ILLOWA	COUNC 02/04/202	MA EO 8 09
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Form	.990	

Department of the Treasury Internal Revenue Service

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

Return of Organization Exempt 11011 11001 ► Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018 Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning $10/01/18$ , and ending $09/30/1$		-
В	Check if a	pplicable C Name of organization	D Em	oloyer identification number
	Address o	thangeILLOWA COUNCIL INC BOY SCOUTS TR		
$\overline{\Box}$	Name cha	Doing business as		-6143453
$\vdash$		Number and street (or P O box if mail is not delivered to street address)		phone number
	Initial retu		36	3-388-7233
	Final returnmenter			
$\overline{\Box}$	Amended	DAVENPORT IA 52806	G Gros	ss receipts \$ 1,016,801
님	Amended	F Name and address of principal officer	III-) le this o service robies	for subordinates? Yes X No
	Applicatio	on pending   STANLEY D. GOODYEAR	H(a) Is this a group return	nor subordinates?
		4412 N BRADY STREET	H(b) Are all subordinate	s included? Yes No
		DAVENPORT IA 52806	If "No," attach a	a list (see instructions)
	Tayayar	mpt status		
÷	Website	/ a	H(c) Group exemption n	umbor
<u></u>			ear of formation 1958	
K			ear of formation 1936	M State of legal domicile IA
	Part I	Summary \		
	1 8	Briefly describe the organization's mission or most significant activities		
မွ		THE TRUST PROVIDES FUNDS TO ILLOWA COUNCIL, INC. BOY SCO	OUTS OF AMERIC	CA.
ğ		FUNDS ARE USED FOR SCOUT CAMPS AND OTHER SCOUTING OPERAT	lions.	
Ę.				
Governance	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	
- ಇ	1 2 1	Number of voting members of the governing body (Part VI, line 1a)	1	з   1
Ś		Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	4 1
Activities		Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<del> </del>	5 0
ੜ੍ਹੇ		• • • • • • • • • • • • • • • • • • • •	<del> </del>	<u> </u>
¥		Total number of volunteers (estimate if necessary)	<u> </u>	
		Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	<u>0</u>
	1 61	Net unrelated business taxable income from Form 990-T, line 38		7b 0
	1 .	トニレニマーン	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	29,8	29,250
		Program service revenue (Part VIII, line 2g)	100	105 560
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	106,20	125,769
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 7	Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), Iine 12)	136,00	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	99,2	118,000
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0
(A)	ہ جد ا	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
Expenses	162 5	Professional fundraising fees (Part IX, column (A), line 11e)		0
ĕ	'ou'	Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 0		1
X	1 47 2	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,0	79 11,903
	"		111,32	
		Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,73	
	19 F	Revenue less expenses Subtract line 18 from line 12	Beginning of Current Yea	
Sign	<u> </u>	Fatal assats (Part V Luc 40)	1,798,81	
Ssel	20 1	Total assets (Part X, line 16)	1,190,01	0 1,740,485
Net Assets or	21 1	Total liabilities (Part X, line 26)	1 700 01	0 0
		Net assets or fund balances Subtract line 21 from line 20	1,798,81	1,740,485
<u> </u> P	<u>'art II</u>	Signature Block		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement		knowledge and belief, it is
tn	ue, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge	
		* Stevely ( Doodyear)		× 2-13-2020
Sig	าก	Signature of officer		Date
He	-	► STANLEY D. GOODYEAR EXEC F	SOARD TREAS	URER
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Cr	neck of PTIN
Pai	d		1 1 "	
		BARRY L. ANDERSON JAWA & Merson	02/04/20 se	
	parer	Firm's name ANDERSON, LOWER, WHITLOW, PC	Firm's EIN	<u> </u>
USE	Only	1805 STATE ST STE 201	}	
		Firm's address > BETTENDORF, IA 52722	Phone no	563-359-4757
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
		ork Reduction Act Notice, see the separate instructions.	(00	Form <b>990</b> (2018)
DAA			(35°)	

