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Form **990** 

# **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

Department of the Treasury Internal Revenue Service

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 cal	endar year, or tax year b	eginning	10/1/2013	, and en	ding	9/30/2			
В	Check if a	applicable	C Name of organization	ILLOWA COL	JNCIL INC BOY SCO	UTS TR		D Employer ide	ntification n	umber	
$\Box$	Address o	change	Doing Business As								
П.			Number and street (or P O	box if mail is not	delivered to street address)	Room/suite		42-6143453			
닏	Name cha	ange	WELLS FARGO BANK	NA,1W4T	<u>H ST 4TH FL MAC D</u>	4(		E Telephone nu	mber		
U	nıtıal retu	ım	City or town		State	ZIP code	i	888-730-4933			
<u></u>	Terminate	ad	WINSTON SALEM		NC	27101-3818	3	000 700 4000			
닏	Cirina	eu .	Foreign country name	Foreign p	rovince/state/county	Foreign postal of	code			_	<b>50</b> 440
$\bigsqcup_{i}$	Amended	l return				<del> </del>		G Gross receipts	\$	5	52,449
$\Box$	Application	on pending	F Name and address of prince	cipal officer			H(a) is th	s a group return for s	bordinates?	Yes	X No
_	,,	, ,	WELLS FARGO BANK	C N A. 1 W 4T	H ST 4TH FLOOR MA	AC D4000-04	H(b) Are	e all subordinates in	cluded?	Yes	No
		-4 -4-4	X 501(c)(3) 501(c)		(insert no ) 4947(a)(1			'No," attach a list (s		ns) .	
		pt status			(IIISGIT 110 ) 4547(a)(			•		•	
		: ► N/A						oup exemption num			
		rganization	Corporation X Tru	ust Associat	ion Other ▶	L Year	of form	ation 1958	M State of le	gal domicile	<u>IA</u>
F	art I		mmary								
	1		lescribe the organization					T PROVIDES F			
ဦ		COUNC	IL OF THE BOY SCOU	ITS OF AMER	ICA. FUNDS ARE US	ED FOR SCO	<u>DUT C</u>	AMPS AND O	THER SC	OUTING	
ī.		OPERA	TIONS								
ě	2	Check t	his box ▶ ☐ if the org	anization disc	continued its operation	ns or disposed	of mo	ore than 25% o	fits net as	sets.	
Ö	3		r of voting members of t	-							50
ෂේ	4		r of independent voting		• .				<del></del>		48
ies	5		imber of individuals em						;	-	0
₹	6		imber of volunteers (est			,o <u>Lu</u> ,	•				0
Activities & Governance	7a		related business reven					· · · · · · · · · · · · · · · · · · ·	$\overline{}$		0
•	′ъ		elated business taxable				•				<u>o</u>
_	<del>                                     </del>	Net um	Ciated Dasiness taxable	meditie main			<del></del>	Prior Year		Current Yea	
	8	Contrib	utions and grants (Part '	VIII line 1h)	RECEIVE	:D		30,0			6,146
Revenue	9	Program	n service revenue (Part	VIII line 2g)		i			0		0,110
Ž.	10	Investm	nent income (Part VIII, c	olumn (A) line	ob 3 4 and 7d\o (.o.	18		112,0	35		82,567
8	111	Other	evenue (Part VIII, colum	ın (Δ) lines 5	60 8c 9c 10c and	7	-	392		95	
	12	Total rev	venue—add lines 8 throug	h 11 (must edu	al Part VIII - column (A)	line 192		142,4			89,669
_	13		and similar amounts pa					147,9			252,618
	14		s paid to or for members						0		0
	14-		, other compensation, em						<del>ol</del>		
Ş	16a		nonal fundraising fees (f	•		}			o	·	
Expenses	.   'b		indraising expenses (Pa		* *	· · ·	~ · ` _ call	activative d		Section's	
Ä	17		expenses (Part IX, colum				No EMP	9,5		17 14 -	11,671
	18		kpenses. Add lines 13-1			ine 25)		157,4			264,289
	19		ie less expenses. Subtr					-15,0			74,620
- b		11010111	o logo expolicoo. Gubal			·	Begini	ning of Current Ye		End of Yea	
sets of	20	Total a	ssets (Part X, line 16) .					1,636,9	79	1,5	47,430
ũ,	8 I		abilities (Part X, line 26)						0		0
Not A	22		sets or fund balances. S		from line 20			1,636,9	79	1,5	47,430
Р	art II		gnature Block								
		ties of pegi	ıry, I declare that I have examı							_	
and	belief, it	is true, cor	rect, and complete Declaration		r than officer) is based on a	I information of wi	hich prep	parer has any know			
Si	gn		John 1 Sunta SVP Wells Farge	o Bank N.A.				l	1/23/2	2015	
Не	ere		Signature of officer			C) (D	Malla	Date	٨		
			JOHN SULENTIC			3VP	vvens	Fargo Bank N	<u> </u>		
		I Po	Type or print name and title nt/Type preparer's name		Preparer's signature		Dat	te I	— Т	PTIN	
p.	id		The brehalet a tigilla	j	sparer a aignatura		الما		* 🔯 🖞		
-		<u>, lo</u>	SEPH J CASTRIANO		selle-		1/			P0125160	ევ
	epare		m's name ► Pricewaterh	nouseCoopers	, LLP			Firm's EIN ► 13			
US	se Onl	y —	m's address ▶ 600 GRAN			77		T	2-355-60		
NA-	w the I		iss this return with the p		-					X Yes	No
_			fuction Act Notice see th					• • • • • • • • • • • • • • • • • • • •	· L		90 (2013)
	r waner	WOLK MO	HICHOD ACT NOTICA CAA P	io constato inc	TELL TIME					eom 33	Jan 17(1) 11

