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## Form **990**

Department of the Treasury Internal Revenue Service

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

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

benefit trust or private foundation)

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

Open to Inspec

2009

Open to Public Inspection

|                  | <u></u>                | 0                  | <u> </u>               | endal year, or tax year beginning  | · · · · · · · · · · · · · · · · · · · |  |
|------------------|------------------------|--------------------|------------------------|--|---------------------------------------|--|
| 6                |                        | heck if            | Please                 | C Name of organization   | D Employer identifi                   | cation number                          |
|                  | aţ                     | pplicabl           | use IRS                | CHICKASAW COUNCIL BOY SCOUT TRUST FUND   |                                       |  |
|                  |                        | Addre<br>  Chang   | ss label or print or   | 2155000055   |                                       |  |
|                  |                        | Name<br>chang      | type                   | Doing Business As  | 62-6                                  | 191455                                 |
|                  | 一                      | Initial<br>return  | See                    | Number and street (or P.O. box if mail is not delivered to street address) Room/s                        |                                       |  |
| Ţ                | 干                      | Termir             | Specific               | 1100 RIDGEWAY LOOP 100   | <b>-</b>                              | 861-7600                               |
| 150 <sub>d</sub> | =                      | Jated<br>∏Amen     | Instruc-<br>ded tions  | City or town, state or country, and ZIP + 4  | G Gross receipts \$                   | 284,261.                               |
| $\equiv$         |                        | ∟return<br>∏Applic |                        | l  |                                       |  |
| AD.              | 哥                      | ⊥tión<br>pend∷     |                        |  | H(a) Is this a group re               | Yes X No                               |
| 35               |                        |                    |                        | ne and address of principal officer.REGIONS BANK - TRUST D   | 1                                     |  |
| ∌ '              | _                      |                    |                        | O RIDGEWAY LOOP ROAD, SUITE 100, MEMPHI  |                                       |  |
| - <sup>ት</sup>   |                        |                    |                        | us X 501(c) ( 3  |                                       | list. (see instructions)               |
|                  |                        |                    | <u>te:</u> ▶ N /       |  | H(c) Group exemption                  |  |
| ~ -              |                        |                    | organizatio            |  | <u>ear of formation: 1984 N</u>       | M State of legal domicile: TN          |
| ا مـ             | Pa                     | rt I               | Summ                   | ary  |                                       |  |
| >                |                        | 1                  | Briefly des            | scribe the organization's mission or most significant activities: SUPPORT                                | OF THE CHICKA                         | SAW                                    |
| 2                | ctivities & Governance |                    | COUNC                  | IL, BOY SCOUTS OF AMERICA  |                                       |  |
| ,                | Ë                      | 2                  | Check thi              | s box Fig. 1 if the organization discontinued its operations or disposed of n                            | nore than 25% of its net as           | ssets                                  |
| ,                | Š                      | 3                  | Number o               | f voting members of the governing body (Part VI, line 1a)  | .   3                                 | 0                                      |
|                  | ğ                      |                    |                        | f independent voting members of the governing body (Part VI, line 1b)                                    | 4                                     | 0                                      |
|                  | S                      | Į.                 |                        | ber of employees (Part V, line 2a)   | 5                                     | 0                                      |
| በበን              | ₽                      | [                  |                        | ber of volunteers (estimate if necessary)  | 6                                     | 0                                      |
| 7                | <b>1</b>               | l                  |                        | s unrelated business revenue from Part VIII, column (C), line 12   | 7a                                    | 0.                                     |
| <del>≨</del> 7   | ۲                      | l                  | _                      | ated business taxable income from Form 990-T, line 34  | 7b                                    | 0.                                     |
| - De             |                        | <u>B</u>           | NEL UITIER             | tted business taxable income nom 1 om 950-1, line 54   | Prior Year                            | Current Year                           |
| Z                |                        |                    | Cantubut               | one and grante (Part VIII. line 1h)  | 5,919.                                | 5,125.                                 |
| NOC              | 9                      | 1                  |                        | ons and grants (Part VIII, line 1h)  | 3,313.                                | 3,123.                                 |
|                  | Revenue                | ł                  | •                      | service revenue (Part VIII, line 2g)   | 102 607                               | -75 A57                                |
| $\supset$        | ê                      | l                  |                        | nt income (Part VIII, column (A), lines 3, 4, and 7d)  | 103,687.                              | <75,457.>                              |
| <u></u>          |                        | 11                 | Other reve             | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 100 606                               |  |
| SCANNED          |                        | 12                 | Total reve             | nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                 | 109,606.                              | <70,332.>                              |
| ₹.               |                        | 13                 | Grants an              | d similar amounts paid (Part IX, column (A), lines 1-3)  | 150,000.                              | 117,000.                               |
| $\widetilde{S}$  |                        | 14                 | Benefits p             | aid to or for members (Part IX, column (A), line 4)  |                                       |  |
| • 0              | စ္က                    | 15                 | Salanes, o             | other compensation, employee benefits (Part IX, column (A), lines 5-10)                                  | 7,577.                                | 6,37 <u>4.</u>                         |
|                  | Expenses               | 16a                | Profession             | nal fun <b>chersing reds (Ran</b> X, column (A), line 11e)   |                                       |  |
|                  | 8                      |                    |                        | raising expenses (Part IX, column (D), line 25)  |                                       |  |
|                  | ώ                      | 17                 | Other exp              | enses (Part IX, column (A), line (11 11 11 11 11 11 11 11 11 11 11 11 11                                 | 13,332.                               | 11,718.                                |
|                  |                        | 18                 | Total expe             | Eses. Add Ines 43-21 (Must egyal Part IX, column (A), line 25)   | 170,909.                              | 135,092.                               |
|                  |                        | ı                  |                        | ess expenses Subtract line 180from line 12   | <61,303.                              | > <205,424.>                           |
| 7                | 58                     |                    |                        | OGDEN, UT  | Beginning of Current Year             | End of Year                            |
| 4                | Balances               | 20                 | Total asse             | ots (Part X, fine 18)  | 2,648,645.                            | 2,443,220.                             |
| Š                | 8<br>Bas               | 21                 |                        | ities (Part X, line 26)  | 514.                                  | 513.                                   |
| 3                | <u> </u>               |                    |                        | s or fund balances Subtract line 21 from line 20   | 2,648,131.                            | 2,442,707.                             |
| Ī                | Pa                     | irt II             |                        | ture Block   | 2,040,151                             | 2,442,1016                             |
| L                | Га                     |                    | Linder pena            | ties of person. I declare that I have examined this return, including accompanying schedules and stateme | nts, and to the best of my knowled    | ge and belief it is true, correct.     |
|                  |                        |                    | and comple             | te Declaration of prepared by the there is the prepared by the prepared has any knowle                   | edge                                  | go = := ::::::, :::::::::, :::::::,    |
|                  |                        |                    |                        | nediction of them  | 5.10                                  | . 17)                                  |
|                  | Sigr                   | 1                  | Con                    | BN / MC COST   | Date                                  | . 10                                   |
| ı                | Here                   | е                  |                        | ature of officer V   | Date                                  |  |
|                  |                        |                    |                        | GIONS BANK - TRUST DEPARTMENT, TRUSTEE   |                                       |  |
| _                |                        |                    | Туре                   | e or print name and title  |                                       | <del></del>                            |
|                  | aid                    | l                  | Preparer's             |  |                                       | er's identifying number<br>structions) |
|                  |                        |                    | signature              | De 15 1 cm 155%  | employed                              | <u> </u>                               |
|                  | -                      | arer's             | Firm's name            | WAIKING OIDERADD, PLUC   | EIN ►                                 |  |
| •                | ושאנ                   | Only               | self-employ            |  |                                       |  |
|                  |                        |                    | address, an<br>ZIP + 4 | MEMPHIS, TENNESSEE 38120   | Phone no. ► (                         | <u>901) 761-2720</u>                   |
| -                | Anu                    | the II             | 29 discuss             | s this return with the preparer shown above? (see instructions)  |                                       | X Yes No                               |

916-17

Form **990** (2009)

