Forr		Ur		Organization EX	•		ations)	, 2019
Depa	January 2020) Itment of the Treas			er social security numbers of			200°	Open to Public
	al Revenue Service		► Go to www.tax year beginning	$rac{vw.irs.gov/Form990 ext{for instru}}{10/01/19}$, and ei				Inspection
_	Check if applicable	C Name of organization		10/01/10 , and en	iding 03/30/		D Employer K	lentification number
	Address change		ILLOWA (COUNCIL INC BOY	SCOUTS TR			
╡	ŭ	Doing business as					42-61	43453
_	lame change		(or PO box if mail is not de	livered to street address)		Room/suite	E Telephone r	number
3	nitial return		RADY STREET				<u>563-3</u>	<u>88-7233</u>
	inal return/ erminated	· ·	or province, country, and ZIF	• .				
٦,	Amended return	F Name and address	_	IA 52806			G Gross receip	ts\$ 292,988
=	Application pending			3.0		H(a) Is this a grou	p return for subo	ordinates? Yes X No
′ ا	application pending		D. GOODYE			H/h) Asa all auta		ad? Yes No
			BRADY STRE		•	H(b) Are all subo	rdinates includi attach a list (se	
		DAVENPO		IA 52806		3	attacii a iist (se	e msaucaons)
	Tax-exempt status	X 501(c)(3) /A	501(c) ()	◀ (insert no) 4947(a)(1) or 527 -	4		
		· — — —	X Trust Association	011-1	- 1.	H(c) Group exem	550	
	Form of organization art I Su	Corporation Corporation	X Trust Association	on Other	# L	Year of formation 15	330 N	State of legal domicile IA
F			ration's mission or mi	ost significant activities	.,			
Activities & Governance	FUND	S ARE USED	FOR SCOUT C	O ILLOWA COUNCIL AMPS AND OTHER S tinued its operations or disp	COUTING OPER	ATIONS.		•
פ			of the governing boo		RECE	IVED	3	1
		•	•	governing body (Part VI, lin		O	4	1
			=	ar year 2019 (Part V, line 2		8 2020		0
			(estimate if necessa		10 Dece	8 5050	6	5
			venue from Part VIII				7a	0
1	b Net unrel	ated business tax	able income from For	rm 990-T, line 39	JGDŀ	EN, UT	7 _b	0
						Prior Year		Current Year
	8 Contribut	tions and grants (P	Part VIII, line 1h)			29	,250	3,250
	9 Program	service revenue (F	Part VIII, line 2g)					. 0
		•	III, column (A), lines			125	,769	81,865
'	11 Other rev	renue (Part VIII, co	olumn (A), lines 5, 6d	l, 8c, 9c, 10c, and 11e)			212	0
_				qual Part VIII, column (A), li	ne 12)		,019	85,115
			s paid (Part IX, colum	` ''		118	,000	100,600
		-	ibers (Part IX, columi					0
		•	· •	ts (Part IX, column (A), line:	s 5–10)			0
		_	es (Part IX, column (/	·	•	-		0
١			(Part IX, column (D)		0		003	11 170
I			olumn (A), lines 11a-				, 903	11,178
	-		, ,	art IX, column (A), line 25)			,903	111,778
	19 Revenue	iess expenses Si	ubtract line 18 from li	ne 12		Beginning of Curre	, 116 ent Year	-26,663 End of Year
and Balances	20 Total acc	ets (Part X, line 16	6)			1,740		1,801,255
اة		ulities (Part X, line	•				0	0
		=	s Subtract line 21 fro	om line 20		1,740	.485	1,801,255
_		gnature Block					7 1	
			·	return, including accompanying	schedules and statem	ents, and to the bes	st of my know	ledge and belief it is
				officer) is based on all information				neage and conor, it is
		ton	test 10x	Inochese 1			11-23	2020
ig	n Ps	gnature of officer					Date	
	1 .	STANLEY 1	D. GOODYEA	R	EXEC	BOARD TR	EASURE	R
_		ype or print name and til						•
_	 			Preparer's signature	1	Date	Check	ıf PTIN
_		e preparer's name			i .	1.2/27/	أحماد مسمار	- .
1	Print/Type	e preparer's name L. ANDERSON		Darry Hn	evson		20 self-emplo	yed
er	Print/Type	L. ANDERSON	DERSON, LO	WER, WHITLOW,	PC PC		m's EIN	yed
er aic	Print/Type BARRY	L. ANDERSON me	DERSON, LO	WER, WHITLOW,				yed
aic	Print/Type BARRY Parer Firm's na	L. ANDERSON me	05 STATE S	WER, WHITLOW,		Fire	m's EIN	563-359-4757
Paic Prep Jse	Print/Type BARRY Firm's na Only Firm's ad	L. ANDERSON me	05 STATE S'TTENDORF,	WER, WHITLOW, T STE 201		Fire	m's EIN	