Form 99	90 (2013) ILLOWA COU	INCIL INC BOY SCOUTS T	R		42-6143453	Page 2
Par	t III Statement of F	Program Service Accom	plishments			
	Check if Sched	ule O contains a respons	e or note to any li	ne in this Part III		. 🔲
1	Briefly describe the organiz	<del></del>		<del></del>		
	-	UNDS TO ILLOWA COUNC	IL OF THE BOY SO	COUTS OF AMERICA FL	INDS ARE USED	
		OTHER SOURCING OPER				
			<u> </u>			
				***************************************		• • • • • • • • • • • • • • • • • • • •
2	Did the organization undert	ake any significant program	services during the	vear which were not listed	l on	
	the prior Form 990 or 990-E				Yes	X No
	If "Yes," describe these nev					<u> </u>
3		conducting, or make signific	eant changes in how	ut conducts, any program		
3	services?				[ ]	X No
	If "Yes," describe these cha				гез	
4		program service accomplis	hmente for each of	te three largest program s	enuces as measured	hu
4		s) and 501(c)(4) organization				
		enue, if any, for each progra			and anotations to our	,,
	the total expenses, and lev	chac, if any, for each progre	ani scrvice reported	•		
4a	(Code: ) (E	xpenses \$ 255,469	including grants of	\$ 252.618 \/Rev	VANUE \$	
40		UND TO ILLOWA COUNCIL				SCOUT
	CAMPS AND OTHER SCO	UTINO ODEDATIONO				
					<b></b>	
					••••••	
4b	(Code: ) (F	xpenses \$	including grants of	\$ ) (Re	venue \$	1
75	••••					
						-
					***************************************	
4c	(Code ) (E	xpenses \$	including grants of	\$ )(Re	venue \$	
		•				
					***************************************	
				••••••••••		
				•••••••		
		***************************************	• • • • • • • • • • • • • • • • • • • •			
4d	Other program services. (D	escribe in Schedule O \	<u></u>	<del></del>	<del></del>	
74	(Expenses \$	0 including grants of	•	0.) (Revenue \$	0)	