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| Pa | rt III Sta   | atem    | ent d   | of Pro   | gram (      | Servic   | e Ac   | ccom        | plish      | ıme         | nts      |             |              |         |          |         |        |        |            |     |       |             |
|----|--------------|---------|---------|----------|-------------|----------|--------|-------------|------------|-------------|----------|-------------|--------------|---------|----------|---------|--------|--------|------------|-----|-------|-------------|
| 1  | Briefly de   | scribe  | the o   | rganızat | tion's mis  | ssion    |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    | SUPPO        | RT      | OF      | THE      | CHIC        | KAS.     | AW_    | COU         | NCI        | L,          | BOY      | S           | ניטסט        | rs (    | OF A     | MER     | ICA    |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             | _        |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          | _       |        |        |            |     |       |             |
|    | <u> </u>     |         | _       |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
| 2  | Did the or   | ganıza  | ation u | ındertal | ke any si   | gnificar | nt pro | gram s      | ervice     | es dur      | ing the  | e yea       | r which      | were    | not list | ed on   |        |        |            |     | _     |             |
|    | the pnor l   | Form 9  | 90 or   | 990-EZ   | ?           |          |        |             |            |             |          |             |              |         |          |         | •      |        |            |     | Yes [ | X No        |
|    | If "Yes," o  | iescrit | e the   | se new   | services    | on Sch   | nedule | <b>∌</b> O. |            |             |          |             |              |         |          |         |        |        |            |     | _     |             |
| 3  | Did the or   | ganıza  | ation o | ease co  | onductin    | g, or ma | ake sı | gnıfica     | nt cha     | anges       | in ho    | w it c      | onduct       | s, any  | progra   | ım ser  | vices? |        |            |     | Yes [ | X No        |
|    | If "Yes," o  | lescrib | e the   | se chan  | iges on S   | Schedul  | le O.  |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
| 4  | Describe     | the ex  | empt    | purpos   | e achieve   | ements   | for ea | ach of f    | the or     | ganız       | ation's  | thre        | e larges     | st prog | gram se  | ervices | by exp | oenses | <b>3</b> . |     |       |             |
|    | Section 5    | 01(c)(3 | 3) and  | 501(c)(  | 4) organ    | zations  | and:   | section     | 1 4947     | 7(a)(1)     | trusts   | are r       | equire       | d to re | port th  | e amo   | unt of | grants | and        |     |       |             |
|    | allocation   | s to ot | hers,   | the tota | al expens   | es, and  | i reve | nue, if     | any, f     | or ead      | ch pro   | gram        | service      | е геро  | rted.    |         |        |        |            |     |       |             |
|    |              |         |         |          |             | _        |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
| 4a | (Code:       |         |         | ) (E     | Expenses    | \$       | 11     | 7,0         | 00.        | ınclı       | ıdıng g  | grants      | of \$        | 1       | 17,      | 000     | • )(Re | venue  | \$         |     | _     | )           |
|    | THE T        | RUS     | T F     | 'UND     | WAS         | CRE      | ATE    | D O         | N 9        | /5/         | 84       | BY          | THE          | EE      | ECU      | TIV     | E B    | DARI   | OF         | 1   |       |             |
|    | CHICK        | ASA     | W C     | OUN      | CIL         | F B      | OY     | SCO         | UTS        | OF          | AN       | IER.        | ICA          | FOF     | TH       | EВ      | ENE    | TIT    | OF         | SCC | UTI   | NG.         |
|    | ALL G        | RAN     | TS      | WER      | E ALI       | JOCA'    | TED    | TO          | SA         | 'ID         | COU      | INC         | IL I         | URI     | NG       | YEA     | R.     |        |            |     |       |             |
|    | _            |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        | •          |     |       |             |
|    | -            |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
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|    |              |         |         |          |             |          |        |             | -          |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             | _            |         |          |         |        |        |            |     |       |             |
|    | <del>-</del> |         |         |          |             |          |        |             |            |             | •        |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              | _       |          |         |        |        |            |     |       |             |
| 4b | (Code:       |         |         | ) (F     | xpenses     | · \$     |        |             |            | ınclu       | iding g  | irants      | of \$        |         |          |         | ) (Re  | venue  | \$         |     |       | <u> </u>    |
| 16 | (0000.       |         |         | , (-     | 5.p0000     | •        |        |             |            |             | ·-···9 : | ,,          |              |         |          |         | 7,6.5  |        | •          |     |       | ,           |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    | -            |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        | -           |            |             |          | <u>.</u>    |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             | _        |        |             |            |             |          |             | <del>-</del> |         |          |         |        |        |            | _   |       |             |
|    |              |         |         |          |             |          |        |             |            |             | -        | •••         |              |         |          |         |        |        |            |     |       |             |
|    |              | -       |         |          |             |          |        |             |            |             | -        |             |              |         |          |         |        | -      |            |     |       | <del></del> |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     | _     |             |
|    |              | -       |         |          |             |          |        |             |            |             |          |             |              |         |          |         | -      | -      |            |     | _     |             |
|    |              |         | _       |          |             |          |        |             |            | <del></del> |          |             |              |         | _        |         | ) (D   |        | _          |     |       | <del></del> |
| 4c | (Code        |         |         | ) (E     | Expenses    | . \$     |        |             |            | inclu       | iding g  | rants       | 01 \$        |         |          |         | ) (He  | venue  | \$         |     |       | )           |
|    |              |         |         |          | <del></del> |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          | _      |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          | -       |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          | <del></del> | <del></del>  |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        | <u> </u>   |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          | <u> </u>    |              |         |          |         |        |        | _          |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        | _          | _   |       |             |
| 4d | Other pro    | gram s  | service | es. (Des | cribe in S  | 3chedu   | le O.) |             |            |             |          |             |              |         |          |         |        |        |            |     |       |             |
|    | (Expenses    | \$ \$   |         |          | i           | ncludin  | g grai |             |            |             |          |             | ) (Re        | venue   | \$       |         |        | )      |            |     |       |             |
| 4e | Total pro    | gram :  | servic  | е ехре   | nses 돈      | \$       | ·      | <u>11'</u>  | <u>7,0</u> | <u>00.</u>  |          |             |              |         |          |         |        |        | _          |     |       |             |
|    |              |         |         |          |             |          |        |             |            |             |          |             |              |         |          |         |        |        |            | _   | 000   | (0000)      |

932002 02-04-10

Form 990 (2009)

Part IV Checklist of Required Schedules

2155000055

|     |  |     | 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?   | 2   | X     |            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |       |            |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |       | X          |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4   |       | <u> </u>   |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and   |     |       |            |
|     | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5   |       |            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to  | 1   |       |            |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6_  |       | <u> X</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_  |       | <u>X</u>   |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |     |       |            |
|     | Schedule D, Part III   | 8   |       | <u> X</u>  |
| 9   | Did the organization report an amount in Part X, line 21; 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   |       | <u> </u>   |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   |     |       |            |
|     | If "Yes," complete Schedule D, Part V  | 10  |       | <u> </u>   |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X  |     |       | 37         |
|     | as applicable  | 11  |       | <u> </u>   |
| •   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |       |            |
| _   | Part VI.   |     |       |            |
| •   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |     |       |            |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  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.  |     |       |            |
|     | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   |     |       |            |
| Ŭ   | Part X, line 16? If "Yes," complete Schedule D, Part IX.   |     |       |            |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   |     |       |            |
| •   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |     |       |            |
| _   | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  |     |       |            |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |     |       |            |
|     | Schedule D, Parts XI, XII, and XIII.   | 12  |       | X          |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  |     |       |            |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional   |     |       |            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |       | Х          |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |       | X          |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |     |       |            |
|     | and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b |       | <u> </u>   |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  |     |       |            |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Part II  | 15  |       | _X         |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   |     |       |            |
|     | located outside the United States? If "Yes," complete Schedule F, Part III   | 16  |       | <u>X</u>   |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |     |       |            |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17  |       | <u> </u>   |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |       |            |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |       | <u>X</u> _ |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |       |            |
|     | complete Schedule G, Part III  | 19  |       | <u>X</u>   |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20  | 000 ( | X          |

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Part IV Checklist of Required Schedules (continued)

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|     |   |      | Yes          | No          |
|-----|---|------|--------------|-------------|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the            |      |              |             |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21   | X_           |             |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |      |              |             |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   | <u> </u>     | X           |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |      |              |             |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |      |              | l           |
|     | 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 through 24d and complete              |      |              | ۱           |
|     | Schedule K. If "No", go to line 25  | 24a  | <u> </u>     | X           |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b  | <del> </del> | <del></del> |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |      |              |             |
|     | any tax-exempt bonds?   | 24c  | ├            | ├           |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d  |              | -           |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |      |              |             |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |              | X           |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |      |              |             |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |      |              | <b></b>     |
|     | Schedule L, Part I  | 25b  |              | X           |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  | -    |              | v           |
| 07  | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26   |              | X           |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |      |              |             |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            | 27   |              | x           |
| 28  | Schedule L, Part III  | 21   | <u> </u>     |             |
| 20  | instructions for applicable filing thresholds, conditions, and exceptions):   | İ    |              |             |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a  |              | x           |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b  |              | x           |
|     | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | 200  |              |             |
| Ū   | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                              | 28c  |              | х           |
| 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 contributions of art, historical treasures, or other similar assets, or qualified conservation     |      |              |             |
|     | contributions? If "Yes," complete Schedule M  | 30   |              | х           |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |      |              |             |
| •   | If "Yes," complete Schedule N, Part I   | 31   |              | x           |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |      |              |             |
|     | Schedule N, Part II   | 32   |              | 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, Parts II, III, IV, and V, line 1   | 34   | X            |             |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       |      |              |             |
|     | If "Yes," complete Schedule R, Part V, line 2   | 35_  |              | X           |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |      |              | İ           |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36   |              | <u>X</u>    |
| 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 11 and 19?                   |      |              |             |
|     | Note. All Form 990 filers are required to complete Schedule O   | 38   | X            |             |
|     |   | Form | 990 c        | 2009)       |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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|     |  |                  | Yes | No       |
|-----|--|------------------|-----|----------|
| 1a  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |                  |     |          |
|     | U.S. Information Returns. Enter -0- if not applicable  |                  |     |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0   |                  |     |          |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |                  |     | ĺ        |
|     | (gambling) winnings to prize winners?  | 1c_              |     |          |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                  |     |          |
|     | filed for the calendar year ending with or within the year covered by this return  |                  |     |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               |     |          |
|     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   |                  |     |          |
| За  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | За               |     | X        |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b               |     |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |                  |     |          |
|     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a               |     | X        |
| b   | If "Yes," enter the name of the foreign country: ▶   |                  |     |          |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and  |                  |     |          |
|     | Financial Accounts.  |                  |     |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a_              |     | X        |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b               |     | _X_      |
| С   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  |                  |     | Ì        |
|     | Tax Shelter Transaction?   | 5c               |     |          |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |                  |     | l        |
|     | any contributions that were not tax deductible?  | 6a               |     | _X_      |
| þ   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |                  |     | ı        |
|     | were not tax deductible?   | 6b               |     |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |                  |     |          |
| а   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services   | _                |     | 3.5      |
|     | provided to the payor?   | 7a               |     | X        |
|     | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b               |     |          |
| С   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | _                |     | v        |
|     | to file Form 8282?   | 7c_              |     | <u> </u> |
|     | If "Yes," indicate the number of Forms 8282 filed during the year  |                  |     |          |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  |                  | ł   | v        |
|     | benefit contract?  | 7e<br>7f         | 1   | X<br>X   |
| 1   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g               | 1   |          |
| 9   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | 7 <u>9</u><br>7h | - t |          |
| 8   | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the   |                  |     |          |
| •   | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings  |                  | ł   |          |
|     | at any time during the year?   | 8                | i   | х        |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                  |     |          |
| а   | Did the organization make any taxable distributions under section 4966?  | 9a               | İ   | X        |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b               | ĺ   |          |
| 10  | Section 501(c)(7) organizations. Enter:  |                  |     |          |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |                  |     |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |                  |     |          |
| 11  | Section 501(c)(12) organizations. Enter:   | [                |     |          |
| а   | Gross income from members or shareholders  |                  |     |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against   |                  |     |          |
|     | amounts due or received from them)   |                  |     |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a              |     |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |                  |     |          |

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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 in Schedule O See instructions.