Form 990 (2018) ILLOWA COUNCI	L INC BOY SCOUTS TR	42-6143453	Page <b>2</b>
	Service Accomplishments	oo in this Dort III	
Check if Schedule O co     Briefly describe the organization's miss	ontains a response or note to any lir	ne in this Part III	
THE TRUST PROVIDES F	UNDS TO ILLOWA COUNCIL		AMERICA.
FORES ARE OSED FOR S	JOOT CAMES AND STREET	COULING OF LIGHT LOND.	
Did the organization undertake any sign	nificant program services during the year whi	ch were not listed on the	
prior Form 990 or 990-EZ?  If "Yes," describe these new services o	n Schedule O		Yes X No
3 Did the organization cease conducting,	or make significant changes in how it condu	cts, any program	Yes X No
services?  If "Yes," describe these changes on Sc	hedule O.		res zz no
	ervice accomplishments for each of its three I )(4) organizations are required to report the a , for each program service reported		
4a (Code ) (Expenses \$	118,000 including grants of \$	118,000 ) (Revenue \$	)
	UNDS TO ILLOWA COUNCIL COUT CAMPS AND OTHER S		AMERICA.
4b (Code ) (Expenses \$ N/A	including grants of \$	) (Revenue \$	)
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$	
N/A	manacing grame or v	, (	•
4d Other program services (Describe in So	chedule O )		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ►	118,000		Form <b>990</b> (2018)

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	n 990 (2018) ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'   '	P	age
Pa	art IV Checklist of Required Schedules		. —	_
			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3,5	
	complete Schedule A	1_	X	├
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2_	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١ ,		٠,
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			X
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	<b>_</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		X
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-3-		
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	6		X
-	"Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		i
8		8		X
9	complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۰		
9	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	۰		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11	VII, VIII, IX, or X as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			10.00
a	complete Schedule D. Part VI	11a		X
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	The bar Da AV has 40 the bar 50/ sames			
·	of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		Х
d	The state of the s			
_	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е	District Control of the Control of t	11e		Х
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		X
12a				
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		_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		X
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		X
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		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		X
20a	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		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

 $\mathbf{x}$ 

P	art IV Checklist of Required Schedules (continued)		_				
-						Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	ls on		Γ			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22		x
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 compensat	ed					
	employees? If "Yes," complete Schedule J				23	}	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				<u></u>		
	\$100,000 as of the last day of the year, that was issued after. December 31, 2002? If "Yes," answer lin		1				1
	through 24d and complete Schedule K. If "No," go to line 25a	00 2 /2			24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			_	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the	vear		<u> </u>			
Ŭ	to defease any tax-exempt bonds?	you.			24c		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>	24d		
25a			afit	<u> </u>			
ZJa		33 0011	ieiit	1.	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 050		<del>                                     </del>	LJa		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	-		ĺ			
		3U-LZ 1	•		25b		х
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to a	nv.		<del>                                     </del>	230		
26		пу					1
	current or former officers, directors, trustees, key employees, highest compensated employees, or				26		x
07	disqualified persons? If "Yes," complete Schedule L, Part II			-	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			İ			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll	ea			22		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			-	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	· L,					i
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)						X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			F.	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete						v
	Schedule L, Part IV			F <sup>2</sup>	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member the	ereot)		<b>.</b>	٠ <u>٠</u> -		v
	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 Schedu			-	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ed					v
	conservation contributions? If "Yes," complete Schedule M				30		$\frac{\mathbf{x}}{\mathbf{x}}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ile N, F	Part I	<u> -</u>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						37
	complete Schedule N, Part II			<u> </u>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regi	ulations	S				37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			F	33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	II, III,				7.	
	or IV, and Part V, line 1			_	34	X	37
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			<u> </u>	5a	$\longrightarrow$	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			Ļ3	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate	le					
	related organization? If "Yes," complete Schedule R, Part V, line 2			L	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ı			l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F			_	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	1b and	i				
	19? Note. All Form 990 filers are required to complete Schedule O				38	X	
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part \	<u> </u>					
		1	1	_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0				1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		- 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						]
	reportable gaming (gambling) winnings to prize winners?				1c		
					Fon	ո <mark>990</mark>	(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a · Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax -Statements, filed for the calendar year ending with or within the year covered by this return 2b b - If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a · At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 70 required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a X Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes." complete Form 4720, Schedule O

