Board designated or quasi-endowmen		<u>1</u> %			
b		20.6%				
С	Temporarily restricted endowment ▶					
•	The percentages in lines 2a, 2b, and 2	•				
за	Are there endowment funds not in the	e possession of th	e organization tha	at are held and a	administered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
ь 4	If "Yes" to 3a(ii), are the related organ					3b
Part	Describe in Part XIII the intended uses VI Land, Buildings, and Equip		on s endowment it	inus.	-	
r ai	Complete if the organization		' to Form 000 D	ort IV line 11e	Saa Farm 000 F	ant V line 10
	Description of property	(a) Cost or ot				
	Description of property	(a) Cost or of	1	ther)	c) Accumulated depreciation	(d) Book value
1a	Land					
b	Buildings		<u> </u>			
c	Leasehold improvements					
d	Equipment					
е	Other					
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, column	(B), line 10(c).)		

	(a) Description of security or category	(b) Book value		990, Part X, line 12.
	(including name of security)	(S) DOOK VAIDE		of-year market value
I) Financial	derivatives			
	eld equity interests			
Other				
(A)				
(B)			_	
(C)			·	
(D)				·
(E)				
(F)		· 		
(G) (H)				
	Almost and Fame 000 Part V and Oliver 40 LB			
Part VIII	o) must equal Form 990, Part X, col (B) line 12.) ► Investments—Program Related.			······································
CILC VIII	Complete if the organization answered "Yes" to Fo	rm 000 Part IV line	11a Saa Farm	000 Port V line 12
	(a) Description of investment	(b) Book value		
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)		·		
(3)				
(4)				
(6)		-		
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.	····		
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line	e 11d. See Form	990, Part X, line 15
	(a) Description		, ,	(b) Book value
(1)				
(0)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	mn (h) must equal Form 990. Part Y. col. (B) line 15.)			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu			•	
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		 	Form 990 Part Y
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Fo		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Foline 25.		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Columber X	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columeration of the columns of	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columeration (Columera	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value accome taxes		 	Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (2)	Other Liabilities. Complete if the organization answered "Yes" to Foline 25. (a) Description of liability (b) Book value	erm 990, Part IV, line	e 11e or 11f. See	

Pari	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" to Form 990, F			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	317,606
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •		-	317,000
a	Net unrealized gains on investments	2a	205,742		
b	Donated services and use of facilities	2b		1 1	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		1	
e	Add lines 2a through 2d			2e	205,742
3	Subtract line 2e from line 1			3	111,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	126,840		
С	Add lines 4a and 4b			4c	126,840
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	238,704
Part				r Return	
	Complete if the organization answered "Yes" to Form 990, I				
1	Total expenses and losses per audited financial statements			1	13,179
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		1	
C	Other losses	2c		1	
ď	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	13,179
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		126,840	1	
C	Add lines 4a and 4b			4c	126,84
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir			5	140,01
Part	XIII Supplemental Information.				1.0,011
Part V	t XI, Innes 2d and 4b; and Part XII, Innes 2d and 4b. Also complete this part Line 4 - Intended Uses of Trust Funds: To provide financial support for LaSal	le Coui	ncil, Inc., Boy Scouts o	f America	#165,
	Line 2 - FIN 48 Footnote: The Organization's policy, according to ASC 740 is sition only if it is more likely than not that the tax position will be sustained up				
	ies related to gross unrecognized tax benefits would be included within the pre-				
	ted as a reduction of the overall income tax provision. The Organization does				
	The Organization files a federal and an Indiana state tax return. Management				
the fe	deral and Indiana tax jurisdictions date back to the year ending December 31,	2010.			
Part)	I Line 4b and Part XII Line 4b - Other Revenue/Expense				
The a	llocation of Trust Funds to the Council is recorded as a reduction of the total i	nvestm	ent income per the au	dited finan	icial statements.