| Sec | tion A. Governing Body and Management  |   |         |          |          |
|-----|--|---|---------|----------|----------|
|     | ı  | 1   |         | Yes      | No       |
| 1a  |  | 0   |         |          | ĺ        |
| b   |  | 0   |         |          |          |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   | any other                                 |         |          |          |
|     | officer, director, trustee, or key employee?   |   | 2       |          | X        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct  | ct supervision                            |         |          |          |
|     | of officers, directors or trustees, or key employees to a management company or other person?  |   | 3_      |          | X        |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Form 99  | 0 was filed?                              | 4       |          | X        |
| 5   | Did the organization become aware during the year of a material diversion of the organization's assets?  |   | 5       | _        | X        |
| 6   | Does the organization have members or stockholders?  |   | 6       | _        | X        |
| 7a  |  | s of the                                  |         |          |          |
|     | governing body?  |   | 7a      |          | X        |
|     | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  | ''''                                      | 7b      |          | X        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during   | the year                                  |         |          |          |
|     | by the following:  |   |         |          |          |
|     | The governing body?  |   | 8a      | X        |          |
|     | Each committee with authority to act on behalf of the governing body?  |   | 8b      | <u> </u> |          |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  | at the                                    | _       |          |          |
| 2   | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  |   | 9       |          | X        |
| sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue  | e Code.)                                  |         |          |          |
|     | December of the control of the contr | ſ   |         | Yes      | No       |
|     | Does the organization have local chapters, branches, or affiliates?  |   | 10a     |          | X        |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapter  | ers, affiliates,                          |         |          |          |
|     | and branches to ensure their operations are consistent with those of the organization?   |   | 10b     | 7,7      |          |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the   | e form?                                   | 11      | _X       |          |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |   |         |          | 37       |
|     | Does the organization have a written conflict of interest policy? If "No," go to line 13   |   | 12a     |          | <u> </u> |
| þ   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give   | e rise                                    |         | i        |          |
|     | to conflicts?  |   | 12b     |          |          |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   | aescribe                                  |         | 1        |          |
| 40  | In Schedule O how this is done   |   | 12c     |          |          |
| 13  | Does the organization have a written whistleblower policy?   | • • •                                     | 13      |          | X        |
| 14  | Does the organization have a written document retention and destruction policy?  |   | 14      |          | X        |
| 15  | Did the process for determining compensation of the following persons include a review and approval by in  | dependent                                 |         |          |          |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |   |         | 1        | v        |
| а   | The organization's CEO, Executive Director, or top management official   | • • •                                     | 15a     |          | <u>X</u> |
| b   | Other officers or key employees of the organization  | • • • •                                   | 15b     |          | X        |
| 46. | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |   |         |          |          |
| юа  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement w   | ntn a                                     | 40-     |          | v        |
| L   | taxable entity during the year?  |   | 16a     |          | <u> </u> |
| D   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate it   |   |         |          |          |
|     | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization  |   | 46L     | Ì        |          |
| Sac | exempt status with respect to such arrangements? tion C. Disclosure  |   | 16b     | 1        |          |
|     |  |   |         |          |          |
| 17  | List the states with which a copy of this Form 990 is required to be filed TN  | -\(\(\alpha\) = -\(\alpha\) = -\(\alpha\) |         |          |          |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or public inspection, Indicate how you make those evaluable. Check all that apply  | Jojs only) available t                    | Uľ      |          |          |
|     | public inspection. Indicate how you make these available. Check all that apply.  |   |         |          |          |
|     | Own website Another's website X Upon request   |   |         |          |          |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict  | of interest policy, and                   | i finar | ncial    |          |
|     | statements available to the public.  |   |         |          |          |
| 20  | State the name, physical address, and telephone number of the person who possesses the books and reco  | oras or the organizati                    | on: 🔼   |          |          |
|     | REGIONS BANK TRUST DEPT - 901-861-7600   |   |         |          |          |
|     | 1100 RIDGEWAY LOOP, SUITE 100, MEMPHIS, TN 38120   |   |         |          |          |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons

| hours per week week week week week week week we  | Check thi   | s box if the | e organizati | on did not c | ompensate an | y cı     | ırren    | t off    | icer     | , dire | ecto     | T .             |                 |                     |
|--|-------------|--------------|--------------|--------------|--------------|----------|----------|----------|----------|--------|----------|-----------------|-----------------|---------------------|
| hours per week per we |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
| per week week week week week week week we  |             | Name and     | d Title      |              |              |          |          |          |          |        |          |                 | compensation    | Estimated amount of |
| week by the organization (W-2/1099-MISC) the organization (W-2/1099-MISC)  REGIONS BANK TRUST DEPT  week by the organization (W-2/1099-MISC)  the organization (W-2/1099-MISC)  the organizations (W-2/1099-MISC)  and relation organization (W-2/1099-MISC)   |             |              |              |              |              | (c       | heck     | c all 1  | that     | арр    | ly)      |                 |                 |                     |
| REGIONS BANK TRUST DEPT  |             |              |              |              |              | ğ        |          | İ        |          |        |          |                 |                 |                     |
| REGIONS BANK TRUST DEPT  |             |              |              |              | week         | gi G     |          |          |          | 5      |          |                 | organizations   | compensation        |
| REGIONS BANK TRUST DEPT  |             |              |              |              | 1            | ie o     | stee     |          |          | 캻      |          |                 | (W-2/1099-MISC) |                     |
| REGIONS BANK TRUST DEPT  |             |              |              |              | 1            | trust    | al tr    |          | )yee     | E E    |          | (W-2/1099-MISC) |                 |                     |
| REGIONS BANK TRUST DEPT  |             |              |              |              |              | dea      | 텵        | <br>  5  | 텵        | estc   | <u> </u> |                 |                 |                     |
| REGIONS BANK TRUST DEPT  |             |              |              |              |              | 를        | 돨        | 불        | Ke       | 돌음     | F        |                 |                 | Organizations       |
|  | DECTONO     | DANTZ        | MDIICM       | שמשמ         |              | -        |          |          |          |        |          | <del></del>     |                 | <del> </del>        |
| TRUSTEE 2.00 A 0. 0. 0. 0.   |             | DAM          | TRUST        | DEPT         | 2 00         |          | -        |          |          |        |          | ا م             | ^               | 6 274               |
|  | TRUSTEE     |              |              |              | 2.00         |          | ^        |          |          |        |          | V .             |                 | 6,374               |
|  |             |              |              |              |              |          |          |          | Ī        |        |          |                 |                 |                     |
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|  |             |              |              |              |              | _        | -        |          |          |        | _        |                 |                 |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          | <u> </u> |          | <u> </u> |        |          |                 |                 |                     |
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|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          |          |          | <u>_</u> |        |          |                 |                 |                     |
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|  |             |              | _            | _            |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
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|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
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|  |             |              |              |              |              | -        | $\vdash$ |          |          | -      |          |                 | <del> </del>    |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              | <u> </u> |          |          |          |        |          |                 |                 | <del></del>         |
|  |             |              |              |              |              |          |          |          |          |        |          |                 | i               |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              | L        |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |
|  |             |              |              |              |              |          |          |          |          |        |          |                 |                 |                     |

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| Part VII Section A. Officers, Directors, Tru   | ustees, Key Ei   | mplo                           | oyee                  | s, a    | <u>nd l</u>  | High                         | est      | Compensated Employ      | ees (continued)           |        |                    | _          |
|--|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------|---------------------------|--------|--------------------|------------|
| (A)  | (B)              |                                |                       |         | C)           |                              |          | (D)                     | (E)                       |        | (F)                | į          |
| Name and title   | Average          |                                |                       | Pos     |              |                              |          | Reportable              | Reportable                |        | Estima             |            |
|  | hours<br>per     |                                | neck                  | ( all   | tnat         | app                          | iy)<br>T | compensation            | compensation from related |        | amour              |            |
|  | week             | recto                          |                       |         |              |                              |          | the                     | organizations             | c      | ompen              |            |
|  |                  | Se or c                        | stee                  |         | ł            | nsate                        |          | organization            | (W-2/1099-MISC            |        | from               |            |
|  |                  | Individual trustee or director | Institutional trustee |         | loyee        | Highest compensated employee |          | (W-2/1099-MISC)         |                           |        | organız<br>and rel |            |
|  |                  | dividu                         | Strutic               | Officer | Key employee | ghest                        | Former   |                         |                           |        | rganiza            |            |
|  |                  | <u>=</u>                       | <u>-</u>              | *       | ×            | ¥ 5                          | , E      | -                       |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           | İ      |                    |            |
|  |                  | -                              |                       | -       |              | -                            |          | -                       |                           | +      |                    |            |
|  |                  | ĺ                              |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           | _      |                    |            |
|  |                  |                                |                       |         | <u> </u>     |                              |          |                         | ·                         |        |                    |            |
|  |                  |                                |                       | •       |              |                              |          |                         |                           |        |                    |            |
|  |                  | ļ                              | _                     |         |              |                              | _        |                         |                           | +      |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  | <del></del>      |                                |                       |         | _            | ├                            | -        |                         |                           | +      |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         | $\top$                    |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              | ┞                            |          |                         |                           | -      |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         | -            | ┢╾                           | -        |                         |                           | -      |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
| 1b Total   |                  | ·                              |                       |         |              | ┢                            |          | 0.                      | (                         | ).     | 6,                 | 374.       |
| 2 Total number of individuals (including but n   | ot limited to th | ose                            | liste                 | d at    | bove         | e) wh                        | o re     | eceived more than \$100 | ,000 in reportable        |        |                    |            |
| compensation from the organization   |                  |                                |                       |         |              |                              |          |                         |                           |        |                    | <u>, c</u> |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        | Yes                | s No       |
| 3 Did the organization list any former officer,  |                  |                                | , key                 | em /    | ploy         | yee,                         | or h     | nighest compensated en  | nployee on                |        | .                  | x          |
| Ine 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su |                  |                                | Smpe                  | ensa    | ation        | anc                          | d oth    | her compensation from   | the organization          | 3      | -                  | +^         |
| and related organizations greater than \$15  |                  |                                |                       |         |              |                              |          |                         | ine organization          | 4      | ,                  | x          |
| 5 Did any person listed on line 1a receive or a  |                  |                                |                       |         |              |                              |          |                         | ces rendered to           |        |                    |            |
| the organization? If "Yes," complete Sched   | ule J for such   | pers                           | on                    |         |              |                              |          |                         |                           | 5      |                    | X          |
| Section B. Independent Contractors   |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
| 1 Complete this table for your five highest co   | mpensated inc    | depe                           | ende                  | nt c    | ontr         | acto                         | rs ti    | hat received more than  | \$100,000 of compe        | nsatio | n from             |            |
| the organization. NONE (A)   |                  |                                |                       |         |              |                              | П        | (B)                     |                           |        | (C)                |            |
| Name and business  | address          |                                |                       |         |              |                              |          | Description of s        | ervices                   | Com    | pensati            | on         |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              | _        |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  | <del>_</del>     |                                |                       |         |              |                              | +        |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              | $\dashv$ |                         | <del></del>               |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
|  |                  |                                |                       |         |              |                              |          |                         |                           |        |                    |            |
| 2 Total number of independent contractors (i   | _                | ot lir                         | nıted                 | d to    | _            | _                            | sted     | above) who received m   | ore than                  |        |                    |            |
| \$100,000 in compensation from the organiz   | zation -         |                                |                       |         | (            | <u> </u>                     |          |                         |                           |        | <u>aan</u>         | (2009)     |
|  |                  |                                |                       |         |              |                              |          |                         |                           | ror    |                    | 1/11/11/11 |

Total revenue. See instructions.

d All other revenue

e Total. Add lines 11a-11d

0.