		L INC BOY SCOUTS		3	Page 2
	_	Service Accomplishment ntains a response or note to			
1 Briefly describe	e the organization's miss		UNCIL, INC. BOY		AMERICA.
prior Form 990 If "Yes," descri 3 Did the organiz services?	or 990-EZ? be these new services o	or make significant changes in ho		ne	Yes X No
4 Describe the or expenses Sec	rganization's program section 501(c)(3) and 501(c	rvice accomplishments for each of (4) organizations are required to r for each program service reported	eport the amount of grants and a	=	
		100,600 including gra JNDS TO ILLOWA CO COUT CAMPS AND OT	UNCIL, INC. BOY		AMERICA.
4b (Code) (Expenses \$	including gra	ints of \$) (Revenue \$	<u>, </u>
N/A	,,,			, (() ()	,
4c (Code N/A) (Expenses \$	including gra	nts of \$) (Revenue \$)
	services (Describe on S) (2		,
(Expenses \$ 4e Total program s	service expenses >	including grants of \$ 100,600) (Revenue \$		<u> </u>
DAA					Form 990 (2019)

42-6143453

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		'	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	X
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			37
7	"Yes," complete Schedule D, Part I	6		<u> </u>
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
_	reported in Part X, line 16 ⁹ 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		1	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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
7	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	.	1	37
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
:0a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u> -
1	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	21	х	

Part 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 individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		┢
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			İ
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			İ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			İ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	j		İ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			İ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions)			İ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		v
.	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┢
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
30	Did the organization receive more than \$23,000 in non-cash contributions? If Tes, complete schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
-	complete Schedule N, Part II	32		Х
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	
35a	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 entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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 VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		· ·	<u> </u>
	5 to the contract of the Bond of Stone 4000 Stone Of the Contract of the Contr		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 0 1b 0	 		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			I
	reportable gaming (gambling) winnings to prize winners?	1 <u>c</u>		

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 0 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country ь See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a 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 С X 7с required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year Ы Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Qа Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations Enter 11 Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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 13b the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

	Check it Schedule O contains a response or note to any line in this Part VI	_		X
Sec	tion A. Governing Body and Management			
		·	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O			
b	Enter the number of voting members included on 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			v
•	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, 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 X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		v	
	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,	<u></u>	v	
	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 following		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	١ . ا		v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae j		<u></u>
40-	Det the account of heart level about on heart level as a self-level	40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	425	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v
a	The organization's CEO, Executive Director, or top management official	15a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Other officers or key employees of the organization	15b		
40-	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	46-		v
	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			
		401		
	organization's exempt status with respect to such arrangements?	16b		
	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 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 on Schedule O)			
19	Describe on 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			
_	JAD CITY BANK & TRUST 4500 N BRADY STREET LVENPORT TA 52806 563	-38	0_4	70^
137	INDREDET: IA TAND TO	_ ¬ ¬ ¬	n – 4	100