Form	990 (2018) ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453			P	age <b>6</b>
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 throug				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	Schedule O	See instruc	tions	
	Check if Schedule O contains a response or note to any line in this Part VI				_X_
<u>Sec</u>	tion A. Governing Body and Management		<del>,</del>		
			TSSUE. A	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1			
	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		333	. 4	
b	Enter the number of voting members included in line 1a, above, who are independent	1b   1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		100		
	any other officer, director, trustee, or key employee?		2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
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	-			1
	one or more members of the governing body?		7a -	X	<u></u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		İ		
	stockholders, or persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the follow	ving		223
а	The governing body?		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b_	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Interior	<u>nal Reven</u>	ue Code.)		
				Yes	
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 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	ne form?	11a	X	100 1 6751
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u>****</u>		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1
	describe in Schedule O how this was done		12c		<u> </u>
13	Did the organization have a written whistleblower policy?		13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	100000 5 20 3
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	~	16b		<u> </u>
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 6104 or 1024-A if applicable), 990, 990, 990, 990, 990, 990, 990, 99	ion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and			
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s <b>&gt;</b>			
Qt	AD CITY BANK & TRUST 4500 N BRADY STREET			_	_ =
D#	VENPORT IA 5280	6	563-38	8-4	<u> 780</u>

DAVENPORT

Page 4	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any .See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the orga	(B)	rela	ted c	(0	<b>C)</b>	ion co	omp	(D)	(E)	(F)
Name and Title	Average hours per week (list any	bo	x, unle	check ess pe nd a d	osition k more than one person is both an director/trustee)			Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-WISC)	organization and related organizations
(1) QUAD CITY BANK &	4.00						·			
TRUSTEE	0.00	-	X					10,918	C	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)					_					
(10)							•			
(11)							•			
DAA										Form <b>990</b> (2018)

9	Dig any person listed on line ta receive of accide compensation from any uni	related organization or individual	Andreas   Andreas   Andreas   Andreas
_	for services rendered to the organization? If "Yes," complete Schedule J for s	•	5 X
Sect	tion B. Independent Contractors		
1	Complete this table for your five highest compensated independent contracto compensation from the organization. Report compensation for the calendar year.	ear	
	Name and business address	(B) Description of services	(C) Compensation
		· · · · · · · · · · · · · · · · · · ·	
2	Total number of independent contractors (including but not limited to those lis received more than \$100,000 of compensation from the organization ▶	ted above) who	
<u></u>			Form 990 (2018

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII '(C) Unrelated (D) Revenue excluded from tax (A) Total revenue (B) Related or exempt function business under sections 512-514 revenue 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 29,,250 g Noncash contributions included in lines 1a-1f 29,250 h Total. Add lines 1a-1f Program Service Revenue 2a f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 38,282 and other similar amounts) 38,282 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets 949,269 other than inventory **b** Less cost or other basis & sales exps 861,782 87,487 c Gain or (loss) 87,487 87,487 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b  $\blacktriangleright$ c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d 155,019 125,769 Total revenue. See instructions

	Statement of Functional Ex		<del></del>		
Secti	on 501(c)(3) and 501(c)(4) organizations must c			plete column (A)	
	Check if Schedule O contains a resp	(A)	(B)	<u> </u>	(D)
	ot include amounts reported on lines 6b,	Total expenses	Program service	(C) Management and	Fundraising
	b, 9b, and 10b of Part VIII.	<u> </u>	-expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	110 000	110 000		
	and domestic governments See Part IV, line 21	118,000	118,000		
2	Grants and other assistance to domestic		,		
	ındıvıduals -See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	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				
b	Legal				
c	Accounting	985		985	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		In the second of a second Control of the second of the sec	S. P. M. L. SHINGS S. S. STONE S. S. S. C.	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	10,918		10,918	
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				
23 24	Other expenses Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
_	(A) amount, list line 24e expenses on Schedule O )		2000 11 C SE ANDRES AND SE SE 7000 C		STARTED BLANCE SERVING SAVETT
a					
D					,
C		<del></del>			
d	A11 . II	·			·-·- ·- · ·
e	All other expenses	100 003	110 000	11 002	0
25	Total functional expenses. Add lines 1 through 24e	129,903	118,000	11,903	<u> </u>
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)				
	TOTIONING OUT 30-Z (MOU 300-120)	L	<u> </u>		<u> </u>

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 🕡 Cash-non-interest bearing. 36,314 ٠.2 784 Savings and temporary cash investments · i :3 Pledges and grants receivable, net 5 Loans and other receivables from current and former officers, directors,\* trustees, key employees, and highest compensated employees "; Complete Part II of Schedule L, 6 -Loans and other receivables from other disqualified/persons (as defined under section . .4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . 7. 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation . " 1,762,502 1,687,701 11 Investments—publicly traded securities 11 Investments-other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 1,798,816 1,740,485 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,428,686 1,341,105 Unrestricted net assets 28 28 Temporarily restricted net assets -370,130 399,380 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund ---31 32 Retained earnings, endowment, accumulated income, or other funds 32, 1,798,816 1,740,485 Total net assets or fund balances 1,798,816 1,740,485 Total liabilities and net assets/fund balances