0.

Form 990 (2009)

<70,332.> <75,457.>

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

|                 | All other organizations must comp   |                       |                              |   |                                       |
|-----------------|---|-----------------------|------------------------------|---|---------------------------------------|
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1               | Grants and other assistance to governments and  |                       |                              |   |                                       |
|                 | organizations in the U.S. See Part IV, line 21  | 117,000.              | 117,000.                     |   |                                       |
| 2               | Grants and other assistance to individuals in   |                       |                              |   |                                       |
|                 | the U.S. See Part IV, line 22   |                       |                              |   |                                       |
| 3               | Grants and other assistance to governments,   |                       |                              |   |                                       |
|                 | organizations, and individuals outside the U.S.   |                       |                              |   |                                       |
|                 | See Part IV, lines 15 and 16  |                       |                              |   |                                       |
| 4               | Benefits paid to or for members   |                       |                              |   | <u>_</u>                              |
| 5               | Compensation of current officers, directors,  |                       |                              |   |                                       |
|                 | trustees, and key employees   | 6,374.                |                              | 6,374.                                    |                                       |
| 6               | Compensation not included above, to disqualified  |                       |                              |   |                                       |
|                 | persons (as defined under section 4958(f)(1)) and   |                       |                              |   |                                       |
|                 | persons described in section 4958(c)(3)(B)  |                       |                              |   |                                       |
| 7               | Other salanes and wages   |                       |                              |   |                                       |
| 8               | Pension plan contributions (include section 401(k)  |                       |                              |   |                                       |
|                 | and section 403(b) employer contributions)  |                       |                              |   |                                       |
| 9               | Other employee benefits   |                       |                              |   | · <del></del> · · <del>-</del> ·      |
| 10              | Payroll taxes   |                       |                              |   |                                       |
| 11              | Fees for services (non-employees):  |                       |                              |   |                                       |
| а               | Management  |                       |                              |   |                                       |
| b               | Legal   |                       |                              |   |                                       |
| С               | Accounting  | 875.                  |                              | 875.                                      |                                       |
| d               | Lobbying  |                       |                              |   |                                       |
| е               | Professional fundraising services. See Part IV, line 17   |                       |                              |   |                                       |
| f               | Investment management fees  |                       |                              |   |                                       |
| 9               | Other   |                       |                              |   |                                       |
| 12              | Advertising and promotion   |                       |                              |   |                                       |
| 13              | Office expenses   |                       |                              |   | <u>_</u>                              |
| 14              | Information technology  |                       |                              |   |                                       |
| 15              | Royalties   |                       |                              |   |                                       |
| 16              | Occupancy   |                       |                              |   |                                       |
| 17              | Travel  |                       |                              |   |                                       |
| 18              | Payments of travel or entertainment expenses  |                       |                              |   |                                       |
|                 | for any federal, state, or local public officials   |                       |                              |   |                                       |
| 19              | Conferences, conventions, and meetings  |                       |                              |   |                                       |
| 20              | Interest  |                       |                              |   |                                       |
| 21              | Payments to affiliates  |                       |                              |   |                                       |
| 22              | Depreciation, depletion, and amortization   |                       | <del></del>                  |   | <u> </u>                              |
| 23              | Insurance   |                       |                              |   |                                       |
| 24              | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total |                       |                              |   |                                       |
| _               | expenses shown on line 25 below.)  INVESTMENT MANAGEMENT E  | 10,733.               |                              | 10,733.                                   |                                       |
| a<br>b          | OTHER TAX EXPENSE   | 110.                  |                              | 110.                                      | <u> </u>                              |
| _               |   | 110.                  |                              | 110.                                      |                                       |
| c<br>d          |   |                       |                              |   |                                       |
|                 |   |                       |                              |   |                                       |
| e<br>f          | All other expenses  |                       |                              |   |                                       |
| 25              | Total functional expenses. Add lines 1 through 24f  | 135,092.              | 117,000.                     | 18,092.                                   | 0.                                    |
| <u>25</u><br>26 | Joint costs. Check here J if following  |                       |                              | 10,002.                                   |                                       |
| 20              | SOP 98-2. Complete this line only if the organization   |                       |                              |   |                                       |
|                 | reported in column (B) joint costs from a combined  |                       |                              |   |                                       |
|                 | educational campaign and fundraising solicitation   |                       |                              |   |                                       |

Form 990 (2009)

2155000055

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| Part X                           | Balance Sheet  |                                       | Г   |                    |
|----------------------------------|--|---------------------------------------|-----|--------------------|
|                                  |  | (A)<br>Beginning of year              |     | (B)<br>End of year |
| 1                                | Cash · non-interest-bearing  |                                       | 1   |                    |
| 2                                | Savings and temporary cash investments                                       | 271,615.                              | 2   | 97,065             |
| 3                                | Pledges and grants receivable, net   |                                       | 3   |                    |
| 4                                | Accounts receivable, net   |                                       | 4   |                    |
| 5                                | Receivables from current and former officers, directors, trustees, key       |                                       |     |                    |
|                                  | employees, and highest compensated employees. Complete Part II               |                                       |     |                    |
|                                  | of Schedule L  |                                       | 5   |                    |
| 6                                | Receivables from other disqualified persons (as defined under section        |                                       |     |                    |
|                                  | 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete          |                                       |     |                    |
|                                  | Part II of Schedule L  |                                       | 6   |                    |
| 2 7                              | Notes and loans receivable, net  |                                       | 7   |                    |
| 8                                | Inventories for sale or use  |                                       | 8   |                    |
| í   9                            | Prepaid expenses and deferred charges  |                                       | 9   |                    |
| 10a                              | Land, buildings, and equipment: cost or other                                |                                       |     |                    |
|                                  | basis. Complete Part VI of Schedule D 10a                                    |                                       |     |                    |
| Ь                                | Less accumulated depreciation 10b  |                                       | 10c |                    |
| 11                               | Investments - publicly traded securities                                     | 2,377,030.                            | 11  | 2,346,155          |
| 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 34)                    | 2,648,645.                            | 16  | 2,443,220          |
| 17                               | Accounts payable and accrued expenses  | 514.                                  | 17  | 513                |
| 18                               | Grants payable   |                                       | 18  |                    |
| 19                               | Deferred revenue   |                                       | 19  |                    |
| 20                               | Tax-exempt bond liabilities  | · · · · · · · · · · · · · · · · · · · | 20  |                    |
| 1                                | Escrow or custodial account liability Complete Part IV of Schedule D         |                                       | 21  |                    |
| 21 22                            | Payables to current and former officers, directors, trustees, key employees, |                                       |     |                    |
| <u> </u>                         | highest compensated employees, and disqualified persons. Complete Part II    |                                       |     |                    |
| i                                | of Schedule L  |                                       | 22  |                    |
| 23                               | Secured mortgages and notes payable to unrelated third parties               |                                       | 23  |                    |
| 24                               | Unsecured notes and loans payable to unrelated third parties                 | ,                                     | 24  |                    |
| 25                               | Other liabilities. Complete Part X of Schedule D                             |                                       | 25  |                    |
| 26                               | Total liabilities. Add lines 17 through 25                                   | 514.                                  | 26  | 513.               |
| _                                | Organizations that follow SFAS 117, check here and complete                  | 72.7                                  |     |                    |
|                                  | lines 27 through 29, and lines 33 and 34.                                    |                                       |     |                    |
| 27                               | Unrestricted net assets  |                                       | 27  |                    |
| 28                               | Temporanly restricted net assets   |                                       | 28  | <del>"</del>       |
| 29                               | Permanently restricted net assets  |                                       | 29  |                    |
| 23                               | Organizations that do not follow SFAS 117, check here                        |                                       | 23  |                    |
| :                                |  |                                       | - 1 |                    |
|                                  | complete lines 30 through 34.  | 1,185,890.                            | 30  | 1,185,890.         |
| 30                               | Capital stock or trust principal, or current funds                           | 0.                                    |     | 1,183,890.         |
| 31                               | Paid-in or capital surplus, or land, building, or equipment fund             | 1,462,241.                            | 31  | 1,256,817          |
| 27<br>28<br>29<br>30<br>31<br>32 | Retained earnings, endowment, accumulated income, or other funds             |                                       | 32  |                    |
| 33                               | Total let later and and seeds (find belongs                                  | 2,648,131.                            | 33  | 2,442,707.         |
| 34                               | Total liabilities and net assets/fund balances                               | 2,648,645.                            | 34  | 2,443,220.         |

Form 990 (2009)

62-6191455 Page 12 Form 990 (2009) 2155000055 Part XI Financial Statements and Reporting No Yes 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. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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? Х За 