255,469

4e Total program service expenses

<sup>2</sup> art	Checklist of Required Schedules			
_			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	2	X	Х
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			^
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
	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		X
	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		Х
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		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	۱ů		^
	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		Х
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		Х
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	١		,
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	<u> </u>
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		x
Ы	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		广
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
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	<u> </u>	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII	12a	-	X
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	l		ļ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	۱	'	
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		l 🗸
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del>                                     </del>	<del>                                     </del>	<u> </u>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	х
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	L	X
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ı	1

42-6143453

Par	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	x	
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		Х
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		l	i
	employees? If "Yes," complete Schedule J	23		Х
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	1		ĺ
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			.,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			l
	рпог 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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	77 1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		213	- 31
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Ì
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	1	Lx
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	130		<del>-^-</del>
<b>J</b> .	Part I	31		x
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		x
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		Х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	<b> </b>	ŀ	
••	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Χ.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			J
27	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	N/I	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del> </del> "	$\vdash$	广
J0	400 Make All Ferry 000 floor and the state of the Och addition	38	$ _{x} $	
	197 Note. All Form 990 filers are required to complete Schedule O	1 30		

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans . . .

Is the organization licensed to issue qualified health plans in more than one state? . . . .

14a Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a

13c

ILLOWA COUNCIL INC BOY SCOUTS TR

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

Secti	on A. Governing Body and Management			,			
		1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 5					
	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 4	<u> </u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with					
	any other officer, director, trustee, or key employee?		2_		X		
3	Did the organization delegate control over management duties customarily performed by or und	er the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or of	ther person? .	3		<u> </u>		
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization	s assets?	5		Х		
6	Did the organization have members or stockholders?		6		X		
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		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,					
	stockholders, or persons other than the governing body?		7b		x		
8	Did the organization contemporaneously document the meetings held or written actions underta	ken dunng					
_	the year by the following:	J					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b	e reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		X		
Secti	on B. Policies (This Section B requests information about policies not required by the		ode)				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of suc		10ь		ĺ		
	•						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of t	ore filing the form?.	11a	X			
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>↓</b>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"	1	١.,			
	describe in Schedule O how this was done	•	12c		⊢		
13	Did the organization have a written whistleblower policy?		13	X	⊢		
14	Did the organization have a written document retention and destruction policy?		14	X	<u> </u>		
15	Did the process for determining compensation of the following persons include a review and app		ŀ				
	independent persons, comparability data, and contemporaneous substantiation of the deliberati	on and decision?					
а	The organization's CEO, Executive Director, or top management official		15a		X		
b	Other officers or key employees of the organization		15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a		angement					
	with a taxable entity during the year?		<u>16a</u>		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev						
	participation in joint venture arrangements under applicable federal tax law, and take steps to se	=					
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>		
_	ion C. Disclosure	<del></del>					
17	List the states with which a copy of this Form 990 is required to be filed IA	000 T (Co-4: 504)	-\/2\-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	220-1 (260110U 201(	င)( <i>3)</i> \$	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	union in Oak - date of					
40		xplain in Schedule C	•				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	is, conflict of interest	Policy	, and			
20	financial statements available to the public during the tax year  State the name, physical address, and telephone number of the person who possesses the boo	ike and records of th	•				
20		oks and records of th 888-730-49					
	organization Wells Fargo Bank N.A  1 W 4TH ST 4TH FLOOR MAC D4000-041, WINSTON SALEM, NC		,,,,,				
	THE THE PROPERTY OF THE PROPER						