Form **990** (2018)

orn	n 990 (2018) ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453			Pa	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	'1		<u>155,</u>	<u>019</u>
2	'Total expenses (must equal Part IX, column (A), line 25):	2	*.	<u>129, </u>	<u>903</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u> 25,</u>	116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	798,	816
5	Net unrealized gains (losses) on investments :	5_		-83,	447.
`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			-
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,	740,	485
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	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?		2:	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				X5333
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		21	ь	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		<b>\$</b> 6		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		e.		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	:	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	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?		3	a	<u>X</u> _
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		31	o	

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Publication

Employer identification number Name of the organization ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453 Part 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 12, check only one/box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives .(1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1–10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
(A) II	LLOWA CO	UNCIL, INC. B	Y SCOUTS OF AMI	RICA X	No	118,000	0
(B)	-						
(C)	<u></u>						
(D)							
(E)							
Total						118,000	0

			NCIT TNG BO			-6143453	Page 2
P	Support Schedule for 0						
	(Complete only if you ch	ecked the box	on line 5, 7, or 8	of Part I or if t	he organization	failed to qualify	∕undér- ··
	Part III If the organization	on fails to qual	ify under the test	s listed below,	please complet	te Part III)。	<del></del>
	tion∕A. Public Support∜		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>,</del> -	· v	
Cale	ndar year (or fiscal year beginning in)	(a) 2014 -	· (b) 2015 🕚	(c) 2016	(d) 2017-1	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	1			1,	- /	•
•	membership fees received (Do not		l'.		1	/	•
	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 :	1	:			/	
	furnished by a governmental unit to the			1		<b>/</b>	
_	organization without charge					<del></del>	<del> </del>
4	Total. Add lines 1 through 3	34 77 37 3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5	The portion of total contributions by each person (other than a			4.0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	governmental unit or publicly '		100	100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		•
	supported organization) included on				- //		ı
	line 1 that exceeds 2% of the amount	1 30			///		
_	shown on line 11, column (f)	0.01574.0	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		21/20	4.7	
6 Sec	Public support. Subtract line 5 from line 4 tion B. Total Support	14 D 19 + 12   12   12   12   12   12   12   12	ista prancisi a distribution	Name of the State	(S. 100 / 100 S.	+ /	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(4) 2011	(0)_00.0	(5,55)	/	<u> </u>	
8	Gross income from interest, dividends,	4		/			
•	payments received on securities loans,						•
	rents, royalties, and income from						
	sımılar sources	<del></del>				,	<del></del>
9	Net income from unrelated business			/	l .	ļ	
	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	•		/	1	l i	
	(Explain in Part VI )						
11	Total support. Add lines 7 through 10			10 May 1			
12	Gross receipts from related activities, etc	(see instructions	s) /			12	<del></del> .
13	First five years. If the Form 990 is for the	e organization's fi	rst, second, third, fou	irth, or fifth tax yea	r as a section 501(	c)(3)	
	organization, check this box and stop he		/			_	<b>&gt;</b>
Sec	tion C. Computation of Public S				- <u>-</u>	<del></del>	
14	Public support percentage for 2018 (line			n (f))		141	<u></u>
15	Public support percentage from 2017 Sch		,			15	<u></u>
16a	33 1/3% support test—2018. If the orga		,		3 1/3% or more, ch	neck this	▶ □
	box and stop here. The organization qua						▶ [_]
b	33 1/3% support test—2017. If the orga				5 is 33 1/3% or mo	re, check	
	this box and stop here. The organization				40h	44	
17a	10%-facts-and-circumstances test—20	- /					
	10% or more, and if the organization mee						_
	Part VI how the organization meets the "f	acts-and-circums	tances test. The orga	anization qualifies	as a publiciy suppo	nieu	
_	organization	047 1616	nation did not shoot a	hay an line 12 16	a 16h or 17a ana	1 line	
D	10%-facts-and-circumstances test—20	, -	**			1 IIIIC <del></del>	
	· · · · · · · · · · · · · · · · · · ·	,				dich	-
	Explain in Part VI how the organization m	icels life lacts-ar	iu-circumstances les	st The Organization	i quaiiiics as a put	moiy	▶ □
40	supported organization  Private foundation. If the organization,d	/	v on line 12 16a 16i	n 17a or 17h che	ck this hov and see		
18	instructions	nd not check a 00	A OII IIIIG 10, 10a, 101	2, 17a, 01 17b, 01le	on this box and set	•	▶ □
	matructions /				<u>-</u> .	<u> </u>	
						Schedule A (Form 9	90 or 990-EZ) 2018