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

932012 02-04-10

Form 990 (2009)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Employer identification number

|             |                 | 2155000                        | U55                         |   |                              |   |                     |                    | 0 4          | <u>4-0191433</u>     |
|-------------|-----------------|--------------------------------|-----------------------------|---|------------------------------|---|---------------------|--------------------|--------------|----------------------|
| Part I      | Reason          | for Public Char                | ity Status (All organi      | zations mu                              | st comple                    | te this par                             | t ) See ins         | tructions.         |              |                      |
| he organ    | zation is not a | a private foundation           | because it is (For lines    | 1 through                               | 11, check                    | only one b                              | oox)                |                    |              |                      |
| 1 📋         |                 |                                | s, or association of chui   |   |                              |   |                     | ).                 |              |                      |
| 2 🗔         | •               |                                | '0(b)(1)(A)(ii). (Attach Sc |   |                              |   |                     | •                  |              |                      |
| 3 🗔         |                 |                                | tal service organization    |   |                              | 170(b)(1)                               | (A)(iii).           |                    |              |                      |
| 4 📑         | •               | •                              | operated in conjunction     |   |                              |   |                     | (b)(1)(A)(i        | ii). Enter t | he hospital's name.  |
| <b>-</b>    | city, and stat  | <del>-</del>                   | oporatoa iir oonjanoiion    | *************************************** | pital acco                   |   |                     | (=)( ·)(·)(·       | .,,          | ,                    |
| <u>-</u> —  | •               |                                | benefit of a college or u   | niversity o                             | wned or o                    | perated by                              | , a doverni         | mental un          | t describe   | ed in                |
| 5           | _               |                                |                             | inversity o                             | wried or of                  | Jerated by                              | a govern            | incircai un        | it describe  | , <b>a</b>           |
|             |                 | (b)(1)(A)(iv). (Comple         |                             |   |                              | 470(L)(                                 | 41/41/-1            |                    |              |                      |
| 6           | · ·             |                                | ent or governmental un      |   |                              |   |                     |                    |              |                      |
| 7 📖         | •               | •                              | eives a substantial part    | of its supp                             | ort from a                   | governme                                | ental unit c        | or from the        | generai p    | oublic described in  |
| <del></del> |                 | ( <b>b)(1)(A)(vi).</b> (Comple | •                           |   |                              |   |                     |                    |              |                      |
| 8 📙         |                 |                                | ection 170(b)(1)(A)(vi).    |   |                              |   |                     |                    |              |                      |
| 9 🔲         | -               |                                | eives: (1) more than 33     |   |                              |   |                     |                    |              |                      |
|             |                 |                                | nctions - subject to certa  |   |                              |   |                     |                    |              |                      |
|             | income and i    | unrelated business t           | axable income (less sec     | tion 511 ta                             | x) from bu                   | isinesses a                             | acquired b          | y the orga         | inization a  | ifter June 30, 1975. |
|             | See section     | 509(a)(2). (Complete           | e Part III.)                |   |                              |   |                     |                    |              |                      |
| 10 🔲        | An organizat    | ion organized and of           | perated exclusively to te   | st for publ                             | ic safety. S                 | See <b>sectio</b>                       | n 509(a)(4          | <b>1)</b> .        |              |                      |
| 11 X        | An organizat    | ion organized and of           | perated exclusively for the | he benefit                              | of, to perfo                 | orm the fur                             | nctions of,         | or to carr         | y out the    | purposes of one or   |
|             | more publicly   | y supported organiza           | ations described in secti   | ion 509(a)(                             | 1) or section                | on 509(a)(2                             | 2). See <b>se</b> c | ction 509(         | a)(3). Che   | ck the box that      |
|             | describes the   | e type of supporting           | organization and compl      | lete lines 1                            | 1e through                   | 11h.                                    |                     |                    |              |                      |
|             | a X Type        | l <b>b</b> □                   | Type II 🕠                   | с 🔙 Тур                                 | e III - Fund                 | tionally inf                            | tegrated            |                    | d 📖          | Type III - Other     |
| е 🗔         | By checking     | this box, I certify tha        | it the organization is not  | controlled                              | directly o                   | r indirectly                            | by one o            | r more dıs         | qualified p  | ersons other than    |
|             | foundation m    | nanagers and other t           | han one or more publicl     | y supporte                              | d organiza                   | ations desi                             | cnbed in s          | ection 50          | 9(a)(1) or s | section 509(a)(2).   |
| f           |                 |                                | ten determination from      |   |                              |   |                     |                    |              |                      |
|             | _               | rganization, check th          | _                           |   | •                            |   |                     |                    |              |                      |
| g           |                 | •                              | organization accepted a     | nv aift or c                            | ontribution                  | <br>i from anv                          | of the foli         | owina per          | sons?        | ••••                 |
| 9           | _               |                                | rectly controls, either a   |   |                              | -                                       |                     |                    |              | Yes No               |
|             |                 |                                | upported organization?      | u. tug                                  |                              | po                                      |                     | () (               | , ,          | 11g(i) X             |
|             | •               |                                | n described in (i) above?   | · ·                                     |                              | •••                                     |                     |                    | • •          | 11g(ii) X            |
|             | . ,             |                                | person described in (i)     |   | - 0                          |   |                     |                    |              | 11g(iii) X           |
|             | • •             | •                              | •                           |   |                              | • |                     | •••                |              | 119(11) 22           |
| h           | Provide the i   | ollowing information           | about the supported or      | yanızatlon                              | (5).                         |   |                     |                    |              |                      |
|             |                 |                                | (iii) Type of               | (1) A 1 - A 1                           |                              | 4.3 0.4                                 |                     | (vi) Is            | tho          | <del></del>          |
|             | of supported    | (ii) EIN                       | organization                |   | organization<br>sted in your | , ,                                     |                     | lorganizáti        | on in col.   | (vii) Amount of      |
| orga        | ınızatıon       |                                | (described on lines 1-9     |   | document?                    |   |                     | (i) organiz<br>U.S | ed in the    | support              |
|             |                 |                                | above or IRC section        |   |                              |   | r                   |                    |              |                      |
|             |                 |                                | (see instructions))         | Yes                                     | No                           | Yes                                     | No                  | Yes                | No           | <del></del>          |
| CHICK       |                 |                                |                             |   |                              | <u> </u>                                |                     | <u></u>            |              | 115 000              |
| COUNC       | IL BOY          | 62-0499713                     | TTR                         | X                                       |                              | X                                       |                     | _X                 |              | 117,000.             |
|             |                 |                                |                             |   |                              | }                                       |                     |                    |              |                      |
|             |                 |                                |                             |   |                              |   |                     |                    |              |                      |
|             |                 |                                |                             | 1                                       |                              |   |                     | 1                  |              |                      |
|             |                 |                                |                             | ļ                                       | ļ                            |   |                     |                    | <b> </b>     |                      |
|             |                 |                                |                             |   | ]                            |   |                     |                    |              |                      |
|             | <u> </u>        |                                |                             | <u> </u>                                |                              |   | ļ                   |                    | lacksquare   |                      |
|             |                 |                                |                             |   |                              |   |                     |                    |              |                      |
|             | . <u>.</u>      |                                |                             | <u> </u>                                |                              |   |                     |                    | <b> </b>     |                      |
|             |                 |                                |                             |   |                              |   |                     |                    |              |                      |
|             |                 | 1                              | I                           | 1                                       | 1                            | ı                                       | ı                   | i                  | 1            | 117 000              |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

|     | (Complete only if you checked               | the box on line    | 5, 7, or 8 of Part I. | )                                |                      |                       |                 |
|-----|---|--------------------|-----------------------|----------------------------------|----------------------|-----------------------|-----------------|
| Se  | ction A. Public Support                     |                    |                       | _                                |                      |                       |                 |
| Cal | endar year (or fiscal year beginning in)    | (a) 2005           | <b>(b)</b> 2006       | (c) 2007                         | (d) 2008             | (e) 2009              | (f) Total       |
| 1   | Gifts, grants, contributions, and           |                    |                       |                                  |                      |                       |                 |
|     | membership fees received. (Do not           |                    |                       |                                  |                      |                       |                 |
|     | ınclude any "unusual grants.")              |                    |                       |                                  |                      |                       |                 |
| 2   | Tax revenues levied for the organ-          |                    |                       |                                  |                      |                       |                 |
|     | ization's benefit and either paid to        |                    |                       |                                  |                      |                       |                 |
|     | or expended on its behalf                   |                    |                       |                                  |                      |                       |                 |
| 3   | The value of services or facilities         |                    |                       |                                  |                      |                       |                 |
|     | fumished by a governmental unit to          |                    |                       |                                  |                      |                       |                 |
|     | the organization without charge             |                    |                       |                                  |                      |                       |                 |
| 4   | Total. Add lines 1 through 3                |                    |                       |                                  |                      |                       |                 |
| 5   | The portion of total contributions          |                    |                       |                                  |                      |                       |                 |
|     | by each person (other than a                |                    |                       |                                  |                      | <u> </u>              |                 |
|     | governmental unit or publicly               |                    | İ                     |                                  |                      |                       |                 |
|     | supported organization) included            |                    |                       |                                  |                      |                       |                 |
|     | on line 1 that exceeds 2% of the            |                    |                       |                                  |                      |                       |                 |
|     | amount shown on line 11,                    |                    |                       |                                  |                      | 1                     |                 |
|     | column (f)                                  |                    |                       |                                  | !                    |                       |                 |
| _6  | Public support. Subtract line 5 from line 4 |                    |                       |                                  | <u> </u>             |                       |                 |
| Se  | ction B. Total Support                      |                    |                       |                                  |                      |                       |                 |
| Cal | endar year (or fiscal year beginning in)    | (a) 2005           | <b>(b)</b> 2006       | (c) 2007                         | (d) 2008             | (e) 2009              | (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 IV.)                |                    |                       |                                  |                      |                       |                 |
| 11  | Total support. Add lines 7 through 10       |                    |                       |                                  |                      |                       |                 |
| 12  | Gross receipts from related activities,     | etc. (see instruct | ions)                 |                                  |                      | 12                    |                 |
| 13  | First five years. If the Form 990 is for    | the organization   | 's first, second, the | rd, fourth, or fifth t           | ax year as a sectio  | on 501(c)(3)          |                 |
|     | organization, check this box and stop       |                    |                       |                                  |                      |                       | ▶□              |
| Sec | ction C. Computation of Publi               | c Support Pe       | ercentage             |                                  |                      |                       |                 |
| 14  | Public support percentage for 2009 (li      | ne 6, column (f) c | divided by line 11,   | column (f))                      |                      | 14                    | %               |
| 15  | Public support percentage from 2008         | Schedule A, Parl   | t II, line 14         | •                                |                      | 15                    | %               |
| 16a | 33 1/3% support test - 2009.If the or       | ganization did no  | ot check the box o    | n line 13, and line <sup>-</sup> | 14 is 33 1/3% or n   | nore, check this bo   | x and           |
|     | stop here. The organization qualifies a     | as a publicly supp | ported organization   | n .                              |                      |                       | ▶∟              |
| b   | 33 1/3% support test - 2008. If the or      | ganization did no  | ot check a box on I   | ine 13 or 16a, and               | line 15 is 33 1/3%   | or more, check th     | is box          |
|     | and stop here. The organization qualif      | fies as a publicly | supported organiz     | ation                            |                      |                       | ▶∟_             |
| 17a | 10% -facts-and-circumstances test           | - 2009.If the org  | anization did not o   | heck a box on line               | e 13, 16a, or 16b, a | and line 14 is 10%    | or more,        |
|     | and if the organization meets the "fact     | :s-and-circumstar  | nces" test, check t   | his box and <b>stop i</b>        | nere. Explain in Pa  | rt IV how the organ   | nization        |
|     | meets the "facts-and-circumstances" t       | est. The organiza  | ation qualifies as a  | publicly supported               | d organization       |                       | . ▶∟            |
| b   | 10% -facts-and-circumstances test           | - 2008.If the org  | anization did not o   | heck a box on line               | e 13, 16a, 16b, or 1 | 17a, and line 15 is 1 | 10% or          |
|     | more, and if the organization meets th      | e "facts-and-cırcı | ımstances" test, c    | heck this box and                | stop here. Explai    | n in Part IV how the  |                 |
|     | organization meets the "facts-and-circ      | umstances" test.   | The organization      | qualifies as a publi             | cly supported org    | anization             | ▶□              |
| 18  | Private foundation. If the organization     | n did not check a  | box on line 13, 16    | a, 16b, 17a, or 17               | b, check this box a  | and see instruction   | s . ▶□          |
|     |   |                    |                       |                                  | Sch                  | edule A (Form 990     | or 990-EZ) 2009 |