Form 990 (20	019) ILLOWA C										Page 7
Part VII	•	·	irec	tor	s, T	rus	tee	s, K	key Employees, High	nest Compensated E	mployees, and
	Independent Co		0 r0	cno	200		note	, to	any line in this Part V	711	
Section A.						_			Compensated Employees		
1a Complete	this table for all perso								on for the calendar year er		
organization'	•	urrent officers d	lirect	ore :	truct	200	(who	ther	individuals or organization	s) regardless of amount o	s f
compensatio	n Enter -0- in columns	s (D), (E), and (F)) if no	cor	nper	isati	on w	as p	aid		,,
	•		•		•				ons for definition of "key en er than an officer, director,	• •	
who received organization	d reportable compensations and any related organi	tion (Box 5 of Fo zations	rm V	/-2 a	nd/o	r Bo	x 7 o	f Fo	rm 1099-MISC) of more th	an \$100,000 from the	'
	of the organization's for reportable compensations								compensated employees ganizations	who received more than	•
organization,		reportable comp	ensa	ition	from				in the capacity as a former tion and any related organ		-
Check th	is box if neither the org	ganization nor an	y rela	ated	orga	nıza	tion	com	pensated any current office	er, director, or trustee	I
	(A) Name and title	(B) Average hours per week	bo	x unle	Pos check ess pe	rson i	than c s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		(list any hours for related	1	1					(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
		organizations below	Individual trustee or director	nstitutional trustee	Officer	Key emptoyee	Highest compensated employee	Former			Telated Organizations
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Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson	than c is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	o comp fre	(F) ted amo other ensatio om the	n
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organi related d	zation a irganiza	
	7												
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													·
1b c d	Subtotal Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Sect	ion /	۸.	•		> > >	11,178				
2	Total number of individuals (in reportable compensation from	cluding but not l the organization	ımıte	ed to	thos	e lıs	ted a	bov					
3	Did the organization list any fo				ctoo	kov	, em	alov	ee or highest compensate	d		Ye	s No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organization	" complete Schede e 1a, is the sum	<i>dule</i> of re	J for	suc.	h ind	<i>lividu</i> ipens	<i>ial</i> satio	n and other compensation	from the	3		X
5	individual Did any person listed on line 1 for services rendered to the or	a receive or acc	rue	comp	oens	atıor	n fron	n an	y unrelated organization or		5		X
Sect 1	on B Independent Contractor Complete this table for your five		ensa	ited i	nder	end	ent o	contr	ractors that received more	 than \$100,000 of			
	compensation from the organi	zation Report co (A) business address	omp	ensa	tion	for t	ne ca	lend	dar year ending with or with	nin the organization's tax ye (B) tion of services	ear	(C Compe) .
	Name and	business address						-	Descrip	tion of services		Compe	nsation
							_						
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	Total number of independent of								se listed above) who	<u>. </u>			
DAA	received more than \$100,000	oi compensation	ı iro <u>r</u>	n the	org	anız	ation			0	L	Form 9	90 (201

Form 990 (2019) ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453 Page 9 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (A) Total revenue (C) (B) Related or exempt Unrelated from tax under sections 512-514 function revenue business revenue ons, Gifts, Grants Similar Amounts 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c Contributions, Gifts, 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,250 1g g Noncash contributions included in lines 1a-1f 3,250 h Total. Add lines 1a-1f **Business Code** 2a b C d f All other program service revenue g Total Add lines 2a-2f ▶ Investment income (including dividends, interest, and 35,235 35,235 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6a Gross rents 6a **b** Less rental expenses 6b c Rental inc or (loss) 6c Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 254,503 7a other than inventory **b** Less cost or other 207,873 7b basis and sales exps 46,630 c Gain or (loss) 7c 46,630 46,630 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses 8b ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11a b All other revenue Total. Add lines 11a-11d ▶

85,115

46,630

0

Total revenue. See instructions

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 50, 70, 80, 90, and 100 of Part VIII. □ Construction amounts reported on lines 50, 10, and 100 of Part VIII. □ Construction amounts reported on lines 50, □ Construction amounts reported on lines 50, □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of the part VIII. □ Construction of current of fictions, directors, trustees, and key employees. □ Compression of current of fictions, directors, trustees, and key employees. □ Compression of current of fictions, directors, trustees, and key employees. □ Compression of current of fictions of fictions of the passion of the passio	Secu	Check if Schedule O contains a rest			npiete column (A)	
77, 8b. 9b. and 10b of Part VIII. Graft and free assistance to democic operations of control of co	Do n		(A)	(B)		
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Individuals See Part IV, line 22 600 600			100,000	100,000		
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17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1 Interest 2 Depreciation, depletion, and amortization 1 Insurance 2 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses 5 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campagn and fundraising solicitation. Check here ▶ ☐ if	15					<u></u>
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for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c c d d e All other expenses Total functional expenses. Add lines 1 through 24e 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 ▶						
19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	18	•				
Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e 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		-		_ .		
Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) A B C d All other expenses Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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		-				
Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) A B C d e All other expenses Total functional expenses. Add lines 1 through 24e 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 ▶						
23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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		•				
Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e 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		· ·				
above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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						
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e 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 inf	24					
(A) amount, list line 24e expenses on Schedule O) a b c d e All other expenses Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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		·		j		
a b c d e All other expenses Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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			,	j		
b c d e All other expenses Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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	•	(A) amount, not line 24e expenses on Schedule ()				
c d e All other expenses Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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			<u> </u>			
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Total functional expenses. Add lines 1 through 24e 111,778 100,600 11,178 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		All other expenses			<u></u>	
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		•	111 778	100 600	11 178	0
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if					22,270	
fundraising solicitation Check here ▶ ☐ if		organization reported in column (B) joint costs				
10110WHU 3UP 30-2 (A3U 330-720)		following SOP 98-2 (ASC 958-720)		•		