Part VII	ILLOWA COUNCIL INC BOY SCO		s K	ov i	Em	nlo	VAAS	. H	ighest Comp	42-61434	55	Page 7
Part VII	Employees, and Independent Company		3, IX	cy i		ρio	yees	,	ignest comp	enisaleu		
	Check if Schedule O contains a re		e to a	any	line	e in	this	Pa	rt VII			
Section A.	Officers, Directors, Trustees, Key E	mployees, and	l Higl	hes	t Co	mp	ensa	atec	l Employees			
1a Complete t	his table for all persons required to be	listed. Report c	ompe	ensa	tion	for	the o	cale	ndar year endın	g with or within t	the	
organization's	•											
of compensati	of the organization's <b>current</b> officers, on Enter -0- in columns (D), (E), and	(F) if no comper	satio	n w	as p	aid	١.				mount	
	of the organization's current key emplorganization's five current highest co										plovee)	
who received	reportable compensation (Box 5 of Fo	rm W-2 and/or E	30x 7	of F	orn	n 10	)99-N	1IS	C) of more than	\$100,000 from tl	he	
-	nd any related organizations.											
	of the organization's <b>former</b> officers, k eportable compensation from the orgal			-			-		d employees wh	o received more	than	
	of the organization's former directors										of the	
•	more than \$10,000 of reportable comp n the following order: individual trustee			-					-			
	employees; and former such persons.		isulul	JULIE	ai u c	12/6	: <b>6</b> 3, U	mu	sis, key employe	ses, mynest		
·	s box if neither the organization nor ar		zatio	n cc	mp	ens	ated	any	current officer,	director, or trust	ee	
		-			(0	<del>)</del>					-	
	(4)	(B)	(do n	at at	Posi		than a	200	(D)	(E)	,	F)
	(A) Name and Title	Average	Average box, unless person is both an Reportable					Reportable	Reportable Es	Estin	nated	
		hours per week (list any				Irect	or/trusi	ee)	compensation from	from related	ot	unt of her
		hours for related	Individual trustee or director	Institutional trustee	Officer	y en	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	fron	nsation n the
		organizations below dotted	ual t⊓	ional		yoldı	ee 'con		(W-2/1099-MISC)			zation elated
		line)	stee	trust		69	pens				organı	zations
				99			ated					
(1) WELLS	FARGO BANK N A.	4 00										
TRUSTEE				Х				_	11,401			
(2)												
(3)			-	┝								
(3)												
(3)												
(4)												
(4)												
(4)												
(4) (5) (6)												
(4) (5) (6)												
(4) (5) (6) (7)												
(4) (5) (6) (7)												

(11)

(13)

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee:	s, a	nd	High	est	Compensated	Employees (co	ontinued)
	(A) Name and title	(B) Average	bοx,	unles	Pos leck is pe	rson	than	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estrmated amount of
		hours per week (list any hours for related organizations below dotted line)	individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)			1								
(24)			<u> </u>								
(25)											
1b c d	Sub-total  Total from continuation sheets to Part VII,  Total (add lines 1b and 1c)				•			<b>&gt; &gt; &gt;</b>	11,401 0 11,401	C	0
2	Total number of individuals (including but not reportable compensation from the organization		listed	l ab	ove 0	) wh	no red			<u></u>	
3	Did the organization list any <b>former</b> officer, di employee on line 1a? <i>If</i> "Yes," <i>complete Sche</i>									e <b>d</b> 	Yes No 3 X
4	For any individual listed on line 1a, is the sum the organization and related organizations greated individual	eater than \$150,									4 X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "	•							-		5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest comp compensation from the organization. Report of year.										n's tax
	(A) (B) Name and business address Description of services								rvices	(C) Compensation	
NON	E							-			0
_		-						T			0
								L			0
2	Total number of independent contractors (incl		_		hos	e lis	_		ve) who receive	<del>.                                     </del>	0
	more than \$100,000 of compensation from the	e organization	•				C	)			