| Sch<br>Pa       | edule A (Form 990 or 990 EZ) 2009<br>art III   Support Schedule for (  | Organizations  | Described in S   | Section 509(a)   | (2) (Complete onl                                      | y if you checked the bo   | Page 3       |
|-----------------|--|--|--|--|--|---|--------------|
| Se              | ction A. Public Support  |  |  |  |  |   |              |
| Cal             | endar year (or fiscal year beginning in)   | (a) 2005   | <b>(b)</b> 2006  | (c) 2007   | (d) 2008   | (e) 2009  | (f) Total    |
| 1               | Gifts, grants, contributions, and  |  |  |  |  |   |              |
|                 | membership fees received. (Do not  |  |  |  |  |   |              |
|                 | include any "unusual grants.")   |  |  |  |  | _   | <u></u>      |
| 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 bus-   |  |  |  |  |   | •            |
|                 | iness under section 513  |  |  |  |  |   |              |
| 4               | Tax revenues levied for the organ-   | i  |  |  |  |   |              |
|                 | ızatıon'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   |  |  |  |  |   |              |
| 7 <i>a</i>      | Amounts included on lines 1, 2, and  |  |  |  |  |   |              |
|                 | 3 received from disqualified persons   |  |  |  |  |   |              |
| t               | 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                         |  |  |  |  |   |              |
|                 | Add lines 7a and 7b  |  |  |  |  |   |              |
| 8               | Public support (Subtract line 7c from line 6)  |  |  |  |  |   |              |
|                 | ction B. Total Support   |  |  |  |  |   |              |
| Cal             | endar year (or fiscal year beginning in)   | (a) 2005   | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009  | (f) Total    |
| 9               | Amounts from line 6  |  |  |  |  |   |              |
| 10a             | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources  |  |  |  |  |   |              |
| b               | Unrelated business taxable income  |  |  |  |  |   |              |
|                 | (less section 511 taxes) from businesses acquired after June 30, 1975  |  |  |  |  |   |              |
| C               | Add lines 10a and 10b  |  |  |  |  |   |              |
| 11              | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |  |  |  |  |   |              |
| 12              | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |  |  |  |  |   |              |
| 13              | Total support (Add lines 9, 10c, 11, and 12)   |  |  |  |  |   |              |
| 14              | First five years. If the Form 990 is for   | the organization's   | first, second, third   | i, fourth, or fifth ta   | x year as a secti                                      | on 501(c)(3) organiza   | ation,       |
|                 | check this box and stop here .   |  | <u> </u>   | ·  |  |   |              |
| Sec             | tion C. Computation of Publ  | ic Support Per   | rcentage   |  |  | <del></del>   |              |
| 15              | Public support percentage for 2009 (I  | ine 8, column (f) di   | vided by line 13, co   | olumn (f))   | •  | 15  | %            |
|                 | Public support percentage from 2008  |  |  | <u>.</u>   |  | 16  | <u>%</u>     |
|                 | stion D. Computation of Invar  | stment Income  | e Percentage   |  |  |   |              |
| Sec             | ction D. Computation of Inves  |  |  | . 401 (0)  |  | 1 1   | 0.4          |
|                 | Investment income percentage for 20  | •  | • •  | e 13, column (t))  |  | 17  |              |
|                 |  | •  | • •  | e 13, column (t))  |  | 18  | <u>%</u>     |
| 17<br>18        | Investment income percentage for 20  | 2008 Schedule A, I   | Part III, line 17  |  | 15 is more than  | 18  | %            |
| 17<br>18        | Investment income percentage for 20 Investment income percentage from 2  | 2008 Schedule A, I<br>organization did n   | Part III, line 17<br>ot check the box o  | n line 14, and line  |  | 18<br>33 1/3%, and line 1   | %            |
| 17<br>18<br>19a | Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box at 33 1/3% support tests - 2008. If the | 2008 Schedule A, I<br>organization did n<br>nd stop here. The o<br>organization did n                      | Part III, line 17<br>ot check the box o<br>organization qualifi<br>ot check a box on           | <br>n line 14, and line<br>es as a publicly su<br>line 14 or line 19a, | ipported organiz<br>and line 16 is m                   | 18 33 1/3%, and line 1 ation ore than 33 1/3%, a                    | 7 is not ▶ □ |
| 17<br>18<br>19a | Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box are                                     | 2008 Schedule A, I<br>organization did n<br>nd stop here. The<br>organization did n<br>ck this box and sto | Part III, line 17 ot check the box o organization qualifi ot check a box on op here. The organ |  | pported organiz<br>and line 16 is m<br>a publicly supp | 18 33 1/3%, and line 1 ation ore than 33 1/3%, a orted organization | 7 is not ▶ □ |

### Schedule D

(Form 990)

**Supplemental Financial Statements** 

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055

Employer identification number 62-6191455

| Pa  | rt I Organizations Maintaining Donor Advis                         | ed Funds or Other Similar Fund                | s or Accounts. Complete if the                               |
|-----|--|---|--|
|     | organization answered "Yes" to Form 990, Part IV, Iir              | ne 6  |  |
|     |  | (a) Donor advised funds                       | (b) Funds and other accounts                                 |
| 1   | Total number at end of year  |   |  |
| 2   | Aggregate contributions to (during year)                           |   |  |
| 3   | Aggregate grants from (during year)                                |   |  |
| 4   | Aggregate value at end of year                                     |   |  |
| 5   | Did the organization inform all donors and donor advisors in       | writing that the assets held in donor advi-   | sed funds  |
|     | are the organization's property, subject to the organization's     | s exclusive legal control?                    | . 🔲 Yes 🔲 No   |
| 6   | Did the organization inform all grantees, donors, and donor        | advisors in writing that grant funds can be   | e used only  |
|     | for charitable purposes and not for the benefit of the donor       | or donor advisor, or for any other purpose    | e conferring   |
|     | ımpermissible private benefit?                                     | <u>, , , , , , , , , , , , , , , , , , , </u> | Yes No   |
| Pa  | rt II Conservation Easements. Complete if the or                   | rganization answered "Yes" to Form 990, I     | Part IV, line 7.   |
| 1   | Purpose(s) of conservation easements held by the organization      | tion (check all th <u>at a</u> pply)          |  |
|     | Preservation of land for public use (e.g., recreation or           | pleasure) Preservation of an his              | stoncally important land area                                |
|     | Protection of natural habitat                                      | Preservation of a cer                         | tified historic structure                                    |
|     | Preservation of open space   |   |  |
| 2   | Complete lines 2a through 2d if the organization held a qual       | ified conservation contribution in the form   | of a conservation easement on the last                       |
|     | day of the tax year.   |   |  |
|     |  |   | Held at the End of the Tax Year                              |
| а   |  |   | 2a   |
| b   | Total acreage restricted by conservation easements                 |   | . 2b   |
| С   |  | .,  | 2c   |
| d   | •                            |   | _2d  |
| 3   | Number of conservation easements modified, transferred, re         | eleased, extinguished, or terminated by the   | e organization during the tax                                |
|     | year ▶   |   |  |
| 4   | Number of states where property subject to conservation ea         | <del>-</del>                                  |  |
| 5   | Does the organization have a written policy regarding the pe       | eriodic monitoring, inspection, handling of   |  |
|     | violations, and enforcement of the conservation easements          |   | Yes No   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting        | _   |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, and         | _   | <del> </del>   |
| 8   | Does each conservation easement reported on line 2(d) abo          | ve satisfy the requirements of section 170    |  |
|     | and section 170(h)(4)(B)(ii)?                                      |   | L Yes L No   |
| 9   | In Part XIV, describe how the organization reports conservation    | •   |  |
|     | include, if applicable, the text of the footnote to the organiza   | ation's financial statements that describes   | the organization's accounting for                            |
| Da  | rt III Organizations Maintaining Collections of                    | of Art Historical Transcures or C             | they Cimiley Assets  |
| Pai | Complete if the organization answered "Yes" to Form                |   | ther Similar Assets.   |
|     | Complete if the organization answered Tes to Form                  | 1 990, Fart IV, lifte 6.                      |  |
| 4-  | If the experiment on elected as a semidiard condex CEAC 44C m      |   | alance about wade of ad back and                             |
| ıa  | If the organization elected, as permitted under SFAS 116, no       |   |  |
|     | treasures, or other similar assets held for public exhibition, e   | •   | blic service, provide, in Part XIV, the text of              |
|     | the footnote to its financial statements that describes these      |   | and although visualize of out, bright and all the convention |
| D   | If the organization elected, as permitted under SFAS 116, to       | ·   |  |
|     | or other similar assets held for public exhibition, education, of  | or research in furtherance of public service  | e, provide the following amounts relating to                 |
|     | these items:  (i) Revenues included in Form 990 Part VIII line 1   |   | ▶ ¢  |
|     | (i) Revenues included in Form 990, Part VIII, line 1               |   | 🗸 🤻  |
| ^   |  |   | l gain provide   |
| 2   | If the organization received or held works of art, historical tree |   | ıı gairi, provide  |
| _   | the following amounts required to be reported under SFAS 1         |   | ▶ ¢  |
|     | Revenues included in Form 990, Part VIII, line 1                   |   |  |
| b   | Assets included in Form 990, Part X                                |   | · ····· • •  |