ILLOWA COUNCIL INC BOY SCOUTS TR Form 990 (2019)

42-6143453

Part	X Balance Sheet	42-6143433		Page 11
	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	52,784	2	77,129
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
22	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	_	6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	1,687,701	11	1,724,126
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,740,485	16	1,801,255
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
န္မ 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>a</u>	controlled entity or family member of any of these persons		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			
l	of Schedule D	•	25	•
26	Total liabilities. Add lines 17 through 25	0	26	0
	Organizations that follow FASB ASC 958, check here ▶ X			
Se	and complete lines 27, 28, 32, and 33.			
<u>F</u> 27	Net assets without donor restrictions	1,341,105	27	1,398,625
昭 28	Net assets with donor restrictions	399,380	28	402,630
밀	Organizations that do not follow FASB ASC 958, check here ▶ ☐			
로	and complete lines 29 through 33.			
ັດ 29	Capital stock or trust principal, or current funds	,	29	
30 Se	Paid-in or capital surplus, or land, building, or equipment fund		30	
₩ 31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances 27 28 30 31 32	Total net assets or fund balances	1,740,485	32	1,801,255
~ 33	Total liabilities and net assets/fund balances	1,740,485	33	1,801,255

orm	1 990 (2019) ILLOWA COUNCIL INC BOY SCOUTS TR 42-6143453				Pag	je 12
Pa	art XI 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		{	85,:	<u>115</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>11,'</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 26,0</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	:	<u> 1,74</u>		
5	Net unrealized gains (losses) on investments	5		{	87 <i>,</i> 4	<u> 133</u>
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 on Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,8	01,3	<u> 255</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
				i	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?			2a		<u>X</u>
	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					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>
	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 on					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or guidte, explain why an Schodule Q and describe any stone taken to undergo such audits		1	2h		

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

Open to Public Inspection

Name of the organization

ILLOWA COUNCIL INC BOY SCOUTS TR

Employer identification number 42-6143453

Pa	irt I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns	
The	orga	nization is not	a private foundation because	se it is (For lines 1 through 12,	check onl	y one box)	_	
1	\Box	A church, co	nvention of churches, or ass	sociation of churches described	ın sectioi	n 170(b)(1)(A)(i).	7	
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	m 990 or 9	90-EZ))	1 /	1	
3	П			ce organization described in se			ıii).		
4	Ħ	•	•	d in conjunction with a hospital			•	ospital's name.	
•	ш	city, and stat	•					, , , , , , , , , , , , , , , , , , ,	
5		•		of a college or university owned	or operat	ed by a g	overnmental unit described in		
	_	section 170	(b)(1)(A)(iv). (Complete Part	t II)					
6		A federal, sta	ate, or local government or g	governmental unit described in s	section 17	⁷ 0(b)(1)(A	ı)(∨).		
7		•	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II)	om a gov	ernmenta	unit or from the general public		
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	tII)				
9		-		scribed in section 170(b)(1)(A)(of agriculture (see instructions)	• •			ge	
10		An organizat receipts from support from	activities related to its exergross investment income a	1) more than 33 1/3% of its sup npt functions—subject to certain nd unrelated business taxable in 10, 1975 See section 509(a)(2)	n exception	ns, and (2 ss section	2) no more than 33 1/3% of its a 511 tax) from businesses	ss	
11		An organizat	on organized and operated	exclusively to test for public saf	ety See s	ection 5	09(a)(4).		
12	X	An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpos	ses	
	_			zations described in section 50 hat describes the type of support					
	а	==	· ·	erated, supervised, or controlled			•	*	
	а	the supp	orted organization(s) the po-	wer to regularly appoint or elect	a majority			'9	
	_		• •	complete Part IV, Sections A a		ita aunna	ded erganization(s), by having		
	b			ipervised or controlled in conne- rting organization vested in the :				ed	
				Part IV, Sections A and C.					
	С			supporting organization operated structions) You must complete				th,	
	d	_		d. A supporting organization ope				n(s)	
	•			e organization generally must sa				• •	
				nust complete Part IV, Sectio	•				
	е	Check th	is box if the organization red	ceived a written determination from	om the IR	S that it is	s a Type I, Type II, Type III		
		functiona	Ily integrated, or Type III no	n-functionally integrated suppor	ting organ	ization			
	f	Enter the nur	nber of supported organizat	ions					1
	g	Provide the fe	ollowing information about the	ne supported organization(s)					
(1)		e of supported	(II) EIN	(III) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of	
	org	anization		(described on lines 1–10 above (see instructions))	1 -	ur governing ment?	support (see instructions)	other support (see instructions)	
				asove (see medicals.is)/	Yes	No	ms. cono.is/	man actions/	
(Δ)	TI	LOWA CO	UNCIL INC. B	OY SCOUTS OF AM					_
(~)			36-2616917	7	x		100,000		0
(B)				·	 			· · · ·	<u> </u>
(-,									
(C)									
(-,									
(D)									
<u>/_`</u>									_
(E)									
ota	l	1					100,000		0
_		work Reduction	n Act Notice see the Instruc	tions for Form 990 or 990-F7	· · · · · · · · · · · · · · · · · · ·			(Form 990 or 990-FZ)	_ <u> </u>