Part IV

Schedule A (Form 990 or 990-EZ) 2018

Supporting Organizations +

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No:
	7.67 mag 4*		NO T
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		SERVICE R	
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	5c		
	3433		
	6		X
	7	CHARGE WAY	X 59614990139554
	8		X
:			
		ATTENNAME	
	9a	98400'S'2', \$64	X
-	27		
	9b		X
	9c	- dichimical de la constanta	X
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	10a		X
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	10b		
(Fe	orm 99	0 or 990-	EZ) 2018

Page 4

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

3

4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A	(Form	990 or	990-EZ	2018

3

5

·Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 ILLOWA COUNCIL  Part V Type III Non-Functionally Integrated 509(a)	INC BOY SCOUTS T )(3) Supporting Organiza		Page
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt p	urposes		
2 Amounts paid to perform activity that directly furthers exempt purp			
organizations, in excess, of income from activity			
3 Administrative:expenses paid to accomplish exempt purposes of	supported organizations		
4 Amounts paid to acquire exempt-use assets	,		
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions		-	
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the org	anization is responsive		
(provide details in Part VI) See instructions			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
***************************************	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018			
(reasonable cause required-explain in Part VI) See			
instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013		Experience of the second	
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from			
Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			sec a sec
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2 For result			
greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3			
and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			2463475792456
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

ILLOWA COUNCIL INC BOY SCOUTS TR

42-6143453

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

nds or Other Similar Funds o	42-6143453 Accounts.
nds or Other Similar Funds or	Accounts.
Form 990 Part IV line 6	
Form 990, Part IV, line 6	(b) Funds and other accounts
(a) Borior advised funds	(b) I dida and other accounts
the assets held in donor advised	
	☐ Yes ☐
<del>-</del>	
	☐ Yes ☐
Form 990, Part IV, line 7	
all that apply)	
Preservation of a historically im	portant land area
Preservation of a certified histo	ric structure
vation contribution in the form of a cons	ervation
	Held at the End of the Tax
	2a
	2b
ıded ın (a)	2c
06, and not on a	
	2d
inguished, or terminated by the organiza	ation during the
ocated >	
toring, inspection, handling of	
	∐ Yes ∐
violations, and enforcing conservation of	easements during the year
ations, and enforcing conservation ease	ments during the year
ne requirements of section 170(h)(4)(B)(	
	Yes
•	
organization's financial statements that d	rescribes the
Historical Treasures or Other	r Similar Assets
Form 990, Part IV, line 8	Ollinai Assets.
ot to report in its revenue statement and	balance sheet
exhibition, education, or research in furth	
I statements that describes these items	
report in its revenue statement and bala	ince sheet
xhibition, education, or research in furth	erance of
	<b>▶</b> \$
	<b>▶</b> \$
other similar assets for financial gain, pro	ovide the
elating to these items	
elating to these items	<b>&gt;</b> \$
	all that apply)  Preservation of a historically im Preservation of a certified historical preservation of a certified historical preservation in the form of a constitution in the form of a constitution (a)  (a) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e