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Schedule D (Form 990) 2009

|        | dule D (Form 990) 2009 2155000                    |                                 |                        |                        |                         | 619145         |           |           |
|--------|---|---------------------------------|------------------------|------------------------|-------------------------|----------------|-----------|-----------|
| Pa     | rt III   Organizations Maintaining (              | Collections of A                | rt, Historical T       | reasures, or Otl       | her Similar As          | sets (con      | tinued)   |           |
| 3      | Using the organization's acquisition, access      | ion, and other record           | ds, check any of the   | e following that are a | significant use of      | its collection | in items  | 3         |
|        | (check all that apply).                           |                                 |                        |                        |                         |                |           |           |
| а      | Public exhibition                                 | (                               | d Loan or ex           | change programs        |                         |                |           |           |
| b      | Scholarly research                                | •                               | e L Other              |                        |                         |                |           |           |
| С      | Preservation for future generations               |                                 |                        |                        |                         |                |           |           |
| 4      | Provide a description of the organization's c     | ollections and expla            | in how they further    | the organization's ex  | empt purpose in l       | Part XIV.      |           |           |
| 5      | During the year, did the organization solicit of  | or receive donations            | of art, historical tre | asures, or other simil | lar assets              |                |           |           |
|        | to be sold to raise funds rather than to be m     | aintained as part of            | the organization's o   | collection?            |                         | Yes            |           | No        |
| Pai    | rt IV Escrow and Custodial Arran                  | <b>igements.</b> Compl          | lete if organization a | answered "Yes" to Fo   | orm 990, Part IV, I     | ne 9, or       |           |           |
|        | reported an amount on Form 990, Pa                | rt X, line 21.                  |                        |                        |                         |                |           |           |
| 1a     | Is the organization an agent, trustee, custod     | lian or other interme           | diary for contributio  | ns or other assets no  | ot included             |                |           |           |
|        | on Form 990, Part X?                              |                                 |                        |                        |                         | Yes            |           | No        |
| b      | If "Yes," explain the arrangement in Part XIV     |                                 |                        |                        |                         |                |           |           |
|        |   |                                 |                        |                        |                         | Amoun          | t         |           |
| С      | Beginning balance                                 |                                 |                        |                        | 1c                      |                |           |           |
| d      | Additions during the year                         |                                 |                        |                        | 1d                      |                |           |           |
| е      | Distributions during the year                     |                                 |                        |                        | 1e                      |                |           |           |
| f      | Ending balance                                    | _                               |                        |                        | 1f                      |                |           |           |
| 2a     | Did the organization include an amount on F       | orm 990, Part X, line           | 21?                    |                        |                         | Yes            |           | No        |
| b      | If "Yes," explain the arrangement in Part XIV     | •                               |                        |                        |                         |                |           |           |
| Pai    | t V Endowment Funds. Complete                     | of the organization ar          | nswered "Yes" to Fo    | orm 990, Part IV, line | 10.                     |                |           |           |
|        | · · · · · · · · · · · · · · · · · · ·             | (a) Current year                | (b) Prior year         | (c) Two years back     | (d) Three years ba      | ck (e) Fou     | r years t | oack      |
| 1a     | Beginning of year balance                         |                                 |                        | T                      |                         |                |           |           |
| b      | Contributions                                     |                                 |                        |                        |                         |                |           |           |
| c      | Net investment earnings, gains, and losses        |                                 |                        |                        |                         |                |           |           |
| d      | Grants or scholarships                            |                                 |                        |                        |                         | -              |           |           |
|        | Other expenditures for facilities                 |                                 |                        |                        |                         |                |           |           |
| Ŭ      | and programs                                      |                                 |                        |                        |                         |                |           |           |
| f      | Administrative expenses                           |                                 |                        |                        |                         |                |           |           |
| g<br>g | End of year balance                               |                                 |                        |                        |                         |                |           |           |
| 2      | Provide the estimated percentage of the year      | r and balance held s            |                        |                        | l.                      |                |           | —         |
| ۲,     | Board designated or quasi-endowment               |                                 | %<br>%                 |                        |                         |                |           |           |
|        | Permanent endowment                               | %                               |                        |                        |                         |                |           |           |
| b      | · · · · · · · · · · · · · · · · · · ·             | 70<br>%                         |                        |                        |                         |                |           |           |
|        | Are there endowment funds not in the posse        | •                               | ation that are hold i  | and administered for   | the erganization        |                |           |           |
| Sa     |   | ssion of the organiz            | audii mat are neid a   | and administered for   | the organization        | ſ              | V         |           |
|        | by  |                                 |                        |                        |                         | 0-(1)          | Yes       | <u>No</u> |
|        | (i) unrelated organizations                       |                                 | • • • • • •            |                        | •                       | 3a(i)          | $\dashv$  | —         |
|        | (ii) related organizations                        |                                 |                        |                        | •                       | 3a(ii)         | -+        |           |
| b      | If "Yes" to 3a(ii), are the related organization: | •                               |                        |                        |                         | <b>3b</b>      |           |           |
| Par    | t VI Investments - Land, Building                 |                                 |                        | ) David V I = - 40     |                         |                |           | —         |
| Pai    |   |                                 |                        |                        |                         |                |           |           |
|        | Description of investment                         | (a) Cost or o<br>basis (investr |                        |                        | Accumulated epreciation | (d) Bool       | ( value   |           |
| 1a     | Land  |                                 |                        |                        |                         |                |           |           |
| b      | Buildings   |                                 |                        |                        |                         |                |           |           |
| C      | Leasehold improvements                            |                                 |                        |                        |                         |                |           |           |
| d      | Equipment   |                                 |                        |                        |                         |                |           |           |
| ее     | Other   |                                 |                        |                        |                         |                |           |           |
| Total  | . Add lines 1a through 1e (Column (d) must e      | qual Form 990, Part             | X, column (B), line    | 10(c).)                | <b>&gt;</b>             |                |           | 0.        |

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10

| Sche   | edule D (Form 990) 2009 2155000055   |             | 62-61             | 91455           | Page 4      |
|--------|--|-------------|-------------------|-----------------|-------------|
| Pa     | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan  | cial St     |                   |                 |             |
| 1      | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1           |                   | <70.            | 332.        |
| 2      | Total expenses (Form 990, Part IX, column (A), line 25)  | 2           |                   |                 | 092.        |
| 3      | Excess or (deficit) for the year Subtract line 2 from line 1   | 3           |                   | <205,           |             |
| 4      | Net unrealized gains (losses) on investments   | 4           |                   |                 |             |
| 5      | Donated services and use of facilities   | 5           |                   |                 |             |
| 6      | Investment expenses  | 6           |                   |                 |             |
| 7      | Prior period adjustments   | 7           |                   |                 |             |
| 8      | Other (Describe in Part XIV.)  | 8           |                   |                 |             |
| 9      | Total adjustments (net) Add lines 4 through 8  | 9           |                   | -               |             |
| 10     | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9                           | 10          |                   | <205,           | 424.        |
| Pai    | t XII Reconciliation of Revenue per Audited Financial Statements With Rever  | nue pe      | r Return          |                 |             |
| 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.  |             |                   |                 |             |
| а      | Net unrealized gains on investments  |             | _                 |                 |             |
| ď      | Donated services and use of facilities   |             | <u> </u>          |                 |             |
| С      | Recoveries of prior year grants  |             | _                 |                 |             |
| d      | Other (Describe in Part XIV.)  |             | _                 |                 |             |
| 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:   |             | f                 |                 |             |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b   |             | _                 |                 |             |
| þ      | Other (Describe in Part XIV)   |             | _                 |                 |             |
| C      | 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     | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe                                      | nses p      | er Return         |                 |             |
| 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   |             | i                 |                 |             |
| С      | Other losses   | -           |                   |                 |             |
| d      | Other (Describe in Part XIV.)  |             | <del> </del>      |                 |             |
| е      | Add lines 2a through 2d  |             |                   |                 |             |
| 3      | Subtract line 2e from line 1   |             | 3                 |                 |             |
| 4      | Amounts included on Form 990, Part IX, line 25, but not on line 1.   |             |                   |                 |             |
|        | Investment expenses not included on Form 990, Part VIII, line 7b   |             |                   |                 |             |
|        | Other (Describe in Part XIV)   |             | $\dashv$ . $\mid$ |                 |             |
| C      | Add lines 4a and 4b  |             | 4c                |                 |             |
| Da.    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)                                    |             | 5                 |                 |             |
|        | rt XIV Supplemental Information  | <u>-</u>    | 0 1b cmd 0b 5     | 20st 1/ 1== - 1 | . Do=       |
|        | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pai |             |                   |                 | ; Part      |
| X, III | e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to prov    | vide any    | additional info   | mation.         |             |
|        |  | <del></del> |                   | <del></del>     |             |
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|        |  |             |                   |                 |             |

SCHEDULE (Form 990)

Department of the Treasury

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

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

| 2009 | Open to Public | Inchestion |
|------|----------------|------------|
|------|----------------|------------|

OMB No 1545-0047

**2** 

**Employer identification number** 62-6191455 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. CHICKASAW COUNCIL BOY SCOUT TRUST FUND General Information on Grants and Assistance criteria used to award the grants or assistance? 2155000055 Name of the organization Internal Revenue Service Part

| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   | ocedures for mon    | toring the use of grant          | funds in the United      | d States.                               |   |  |                                       |    |
|---|---------------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|----|
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any   | Governments an      | d Organizations in the           | United States. O         | omplete if the orga                     | Inization answered "Y                                 | 'es" to Form 990, Part                 | IV, line 21, for any                  | lг |
| recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed | \$5,000. Check this | s box it no one recipien         | it received more th      | an \$5,000. Use Pa                      | rt IV and Schedule I-                                 | (Form 990) if addition                 | al space is needed                    | ┪  |
| 1 (a) Name and address of organization or government  | (b) EIN             | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |    |
| CHICKASAW COUNCIL BSA<br>171 S. HOLLYWCOD<br>MEMPHIS, TN 38122  | 62-0499713          | 501 (C) (3)                      | 117,000.                 | 0                                       |   |  | SUPPORT BOY SOOUTING                  |    |
|   |                     |                                  |                          |   |   |  |                                       |    |
|   |                     |                                  |                          |   |   |  |                                       | 1  |
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|   |                     |                                  |                          |   |   |  |                                       | Ī  |
| <ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>                                     | and government or   | ganizations                      |                          |   |   |  | <b>▲ ▲</b>                            |    |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  | ction Act Notice,   | see the Instructions             | for Form 990.            |   | 1   |  | Schedule I (Form 990) 2009            | 8  |

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Part III

Page 2

62-6191455

| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount of cash grant  | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|---|---------------------------------------|---|--|
|  |                          |   |                                       |   |  |
|  |                          |   |                                       |   |  |
|  |                          |   |                                       |   |  |
|  |                          |   |                                       |   |  |
|  |                          |   |                                       |   |  |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDITTE T DART T LINE 2. CRANTS MIST CONDITY WITH WERMS OF MOTION | ide the information      | part to provide the information required in Part I, line 2, and 3 | Ine 2, and any other addition         | additional information                                |  |
| 7 7 7777   | 1001                     | W T T T T T T T T T T T T T T T T T T T                           |                                       | 1000  |  |
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|  |                          |   |                                       | į   |  |
| 932102 02-02-10  |                          | 23  |                                       |   | Schedule 1 (Form 990) 2009             |