Schedule D (For	rm 990) 2013	age \$
Part XIII	Supplemental Information (continued)	
F F 000		
For Form 990	reporting, the allocation is treated as an expense.	
•••••		
	······································	
•••••		
	······································	

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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	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, to	aining them in Scoutcraft, and
teaching them patriotism, courage, self-reliance, and kindred virtues, using the methods which are no	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 estable	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 regulations 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 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,	and officers of the council other than
the Scout executive.	·····
Part VI Line 11b - Form 990 Review Process	
A complete copy of the Trust's Form 990 and schedules is posted on a secure website in advance of	filing with the IRS. The executive board
of directors in invited to review the return.	
	·····
Part VI Line 12c - Explanation of Monitoring and Enforcement of Conflicts	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
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 com	plete and sign the certification
and disclosure form, which is retained in the council files. The certification and disclosure forms are reviewed	ewed no less than annually by the
Scout executive and treasurer. The Scout executive is ultimately responsible for maintaining the list and	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 follow	s 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	ıblic 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

b Trascury

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

2013

OMB No 1545-0047

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

Related Organizations and Unrelated Partnerships

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 35-6034215

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f) Direct controlling entity (e) End-of-year assets n/a Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, Ine 33. <u>e</u> (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) Cat No. 50135Y (c)
Legal domicile (state or foreign country) (b) Primary activity Z (b)
Primary activity Service to youth For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity 1340 South Bend Ave, South Bend, IN 46617 35-0867966 (a)
Name, address, and EIN of related organization (1) LaSalle Council, Inc., Boy Scouts of America #165 Part Part II E 2 ල € 9 9 8 ල € 3 ၜ 8

Schedule R (Form 990) 2013

(i) Section 512(b)(13) controlled (k) Percentage Schedule R (Form 990) 2013 ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) (i) Code V—UBI (g) Share of end-of-year assets (h) Disproportionate ŝ allocations? (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 Predominant income (related, unrelated, excluded from tax under sections 512-514) e (c)
Legal domicile
(state or foreign country) (d)
I Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV E Ξ ପ ₹ 3 E 8 ල € Œ 9 E 2 9

Transactions With Related Organizations Complete if the organization answered "Yes" on 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.				٨	Yes No
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?	or more related orga	nizations listed in Par	ts II–IV?		_
Beceint of (i) interest (ii) annuities (iii) royalities or (iv) rent from a controlled entity	•			1a	<u> </u>
Gift, grant, or capital contribution to related organization(s)				2	<u> </u>
Gift, grant, or capital contribution from related organization(s)				2	>
Loans or loan quarantees to or for related organization(s)				1 4	>
Loans or loan guarantees by related organization(s)				1e	<i>></i>
Dividends from related organization(s)				11	>
Sale of assets to related organization(s)				1g	<i>/</i>
Purchase of assets from related organization(s)				두	>
Exchange of assets with related organization(s)				1i	/
Lease of facilities, equipment, or other assets to related organization(s)				1j	>
Lease of facilities, equipment, or other assets from related organization(s)				1k	/
Performance of services or membership or fundraising solicitations for related organization(s)				11	<i>></i>
				1m	>
				1n	>
Sharing of paid employees with related organization(s)				10	^
				1	
Reimbursement paid to related organization(s) for expenses				2 5	>
Reimbursement paid by related organization(s) for expenses				2	<u> </u>
Other transfer of cash or property to related organization(s)				+	>
Other transfer of cash or property from related organization(s)				1s	>
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.	mplete this line, incl	uding covered relation	nships and transactic	on thresi	holds.
(e)	(2)	(O)	(D)		-
Name of related organization	type (a-s)	Amount involved	Metriod of determining amount involved	g annount i	nvoived
(1) LaSalle Council, Inc., Boy Scouts of America #165	q	126,840	actual		
			,		
			Schedule R (Form 990) 2013	(Form 6	100 (060

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 pross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (e) (f) (f) (g)	(a)	(c)	(p)	(9)	(j)	(6)	ε	6	3	3
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners	Share of	Share of	Disproportionate	te Code V—UBI		Percentage
		(state or toreign country)		section 501(c)(3)	total income	assets	allocations	of Schedule K-1	partner?	
			from tax under	organizations?				(Form 1065)		
			sections 512-514)	Yes No			Yes No		Yes No	-
(1)	,									
(2)										
(6)									:	
(4)										
(5)										
(9)										
(4)										
(8)										
(6)										
(10)								:		
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Sche	dule R (Fo	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
	•••••••••••••••••••••••••••••••••••••••	
·		
		······································
		·
		·
	······································	
		••••••