Sche	dule D (Form 990) 2018 ILLOWA C	COUNCIL INC	BOY SCOUTS	TR 42-6	143453	Page 2
Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records,	check any of the follo	wing that are a signific	ant use of its	
а	Public exhibition	d 🗌 L	oan or exchange prog	grams		
b	Scholarly research	e 🗍 (	Other			
С	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explain I	now they further the or	ganization's exempt p	urpose in Part	
	XIII					
5	During the year, did the organization solicit	or receive donations of	art, historical treasure	s, or other similar		
	assets to be sold to raise funds rather than	to be maintained as pai	rt of the organization's	collection?		Yes No
Pa	rt IV Escrow and Custodial A					
	Complete if the organization 990, Part X, line 21	on answered "Yes"	on Form 990, Pa	rt IV, line 9, or rep	orted an amount o	on Form
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ry for contributions or	other assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				_1e	
f	Ending balance				1f	
2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or custo	dial account liability?		Yes No
b	If "Yes," explain the arrangement in Part XII	I Check here if the exp	lanation has been pro-	vided on Part XIII		
Pa	rt V Endowment Funds.					
	Complete if the organization	on answered "Yes"	on Form 990, Par	rt IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,798,816	1,744,738	1,603,247	1,649,237	1,547,430
b	Contributions	29,250	29,854	28,896	3,833	3,100
С	Net investment earnings, gains, and					
	losses	42,323	135,553	201,746	145,270	
d	Grants or scholarships	118,000	99,250	74,950	181,988	78,463
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses	11,903	12,079	14,201	13,105	
g	End of year balance	1,740,485	1,798,816	1,744,738	1,603,247	1,649,237
2	Provide the estimated percentage of the cu		(line 1g, column (a)) h	eld as		
а	Board designated or quasi-endowment					
	Permanent endowment ► 18.42 %					
С	Temporarily restricted endowment ▶	29.08 %				
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%				
3a	Are there endowment funds not in the poss	ession of the organization	on that are held and a	dministered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organic	zations listed as require	d on Schedule R?			3b
4	Describe in Part XIII the intended uses of the		ment funds			
Pa	rt VI Land, Buildings, and Equ					
	Complete if the organization	on answered "Yes"	<u>on Form 990, Par</u>	t IV, line 11a See	Form 990, Part X	( <u>, line 10</u>
	Description of property	(a) Cost or other ba	1	''	ccumulated	(d) Book value
		(investment)	(other	r) de	preciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					<del></del>
d	Equipment					
	Other					
Total	. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X	, column (B), line 10c	<u>/</u>	<u> </u>	

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Schedule D (Form 990).2018 ILLOWA COUNCIL INC B	OY SCOUTS TR	42-6143453	Page
Part VII Investments—Other Securities.			
Complete if the organization answered "Yes" or		4	
(a) Description of security or category	(b) Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	<b></b>		
(C)	7	<u> </u>	
(D)	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	
(E)			
(F)		`	
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶			
<b>♥Part∛VIII</b> Investments—Program Related.	<del></del> -	•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11c See Form 990, Pa	rt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			
(2)			
(3)		-	
(4)			
(5)			
(6)			·····
(7)			
(8)			<del></del>
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶			
Part IX Other Assets.		TO CHARLES THE RECORD CONTRACTOR TO A SECURITION OF THE PROPERTY OF THE PROPER	LINE \$2563.4 \$ 4005 \$ 1 00-10 3000 012 TOWNS 1.00
Complete if the organization answered "Yes" o	n Form 990 Part IV. lin	e 11d. See Form 990. Pa	art X. line 15
(a) Description			(b) Book value
(1)			
(2)	<del></del>	***************************************	
(3)			<del></del>
(4)			
(5)			· · · · · · · · · · · · · · · · · · ·

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value	
(1) Federal income	axes		
(2)			
(3)			graph the state of
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) mus	st equal Form 990, Part X, col (B) line 25) ▶		

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

chedu	ale D (Form 990) 2018 ILLOWA COUNCIL INC BOY SCOUTS	TR 42-614345	53	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	eturn.	·
	Complete if the organization answered "Yes" on Form 990, Pa	irt IV, line 12a		
1 T	otal revenue, gains, and other support per audited financial statements		1 _	
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12		<b>经长线</b>	
a N	let unrealized gains (losses) on investments	2a		
b [	Ponated services and use of facilities	2b		
,c F	Recoveries of prior year grants	-2c		
d C	Other (Describe in Part XIII )	2d		
	dd lines 2a through 2d		2e	
3 5	Subtract line 2e from line 1		3	
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1	[	<b>F</b>	
a li	ovestment expenses not included on Form 990, Part VIII, line 7b	4a		
b (	Other (Describe in Part XIII )	4b		
c A	dd lines 4a and 4b		4c	
<b>5</b> T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa			
1 T	otal expenses and losses per audited financial statements		1	
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25		[A]	
a D	onated services and use of facilities	2a		
b P	rior year adjustments	2b		
c C	Other losses	2c		
d C	Other (Describe in Part XIII )	2d		
e A	dd lines 2a through 2d		2e	
<b>3</b> S	ubtract line 2e from line 1		3	
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1		<b>1964</b>	·
	evestment expenses not included on Form 990, Part VIII, line 7b	4a		
b C	Other (Describe in Part XIII )	4b		
с А	dd lines 4a and 4b		4c /	

Rart XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

Schedule D (Form 990) 2018 ILLOWA COUNCIL INC BOY SCOUTS TR
Part XIII ( Supplemental Information (continued)

42-6143453

Page 5

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Go to www.irs.go

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m990 for th	
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Inspection