Par	VIII	Check if Schedule O contains	a response or r	note to any line	in this Part VIII.			🖂
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns	1b 1c 1d s) 1e	0 0 0 0	,	1.		,
Contribut and Othe	g h	similar amounts not included abouncesh contributions included in literature. Add lines 1a–1f	ove <u>1f</u>	6,146 0	6,146		*	
venue	2a	Total: Add lines 1a-11		Business Code	0			<u> </u>
Program Service Revenue	b c d				0 0 0			
Progra	f g	All other program service revenue Total. Add lines 2a–2f.	ie	<b>&gt;</b>	0			
	3 4 5	Investment income (including direction other similar amounts) Income from investment of tax-error Royalties		ceeds .	34,675 0			34,675
	6a b c	Gross rents	(ı) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory . Less: cost or other basis	(i) Securities 510,672	(ii) Other	0			
	c d	and sales expenses	462,780 47,892		47,892		*	47,892
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18		0				
he	Ь	Less: direct expenses		0	1		ł	ŀ
δ	С	Net income or (loss) from fundra Gross income from garning activ See Part IV, line 19	nising events vities.		O			
	C	Less: direct expenses	b ig activities	0 	C			
			a b of inventory .	0 0 . ▶	4	)		
	11a b c	OTHER TAXABLE INCOME		900099	956 0			956
	d e	All other revenue			956	6		60.55
	12	Total revenue. See instructions	<u></u>	<u> </u>	89,669	<u> </u>	) (	83,523

42-6143453

Form 990 (2013) ILLOWA COUNCIL INC BOY SCOUTS TR
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note		•		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21	252,618	252,618		
2	Grants and other assistance to individuals in the				
_	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_ <b>_</b>			
	United States See Part IV, lines 15 and 16	0	<del>-</del>		
4	Benefits paid to or for members	0	<del></del>		
5	Compensation of current officers, directors,				
6	trustees, and key employees				
O	persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4956(1)(1)) and persons described in section 4958(c)(3)(B).	٥			
7	Other salanes and wages	0			<del></del>
8	Pension plan accruals and contributions (include	<u> </u>			
9	section 401(k) and 403(b) employer contributions).	o			
9	Other employee benefits	Ö			
10	Payroll taxes	0		-	
11	Fees for services (non-employees):	<u> </u>	,		
а	Management	o			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			<u> </u>
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials	0			· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings	0			
20	Interest	0	<u>=</u>		
21	Payments to affiliates	0	0	-	
22 23	Depreciation, depletion, and amortization	0	0	0	
23 24	Other expenses. Itemize expenses not covered	0			
	above (List miscellaneous expenses in line 24e If	and the same of th			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAXES PAID	270		270	<u> </u>
b	TRUSTEE FEES	11,401	2,850		
c		0		5,501	
d		0			
e	All other expenses	Ō			
25	Total functional expenses. Add lines 1 through 24e .	264,289	255,468	8,821	
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				
	following SOP 98-2 (ASC 958-720)	1			

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 1 0 Cash-non-interest-bearing. 45,029 2 52,385 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net . . . . . . 0 3 O ol 4 Accounts receivable, net . . . . 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 Notes and loans receivable, net 0 ol Inventories for sale or use . . . . . . . 8 0 ol 0 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D **b** Less accumulated depreciation . . 0 10c 0 0 0 11 Investments—publicly traded securities . . . . 11 1,591,950 1,495,045 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11. . . 0 13 0 0 14 Intangible assets . . 14 0 Other assets See Part IV, line 11 . . . . . . . . ol 15 0 15 1,636,979 1,547,430 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses . . . . 17 0 18 18 19 0 O Deferred revenue . . 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L . . . . . . . . Secured mortgages and notes payable to unrelated third parties . . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . o Total liabilities. Add lines 17 through 25. 26 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . Temporarily restricted net assets . . . 28 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 1.636.979 **30** 1.547.430 Capital stock or trust principal, or current funds . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,547,430 33 1,636,979 33 Total liabilities and net assets/fund balances. 1,636,979 1,547,430

Form 9	90 (2013) ILLOWA COUNCIL INC BOY SCOUTS TR	42-6143	45 <u>3</u>	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	264,289
3	Revenue less expenses Subtract line 2 from line 1	3	^	174,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	36,979
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		85,071
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,	547,430
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
		=	Y	es No
1	Accounting method used to prepare the Form 990. X 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? .	· ·	2a	X_
	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:			į
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	[	2b	X
	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			
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	Ĩ		
•	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	Γ		
	the Single Audit Act and OMB Circular A-133?	L	3a	X
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	
		1	Form <b>9</b> 9	<b>90</b> (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.