42-6143453

Page 2

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

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

Sec	tion A. Public Support	ialis loyqualily	under the test	s iisteu below,	piease comple	rait III.)	
	ndar year (or fiscal year beginning in)	(a) 20 \s	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Caiti	idai yeai toi iiseai year begiiiiiiig iii)	(a) 20 (3	(5) 2010	(6) 2017	(4) 2010	(6) 2018	(i) rotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		\		1		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		\ \		ŧ		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10			\			
12	Gross receipts from related activities, etc	(see instructions)		\		12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax y	ar as a section 50	1(c)(3)	
	organization, check this box and stop here				\		•
Sec	tion C. Computation of Public Su				$\overline{}$		
14	Public support percentage for 2019 (line 6,			nn (f))	\	14	%_
15	Public support percentage from 2018 Sche				\	_ 15	%
16a	33 1/3% support test—2019. If the organi				33 1/3 % or more, √	check this	. —
	box and stop here. The organization quali				\		▶
þ	33 1/3% support test—2018. If the organi				15 is 33 1 % % or m	ore, check	
	this box and stop here. The organization of				\		▶ [_
17a	10%-facts-and-circumstances test—201	_			1		
	10% or more, and if the organization meets Part VI how the organization meets the "fa organization				\		▶ □
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	-				\	
	Explain in Part VI how the organization me					1	
	supported organization	oto trie Tablo-affu	oncomstances to	os. The organizati	on qualifies as a p		.
18	Private foundation. If the organization did	I not check a hove	on line 13 16a 16	Sh 17a or 17h ch	eck this box and s	-e \	
	instructions	. Hot chock a box		, 114, 01 110, 011	Co. tillo Dox and Si		<u> </u>
1						Schedule A\Form 9	90 or 990-EZ) 2019

Part III	Support Sched			

Sec	If the organization fails to tion A. Public Support	qualify under th	e tests listed b	elow, please c	omplete Part II	.)	_/_
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(4) 2010	(2) 23 13	(0)_20	(4) 2013	(0,25.5	(,,_,, o.c.,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support		/				
Caler	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	/		-			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gair or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9,10c, 11,					Ι\	
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	, second, third, for	urth, or fifth tax yea	ar as a section 501	1(c)(3)	• [
Sec	tion C. Computation of Public Si	upport Percent	age				
15	Public support percentage for 2019 (line 8	3, column (f), divide	d by line 13, colum	nn (f))		15	%
16	Public support percentage from 2018 Sch						%
Sec	tion D. Computation of Investme	ent Income Per	centage				
17	Investment income percentage for 2019 (I	ine 10c, column (f)	divided by line 13	3, column (f))		17	<u>%</u>
18	Investment income percentage from 2018					18	%
19a	33 1/3% support tests—2019. If the orga					1	
	17 is not more than 33 1/3%, check this b		=				∖ ►L
	33 1/3% support tests—2018. If the orga						\
1	Jine 18 is not more than 33 1/3%, check th					=	\ <u>\</u>
20 ້	Private foundation. If the organization di	d not check a box o	n line 14, 19a, or	19b, check this bo	x and see instruct	ions	} ▶