OMB No 1545-0047

2018

Name of the organization ILLOWA COUNCIL INC	BOY SCOUTS	'S TR					Employer Identification number 42-6143453	
Part   General Information on Grants and Assistance	d Assistance							
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	the amount of the grince?	ants or assis	stance, the grantees' en the United States	ligibility for the grants	or assistance, and		Yes	N X
Part II Grants and Other Assistance to Domestic Organi Part IV, line 21, for any recipient that received more to	omestic Organ t received more	izations a	zations and Domestic Governments. Complete if the organizations \$5,000 Part II can be duplicated if additional space is needed	vernments. Com duplicated if addit	plete if the organisms.	anization ansvieeded	izations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000 Part II can be duplicated if additional space is needed	990,
(a) Name and address of organization     or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance	ant
(1) ILLOWA COUNCIL, INC. BOY SCOUTS OF AMERICA - 4412 N BRADY STREET DAVENDOR	7 100112	170(B)	0 0 0			ľ	GEN SUPPORT GRANT	ANT
(3)								
(4)								
(5)								
(9)								
(1)								
(8)								
(6)								:
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	t organizations listed ne 1 table	in the line 1 table	table				<b>A A</b>	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.						Schedule I (Form 990) (2018	990) (2018

Page 2

3453	ion answered "Yes" on Form 990, Part IV, line 22	
42-6143453	the organizat	
Schedule I (Form 990) (2018) ILLOWA COUNCIL INC BOY SCOUTS TR	Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Part III can be duplicated if additional space is needed

(6)	(a) Type of great or accidence	(h) Nimbor of	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	) (m) (m)	Landy and action for the dead (a)	3
	ייין ייין אַרְייִין פֿוּמּיוּיִין פֿוּמּייִנְיּמִייִּן פֿוּמּייִן פֿוּמּייִנְיִּמְיִינְיִין פֿוּמּייִנְיִין פֿוּמּייִנְיִין	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(e) Metrico di valdation (book,   (i) Description di noncasti assistance, FMV, appraisal, other)
-						
ć						••
7						
3						•
4						
2						
9						
7						
Part IV	Part IV! Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

REQUISITION OF FUNDS BY THE ILLOWA COUNCIL, INC. BOY SCOUTS OF AMERICA ARE

EVIDENCED BY RESOLUTION OF THE EXECUTIVE BOARD OF THE ILLOWA COUNCIL, INC.

BOY SCOUTS OF AMERICA.

Schedule I (Form 990) (2018)

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**SCHEDULE O** (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.

► Attach to Form 990 or 990-EZ.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www irs.gov/Form990 for the latest information.

Employer identification number

42-6143453

### ILLOWA COUNCIL INC BOY SCOUTS TR

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE TRUSTEE, QUAD CITY BANK & TRUST COMPANY, PER THE TRUST AGREEMENT, HAS THE POWER AND AUTHORITY, SUBJECT TO THE PROVISIONS OF THE CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOYS SCOUTS OF AMERICA, TO RECEIVE, TAKE, HOLD, USE, CONTROL, MANAGE, INVEST, AND REINVEST THE ASSETS IN THE TRUST AS THEY DEEM MOST SUITABLE. ILLOWA COUNCIL, INC. BOY SCOUTS OF AMERICA RETAINS THE RIGHT TO AMEND THE TRUST AGREEMENT, CHANGE TRUSTEES AND REQUEST DISTRIBUTIONS FROM THE TRUST SUBJECT TO CONDITIONS OUTLINED IN THE TRUST AGREEMENT.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS THE TRUSTEE, OUAD CITY BANK & TRUST COMPANY, PER THE TRUST AGREEMENT, HAS THE POWER AND AUTHORITY, SUBJECT TO THE PROVISIONS OF THE CHARTER, BYLAWS, AND RULES AND REGULATIONS OF THE BOYS SCOUTS OF AMERICA, TO RECEIVE, TAKE, HOLD, USE, CONTROL, MANAGE, INVEST, AND REINVEST THE ASSETS IN THE TRUST AS THEY DEEM MOST SUITABLE. ILLOWA COUNCIL, INC. BOY SCOUTS OF AMERICA RETAINS THE RIGHT TO AMEND THE TRUST AGREEMENT, CHANGE TRUSTEES AND REQUEST DISTRIBUTIONS FROM THE TRUST SUBJECT TO CONDITIONS OUTLINED IN THE TRUST AGREEMENT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE INVESTMENT COMMITTEE OF THE ILLOWA COUNCIL INC., BOY SCOUTS OF AMERICA AND A TRUST OFFICER AT THE QUAD CITY BANK & TRUST COMPANY, THE TRUSTEE REVIEWS THE FORM 990 BEFORE FILING.