2013

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

Name of the organization Employer identification number ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 5 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). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 a Type I b X Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? X 11g(i) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes Yes No No (A) WESLEY UNITED ME 42-0680338 Х Х X 263 36-2616917 7 ILLIOW COUNCIL BOY Х X 252,355 (C) (D) (E)

Total

252,618

18

instructions . . . . . . . . . . . .

ILLOWA COUNCIL INC BOY SCOUTS TR Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 0 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 . . 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 0 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2012 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (e) 2013 (f) Total Amounts from line 4 . . . 0 0 7 0 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 0 sources Net income from unrelated business activities, whether or not the business is regularly carned on . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 . . . . . . Total support. Add lines 7 through 10 0 11 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) . ▶| Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . . . . 0 00% 14 0 00% 15 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . 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 b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

. . . .

Sched	ule A (Form 990 or 990-EZ) 2013 ILLOWA COUN	CIL INC BOY S	SCOUTS TR			42-614345	3 Page 3
Par				509(a)(2)			
	(Complete only if you checked the					ualify under P	art II.
	If the organization fails to qualify ur	nder the tests	listed below,	please comp	lete Part II.)		
	tion A. Public Support	4 3 0000	# > 0040 T	1 2 2011	1 11 2010	, , , , , , , , , , , , , , , , , , ,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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						C
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	(
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						(
8 	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)	0	0	0	0	0	(
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	l o	o	0	0	o	(
10a	payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						(
	acquired after June 30, 1975					1	(
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						(
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0		0	
14	First five years. If the Form 990 is for the organization, check this box and stop here				<del>-</del>		<u> </u>

	and 12)		<u> </u>	<u> </u>	U]	<u> </u>
14	First five years. If the Form 990 is for the organization's first organization, check this box and stop here	, second, third, fo	ourth, or fifth tax	year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Public Support Percent	age				
15	Public support percentage for 2013 (line 8, column (f) divided	by line 13, colur	nn (f))		15	0 00%
16	Public support percentage from 2012 Schedule A, Part III, lin	e 15			16	0 00%
Sec	ction D. Computation of Investment Income Per	centage				
17	Investment income percentage for 2013 (line 10c, column (f)	divided by line 1	3, column (f))		17	0.00%
18	Investment income percentage from 2012 Schedule A, Part I	III, line 17			18	0.00%
19a	33 1/3% support tests—2013. If the organization did not che	eck the box on lin	e 14, and line 1	5 is more than	33 1/3%, and line	17 is
	not more than 33 1/3%, check this box and stop here. The o	rganization quali	fies as a publicl	y supported org	anızatıon	▶□
b	33 1/3% support tests—2012. If the organization did not che	eck a box on line	14 or line 19a,	and line 16 is m	ore than 33 1/3%,	and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **Private foundation**. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form	1 990 or 990-EZ) 2013	ILLOWA COUN	ICIL INC BOY S	COUTS TR		42-6143453	Page 4
Part IV	Supplemental	Information. P	rovide the expl	anations require	ed by Part II, line 1	0, Part II, line 17a o	r 17b;
,	and Part III line	e 12. Also comp	ete this part fo	r anv additiona	l information. (See	instructions).	
	and t are m, min	3 12.7 400 COMP	oto uno partio	. arry and arrivers			
					••••		

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 Open to Publi

▶ Attach to Form 990.