Part IV 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	IIA .	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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 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
- 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)
- 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?
- 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.
- 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.
- 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
- 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)

·	Vac	No
	Yes	_ No
1	х	
2		X
3a		х
3b		
3с		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		Х
		••
7		<u> </u>
8		<u> </u>
9a		x
9b		X
9c		X
10a		x
10b Form 99	0 or 990-	EZ) 2019

Par	t IV Supporting Organizations (continued)		-	
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		x
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	-	X
	ion B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	1
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	Ì	х
Secti	ion C. Type II Supporting Organizations		<u> </u>	
3600	on 6. Type it Supporting Organizations			l Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	١.	}	
Cast	the supported organization(s)	1		L
Secu	on D. All Type III Supporting Organizations		1 2/	
	Dilli		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard	3		L
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
, ,	Activities Test Answer (a) and (b) below		Yes	No
	Activities Test. Answer (a) and (b) below.		162	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1	1	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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

4

5

Schedule A (F	orm 990 c	or 990-EZ)	2019

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish exempt purported				
2	Amounts paid to perform activity that directly furthers exempt purpose				
	organizations, in excess of income from activity				
3_	Administrative expenses paid to accomplish exempt purposes of supp	oorted 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		<u>.</u>		
	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organization	ation is responsive			
	(provide details in Part VI) See instructions				
9_	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	<u> </u>			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistrıbutıons Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2019			1 11	
	From 2014		***************************************	·	
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
<u>i</u>	Carryover from 2014 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2019 from				
	Section D, line 7 \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c		·····		
8	Breakdown of line 7	,,,			
	Excess from 2015				
	Excess from 2016	111111111111111111111111111111111111111			
	Excess from 2017				
	Excess from 2018 Excess from 2019		· ittl		
ρ.	EXCESS HOMEZULY	I .		,	

Part VI

Schedule A (Form 990 or 990-EZ) 2019

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

Open to Public Inspection

Name	of the organization		Employer identification number
I	LLOWA COUNCIL INC BOY SCOUTS TR		42-6143453
Pa	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
•	only for charitable purposes and not for the benefit of the donor or don	• •	
	conferring impermissible private benefit?		Yes No
Pá	art II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	(all that apply)	
	Preservation of land for public use (for example, recreation or educ		important land area
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	luded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25.	/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organiza	tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easer	ments during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that of	lescribes the
<u> </u>	organization's accounting for conservation easements	Historiaal Tasaassaa aa Othaa	Cimilar Apada
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	Form 990, Part IV, line 8	Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to		ce sheet works
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance o	f public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under FASR ASC 958 relativ	-	