Page 2

Name of the organization

ILLOWA COUNCIL INC BOY SCOUTS TR

Employer identification number

42-6143453

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE TRUST IS MANAGED IN CONJUNCTION WITH THE POLICIES AND PROCEDURES OF THE
ILLOWA COUNCIL, INC., BOY SCOUTS OF AMERICA. 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 INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND SIGNED
COPIES OF TAX RETURNS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB-No 1545-0047

(f)
Direct controlling
entity Employer identification number 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 42-6143453 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity ILLOWA COUNCIL INC BOY SCOUTS TR (a) Name, address, and EIN (if applicable) of disregarded entity Part Part II Ξ 62 ල <u>4</u> (5)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(9) . Section 512(b)(13) controlled entity?	2(b)(13) entity?
(1) ILLOWA COUNCIL INC BOY SCOUTS  AMERICA - 4412 N BRADY STREET  DAVENPORT  IA 52806	CAMPGROUND	IA	501C3	7	N/A		×
(2)						;	
(3)						· · · · · · · · · · · · · · · · · · ·	
(4)							<b>(</b> ≠1
F (5)							•

Schedule R (Form 990) 2018

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

Page 2	(k) Percentage ownership	us S					Section 512(b)(13) controlled entity?	S No	_		•	<b>V</b> II <b>•</b>	Schedule R (Form 990) 2018
		2				  -  -		Yes			,		orm 99
e 34,	General or managing partner?	3	,		4	art I	(h) Percentage ownership						e R (F
on Form 990, Part IV, line 34,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)					on Form 990, Part IV					r.		Schedul
n 99	A 2 rate	2				s" or	(g) lare of year ass						
Forr	(h) Disproportionale alloc ?	3				7.4e	(g) Share of end-of-year assets						
	(g) Share of end-of- year assets					orporation or Trust. Complete if the organization answered "Yes" treated as a corporation or trust during the tax year.	(f) Share of total income						
ans			-			ganiz he ta	ซ						
organizatior lax vear	(f) Share of total income					olete if the or trust during t	(e) Type of entity (C corp, S corp, or trust)						
42-6143453  artnership. Complete if the organizas a partnership during the fax year	(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)					orporation or Trust. Complete if the organization at treated as a corporation or trust during the tax year	(d) Direct controlling entity						
42-6143453 Sartnership. Comple as a partnership dur						Corporation c treated as a	(c) Legal domicile (state or foreign country)						
S TR	(c) Legal domicile (state or foreign country)					is a (							1
BOY SCOUTS TR ONS Taxable as a F	(b) Primary activity do					ons Taxable a	(b) Primary activity						
Schedule R (Form 990) 2018 ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453    Part III   Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization					Identification of Related Organizations Taxable as a Compartity   Ine 34, because it had one or more related organizations	(a) Name, address, and EIN of related organization					Λο.	
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ILLOWA COUNCIL INC BOY SCOUTS TR

Schedule R (Form 990) 2018

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

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- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
    - c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)

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- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

n thresholds	(d) Method of determining amount involved	
tionships and transactio	(c) Amount involved	
e, including covered rela	(b) Transaction type (a-s)	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	(a) Name of related organization	

	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)	ILLOWA COUNCIL, INC. BOY SCOUTS OF	α	118,000 FMV	FMV
(2)				
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Schedule R (Form 990) 2018 ILLOWA COUNCIL INC BOY SCOUTS TR

Part VI

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

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

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(k) Percentage ownership	•									,		
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(I) General or managing partner?	Yes		-				-			,		
- 20				,	_			,				
(i) ; V—UB t in box edule K m 1065)												
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)												
1	å							-				
(h) Disproportionate allocations?	Yes	ـــــــ										
Dis	<u> </u> >										<u> </u>	
(g) Share of end-of-year assets												
Shai end-o ass												
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e of come				Ì								
(f) Share of total income												
artners on )(3)	ء اء											
(e) Are all partners section 501(c)(3)	S No											
										_	-	
(d) Predominant Income (related, unrelated, excluded	sections 512-514)											
(d) Predominant income (related, nrelated, excluder	ections											
	8											
(b) Primary activity												
(b) Primary activ												
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f entity												
EZ O												
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(a) Name, address, ard EIN of entity			<u> </u>									
Nan												
		5	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)
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Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R See Instructions