Inspection Employer Identification number

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

42-6143453

ILLOWA COUNCIL INC BOY SCOUTS TR	OUTS TR					42	42-6143453
Part   General Information on Grants and A	on on Grants	and Assistance					
oes 1	tain records to si	ubstantiate the amo	unt of the grants or as	sistance, the grantees	s' eligibility for the grant	s or assistance, and	- 1
the selection criteria used to award the grants or assistance?	award the gran	ts or assistance?				•	☐ Yes ☐ No
2 Describe in Part IV the organization's procedures	nization's proced	dures for monitoring	or monitoring the use of grant funds in the United States	in the United States			
Part II Grants and Other /	Assistance to	Governments a	Grants and Other Assistance to Governments and Organizations in the United States.	the United States	. Complete if the organization answered "Yes" to Form 99	anization answered	1 "Yes" to Form 99
Part IV, line 21, for	any recipient th	nat received more	than \$5,000. Part II	can be duplicated i	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WESLEY UNITED METHODIST C	42-0680338	170(B)(1)(A)(I)	263				GENERAL SUPPORT GRANT
(2) ILLOWA COUNCIL BOY SCOUTS 4711 N BRADY ST STE 200 DAVENH		170(B)(1)(A)(VI)	252,355				GENERAL SUPPORT GRANT
(3)						:	
(4)							
(5)							
(9)							
w							
(8)							
(6)							
(10)							
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2 Enter total number of section 501(c)(3) and government organiza	on 501(c)(3) and	government organizated in the line 1 tab	ment organizations listed in the line 1 table.	a 1 table		<b>A A</b>	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

ILLOWA COUNCIL INC BOY SCOUTS TR

Schedule I (Form 990) (2013)

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Part II Line 1 ORGANIZATION MAKES CONTIRBUTIONS TO PRESELECTED ORGANIZATIONS (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV Part III 40

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

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

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



Name of the organization
ILLOWA COUNCIL INC BOY SCOUTS TR

Employer identification number

42-6143453

Form 990, Form 990 Part VI Section B Line 11A THE SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM
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Form 990, Form 990 Part VI Section B Line 11A THE SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM
990 CONFLICT OF INTEREST AGREEMENT AND COPIES ARE RETAINED BY THE REGIONAL OFFICE THE BOARD
MEMBERS AND ALL EMPLOYEES WITHIN THE ORGANIZATION'S MANAGEMENT STRUCTURE WILL NOT ENDEAVOR IN
ANY CONFLICTING BUSINESS PRACTICES THAT MAY PERTAIN TO ANY SUCH INDIVIDUALS BENEFITTING FROM
SUCH ACTIONS, AND SUCH BUSINESS AGREEMENTS OR CONTRACTS WILL BE REVIEWED AS NECESSARY TO
ASSURE THAT THEY FALL WITHIN POLICY GUIDELINES WHILE SAFEKEEPING THE ORGANIZATION'S FINANCIAL
INTERESTS
Form 990, Form 990 Part VI Section C Line 19 IT IS AT THE LOCATION, 4412 N BRADY ST. DAVENPORT
JA 52806, THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND SIGNED COPIES
OF TAX RETURNS ARE KEPT AND MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
ILLOWA COUNCIL INC BOY SCOUTS TR	42-6143453
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WF ADV GROWTH FUND - I #3105

**WFA CORE BD FD-I #944** 

ACADIAN EMG MKTS PORT-INST #1260

42-6143453 00758M162

42-6143453

42-6143453 14949P208 42-6143453 245917802

CAUSEWAY INTL VALUE FD-I #1271

DELAWARE US GROWTH FD-1 #104 FEDERATED TOTAL RET BD-IS #328

. ROWE PRICE INSTL LG CAP GRWTH 139

**FROWE PRICE EQUITY INCOME #71** 

NORTHERN MID CAP INDEX #629

MFS VALUE FUND-CLASS I #893

INVESCO SMALL CAP GROWTH FD-R5 #4764

42-6143453 00141M622

Invest - Other

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42-6143453 00141M622

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LAZARD INTL EQTY PORT-INSTL #632

MET WEST TOTAL RETURN BOND CL I #512

GOLDMAN SACHS SMALL CAP VALUE I #651

HARBOR INTERNATION FD INST #2011

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42-6143453

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WFA CORE BD FD-I #944

42-6143453 94975J581

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I ROWE PRICE EQUITY INCOME #71

NORTHERN MID CAP INDEX #629

MFS VALUE FUND-CLASS I #893

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