a Revenue included on Form 990, Part VIII, line 1

Schedule D	(Form 990) 2019				BOY SCOUTS			143453	Page 2
Part III	Organizati	ons Maintai	ning Collection	ons of	Art, Historical T	reasures	, or Othe	r Similar Asse	ets (continued)
3 Using collect	the organization's ion items (check a	acquisition, accall that apply)	cession, and othe	r records	s, check any of the fo	llowing that	make signif	icant use of its	
a Pu	iblic exhibition			d 🗍 I	Loan or exchange pro	ogram			
b Sc	cholarly research				Other	•			
c Pr	eservation for futu	ire generations							
_		=	n's collections and	d explain	how they further the	organization	n's exempt p	ourpose in Part	
XIII									
5 During	the year, did the	organization sol	licit or receive dor	nations o	of art, historical treasi	ures, or othe	r sımılar		
assets	to be sold to raise	e funds rather th	han to be maintair	ned as p	art of the organizatio	n's collection	1?		Yes No
Part IV			Arrangement						
	Complete if 990, Part X	•	ation answered	d "Yes"	on Form 990, P	art IV, line	9, or rep	orted an amou	ınt on Form
1a Is the	organization an ag	gent, trustee, cu	istodian or other in	ntermedi	ary for contributions	or other ass	ets not		
include	ed on Form 990, F	Part X?							Yes No
b If "Yes	," explain the arra	ngement in Par	t XIII and complet	e the fol	lowing table				
									Amount
c Beginr	ning balance							1c	
d Addition	ons during the yea	r						1d	
e Distrib	utions during the y	year						1e	
f Ending	g balance							1f	
	-				21, for escrow or cus		-		Yes No
		_	t XIII Check here	ıf the ex	planation has been p	provided on F	Part XIII		
Part V	Endowmer								
	Complete if	the organiza	₁		on Form 990, Pa		T		
			(a) Current y	$\overline{}$	(b) Prior year	(c) Two ye		(d) Three years bar	
1a Beginr	ning of year baland	ce	1,740		1,798,81		44,738	1,603,2	
b Contrib	outions		3	,250	29,250	0	29,854	28,8	3,833
c Net in	vestment earnings	, gains, and							
losses				,298	42,323		.35,553	201,7	
	or scholarships		100	, 600	118,000	<u> </u>	99,250	74,9	950 181,988
e Other	expenditures for fa	acılıtıes and							
progra							10 000		
	istrative expenses	;		.,178	11,903		12,079	14,2	
•	year balance		1,801		1,740,485		98,816	1,744,7	738 1,603,24
	•	-	•		e (line 1g, column (a)) held as			
	designated or qua			6					
	inent endowment lendowment > 3		%						
				00/					
	ercentages on line						6 46		
		nas not in the p	ossession of the t	organiza	tion that are held and	a administere	ed for the		Yes No
-	zation by								
	related organization								
	elated organization		ronizations listed i		end on Cohodulo P2				3a(ii) X 3b
		=			red on Schedule R?				<u> </u>
Part VI	be in Part XIII the	dings, and E		is endo	wment iunas				
rait VI	-		• •	l "Vac"	on Form 990, Pa	art IV June	112 500	Form 990 Pa	art Y Jine 10
	Description of pro			or other b		other basis		ccumulated	(d) Book value
	Description of pro	operty	1 ''	vestment)	1 ' '	ner)	1 ''	preciation	(d) Book Value
1a Land						<u>'</u>	+		
	nae		-	_			 		
b Buildin	igs nold improvement:	e		·			†		
		3					 		.
d Equiprie Other	nent						 		<u> </u>
	nes 1a through 1e	(Column (d) m	ust equal Form 0	90 Part	X, column (B), line 1	Oc)		-	
, Juli Aud III	ico ia anough le	(Journal (a) III	issi oqual i olill ə	oo, i ait	~, Joidini (D), IIIC 1	,			

DAA

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on	<u> Form 990, Part IV, lin</u>	<u>e 11b See Form 990, F</u>	Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
_	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial d				
(2) Closely he	ld equity interests			
(3) Other			_	
(A)				
(B)				
(C)				_
(D)				
(E)				
(F)				
(G)				
(H)				
•	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	f valuation
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d See Form 990, F	Part X, line 15
	(a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)	 			 "
(9)				
••	n (b) must equal Form 990, Part X, col (B) line 15)	·	<u> </u>	
Part X	Other Liabilities.			
, 4.020	Complete if the organization answered "Yes" on	Form 990 Part IV line	e 11e or 11f See Form	990 Part X.
	line 25			000,1 0.171,
1.	(a) Description of liability			(b) Book value
_	income taxes			
(2)				
(3)	-			
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·		.	
(7)				
_				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)	n (b) must equal Form 990, Part X, col (B) line 25)			
	uncertain tax positions. In Part XIII, provide the text of the foc	atnote to the organization's f	inancial statements that rose	urte the
=	liability for uncertain tax positions under FASR ASC 740. Che		•	_

Caba	edule D (Form 990) 2019 ILLOWA COUNCIL INC BOY SCOUT	C TTD	42-61434	53	D /
	Int XI Reconciliation of Revenue per Audited Financial Statem				Page 4
Г	Complete if the organization answered "Yes" on Form 990, F		•	eturn.	
		artiv, <u>iii</u> i	3 12a	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا ما			
	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b		- 1	
С	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII)	2d	<u></u>	-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	Int XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line	e 12a		
1	Total expenses and losses per audited financial statements	·		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	-		
С	Other losses	2c		7 1	
d	Other (Describe in Part XIII)	2d		7	
e	Add lines 2a through 2d	<u> </u>			
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII)	4b		-	
	Add lines 4a and 4b	[" "]		⊢	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	
9	rotal expenses that lines 3 and 40. (This must equal Form 330, Falt I, line 10)			9	

Part 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

Schedule D (Form 990) 2019 ILLOWA COUNCIL INC BOY SCOUTS TR

42-6143453

Page 5

Part XIII Supplemental Information (continued)

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

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047	2019	Open to Public Inspection

ę X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, GEN SUPPORT GRANT (h) Purpose of grant or assistance Employer identification number Yes 42-6143453 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 100,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 36-2616917 170 (B) TR ILLOWA COUNCIL INC BOY SCOUTS General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) ILLOWA COUNCIL, INC. BOY SCOUTS OF IA 52806 AMERICA - 4412 N BRADY STREET (a) Name and address of organization or government Name of the organization DAVENPORT Part 1 6 3 3 9 8 3 0 6

Schedule I (Form 990) (2019)

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

42-6143453 Schedule I (Form 990) (2019) ILLOWA COUNCIL INC BOY SCOUTS TR

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 Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Fig. 1) Description of noncash assistance FMV, appraisal, other)
-						1 1
2						, ,
3						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information r	ide the information re-	quired in Part I, line	2; Part III, column (b)	equired in Part I, line 2; Part III, column (b), and any other additional information	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.

1 % f

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.

2019

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

AGREEMENT.

ILLOWA COUNCIL INC BOY SCOUTS TR

42-6143453

Employer identification number

41 49 1

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

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
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 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.

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Name of the organization

Employer identification number

41 1 1

42-6143453

ILLOWA COUNCIL INC BOY SCOUTS TR

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.

▶ Go to www.irs gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Open to Public OMB No 1545-0047 2019 Inspection

(g) Section 512(b)(13) (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 ε (e) Public chanty status Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income € 3 (c) Legal domicile (state or foreign country) (c) Local dominals (state Primary activity (b) ILLOWA COUNCIL INC BOY SCOUTS TR (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and FIN of related Part II Part Ξ 3 3 (4) (5)

name, address, and Ein of related organization	Primary activity	Legal domicile (state	Legal domicile (state Exempt Code section	Public charity status	Direct controlling	controlled entity?	entity?
		or toreign country)		(if section 501(c)(3))	entity	Yes	S S
(1) ILLOWA COUNCIL INC BOY SCOUTS AMERICA - 4412 N BRADY STREET 36-2616917	7.					_	
DAVENPORT IA 52806	CAMPGROUND	I.A.	501C3	7	N/A		×
(2)							
(3)							ų

Schedule R (Form 990) 2019
for Form 990.
ct Notice, see the Instructions for
For Paperwork Reduction Act N

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Schedule R (Form 990) 2019

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ILLOWA COUNCIL INC BOY SCOUTS IR

Schedule R (Form 990) 2019 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No 4) • • #) (J) General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (h) Percentage ownership amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) Share of end-of-year assets (h)
Disproportionate Yes <u>6</u> Share of end-of-year assets 6 Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) **e** (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity 9 (d)
Direct controlling foreign country) Legal domicile (state or છ (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III Į ₹ lΞ 3 8 10 Ξ 3 |ල 3

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Yes

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ILLOWA COUNCIL INC BOY SCOUTS TR Schedule R (Form 990) 2019

wered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
For
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"Yes" or
¥ ح
f the organization ansv
Complete r
s With Related Organizations.
Transaction
Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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)

Purchase of assets from related organization(s)

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)

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

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ILLOWA COUNCIL, INC. BOY SCOUTS OF	ф	100,000 FMV	FMV
(2)				
(3)				. (I
(4)				6 4
(5)				
(9)				

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 ILLOWA COUNCIL INC BOY SCOUTS TR

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

42-6143453

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

Percentage owne(£hip										1 (% g		0) 2019
												Schedule R (Form 990) 2019
(J) General or managing partner?												le R (F
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)												Schedu
inflonate ions?						-						
(h) Disproportionate allocations? Yes No												
(g) Share of end-of-year assets												
(f) Share of total income												
(e) Are all partners section 501(c)(3) organizations?												
(d) Predominant income (related, unrelated, excluded from lax under sections 512-514)												
(c) Legal domicile (state or foreign country)												
(b) Primary activity												
(a) Name, address, and EIN of entity	1)	2)	3)	4)	2)	(9	()	8)	(6	(0	1)	
	£	(2)	(3)	(4)	(2)	(9)	(2)	(8)	(6)	(10)	(11)	

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Supplemental Information. Part VII

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