### **SCHEDULE O**

(Form 990)

Department of the Treasury

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

CHICKASAW COUNCIL BOY SCOUT TRUST FUND Name of the organization **Employer identification number** 2155000055 62-6191455 FORM 990, PART VI, SECTION B, LINE 11: 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY FORM 990, PART VI, SECTION B, LINE 12: INSTITUTIONAL TRUSTEE COMPLIES WITH TERMS OF TRUST AGREEMENT ORGANIZATION HAS NO COMPENSATED TRUSTEE RECEIVES A TRUSTEE FEE BASED UPON ASSET OFFICERS OR EMPLOYEES. VALUE. FORM 990, PART VI, SECTION C, LINE 18: MADE AVAILABLE UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: MADE AVAILABLE UPON REQUEST

2009 Open to Public Inspection Employer identification number 62-6191455OMB No 1545-0047 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A End-of-year assets status (if section Public charity 501(c)(3)) e **e** 11B ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income **Exempt Code** section 501 (C) (3) ਉ ፱ ➤ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) TENNESSEE CHICKASAW COUNCIL BOY SCOUT TRUST FUND CARRY OUT MISSION OF BOY ▶ Attach to Form 990. Primary activity SCOUTS OF AMERICA IN Primary activity 9 COUNCIL AREA 2155000055 CHICKASAW COUNCIL OF BSA - 62-0499713 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization MEMPHIS, TN 38122 171 S. HOLLYWOOD Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part PartII

Schedule R (Form 990) 2009

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

62-6191455

| (a) Name, address, and EIN of related organization              | (b)<br>Primary activity   | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from fax under sections 512-514) |                               | (f)<br>Share of total<br>income                 | (g)<br>Share of<br>end-of-year<br>assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner?   |
|---|---|---|-------------------------------|---|-------------------------------|---|--|-----------------------------------|---|--------------------------------|
|   |   |   |                               |   |                               |   |  |                                   |   |                                |
|   |   |   |                               |   |                               |   |  |                                   |   |                                |
|   |   |   |                               |   |                               |   |  |                                   |   |                                |
|   |   |   |                               |   |                               |   |  |                                   |   |                                |
| Part IV Identification of Related Orgonizations treated as a co | Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | oration or 1<br>year )                        | rust (Complete if t           | he organizatio  | n answered "Yes               | " to Form 990, F                                | art IV, line 34                          | because it !                      | nad one or more   | related                        |
| (a) Name, address, and EIN of related organization              | Ζc  | Prin  | (b)<br>Primary activity       | (c) Legal domicile (state or foreign country)   | (d) Direct controlling entity | (d) Type of entity (C corp., S corp., or trust) | (f) Share of total income                |                                   | (g) Share of Prend-of-year o                                | (h)<br>Percentage<br>ownership |
|   |   |   |                               |   |                               |   |  |                                   |   | :                              |
|   |   | <del></del>                                   |                               |   |                               |   |  |                                   |   |                                |
|   |   |   |                               |   |                               |   | _  |                                   |   |                                |
|   |   |   |                               |   |                               |   |  |                                   |   |                                |
|   |   | - 1 1   |                               |   |                               |   |  |                                   |   |                                |
| 932162 02-04-10   |   |   | 26                            |   |                               |   |  | S                                 | Schedule R (Form 990) 2009                                  | 90000                          |

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62-6191455

Schedule R (Form 990) 2009

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

| <b>Note.</b> Complete line 1 if any entity is listed in Parls II, III, or IV of this schedule.  |                            | Yes No                         |
|---|----------------------------|--------------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         |                            |                                |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |                            | 1a X                           |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)  |                            | T qt                           |
| c Gift, grant, or capital contribution from other organization(s)   |                            | 1c ×                           |
| d Loans or loan guarantees to or for other organization(s)  |                            | 1d X                           |
| e Loans or loan guarantees by other organization(s)   |                            | 1e X                           |
|   |                            |                                |
| 1 Sale of assets to other organization(s)   |                            | # X                            |
| g Purchase of assets from other organization(s)   |                            | 1g X                           |
| h Exchange of assets  |                            | ÷                              |
| i Lease of facilities, equipment, or other assets to other organization(s)  |                            | ; <del>-</del>                 |
| J Lease of facilities, equipment, or other assets from other organization(s)  |                            | 1 <sub>j</sub>                 |
| k Performance of services or membership or fundraising solicitations for other organization(s)  |                            | ¥                              |
| I Performance of services or membership or fundraising solicitations by other organization(s)   |                            | = ×                            |
| m Sharing of facilities, equipment, mailing lists, or other assets  |                            | tm<br>X                        |
| n Sharing of paid employees   |                            | th<br>X                        |
| o Reimbursement paid to other organization for expenses   |                            | 10                             |
| Reimbursement paid by other organization for expenses   |                            | 10 X                           |
|   |                            | _                              |
| q Other transfer of cash or property to other organization(s)   |                            | 1q X                           |
| r Other transfer of cash or property from other organization(s)   |                            | 1r 🗙                           |
| 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 | nsaction thresholds        |                                |
| (a) Name of other organization(s)   | (b) Transaction type (a-r) | ( <b>c)</b><br>Amount involved |
| (1) CHICKASAW COUNCIL OF BSA  | В                          | 117,000.                       |
| (2)   |                            |                                |
|   |                            |                                |
|   |                            |                                |
|   |                            |                                |
| (5)   |                            |                                |
| (9)   |                            |                                |
| 932183 02-04-10   | Sch                        | Schedule R (Form 990) 2009     |

62-6191455

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CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055

Schedule R (Form 990) 2009

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

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.

General or managing partner? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate allocations? Yes Share of end-ofyear assets <u>e</u> Are all partners section 501(c)(3) organizations? Yes No ਉ (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2009

| Description                                | Date<br>Acquired    | Date       | Gross Sales<br>Price | Cost or Other<br>Basis | Short-term<br>Gain/Loss |
|--|---------------------|------------|----------------------|------------------------|-------------------------|
| CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT | PUR                 |            |                      |                        | 6607 (100               |
| ٦  |                     | 07/07/2009 | 4,314.00             | 4,723.00               | -409.00                 |
| AANAGEMENT (REIT)                          | 10/02/2008          | 05/11/2009 | 1,433.00             | 2,189.00               | -756.00                 |
| TOTAL CAPITAL GAINS (LOSSES) HELD FOR INVE | INVESTMENT PURPOSES | SES        | 5,747.00             | 6,912.00               | -1,165.00               |
|  |                     |            |                      |                        |                         |
|  |                     |            |                      |                        |                         |
|  |                     |            |                      |                        |                         |
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|  |                     |            |                      |                        |                         |
|  |                     |            |                      |                        |                         |
|  |                     |            |                      |                        |                         |
| lotals                                     |                     |            | 5,747.00             | 6,912.00               | -1,165.00               |

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2155000055

STATEMENT

BSA/CHICKASAW 2155000055 Schedule D Detail of Long-term Capital Gains and Losses

62-6191455

| Description                                 | Date<br>Acquired    | Date           | Gross Sales<br>Price | Cost or Other | Long-term   |
|---|---------------------|----------------|----------------------|---------------|-------------|
|   |                     |                |                      | 223           | Calli COSS  |
| CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT  | PURPOSES            |                |                      |               |             |
| 90 MITTOPONE TWO                            | 200,00,             |                |                      |               |             |
| ATTHOUGHE                                   | 709/2               | 2/24/200       | 12,985.00            | 9,680.00      | 3,305.00    |
| AUTOZONE INC                                | /09/2               | 07/20/2009     | 3,113.00             | -             | 696         |
| BROOKFIE                                    |                     | 01/28/2009     | ,682.                | ,553.0        | •           |
| BUCKEYE TECH                                | 06/03/2008          | 08/26/2009     | .927.0               | 985 0         | - 2 E       |
| O. CORRECT                                  | 11/21/2008          | /20            | ,805.0               |               | 0<br>0<br>0 |
| GARDNER D                                   | 11/24/2003          | 01/28/2009     | . 769.               | 920 0         | 240         |
| GARTNER                                     | 2/17/               | 01/28/2009     | ,040.                | 2 0           | 10          |
| 700 VAVION COLD                             | 1/17/200            | 07/07/2009     | 13,480.00            | 0.900,        | عان         |
| 4257 131 LONGLEAF DARTNERS                  | 07/26/2005          | 05/01/2009     | 21,637.00            | 0,609,0       | 1,028.      |
| FUNT  | 6                   | 000/01/0       |                      |               |             |
|   | 7/00/5              | 0/16/200       | 0.000,               | ,880.         | -54,880.00  |
| 0. LUBRIZOI                                 | 07/60/0             | 1/28/200       | ,370.                | 410.          | ,040.       |
| 1   | 760/0               | 002/80/80/80/8 | 익                    | 498.          | - 4         |
| O MDS                                       | 7                   | 2/04/200       | 727.                 | 1,919.        | 4           |
| MSC T                                       | 7777                | 7/80/          | 56                   | ,539.         | <u>س</u>    |
| RON CORDODATION                             | 7 1 4 7 7           | 787/1          | ,719.                | 4,568.        | -849.00     |
| STEWART ENTERDETS                           | 791/8               | 2/22/          | ,513.                | ,086.         | -3,573.00   |
| . ₽   | 3/200               | 7077           | , 756.               | ,585.         | -1,829.00   |
| ١.  | 002/22/1            | 7/28/200       | 익                    | •             | -877.00     |
| . WALTER ENERGY                             | /07/0               | 002/02/        | .284                 | , 704         | ,580.       |
| WALTER ENERGY, I                            | 3/02/200            | 2/27/200       | 9 0                  | 97            | ·ł          |
| .897 WALTER INVESTMENT                      | 6/26/200            | 5/08/20        | 0<br>#<br>1          | 221.00        | 543.00      |
| 267.19 WALTER INVESTMENT                    | 22= /2= /2          | 2/00/200       | 기                    | 00./          |             |
| 짋   | 02/13/2007          | 05/11/2009     | 2 010 00             | 0 666         | 1           |
| . SECURITIES LITIGATION                     | 0=/0=/=             | 009/44/6       | 7.77                 | 4,773.00      | 239.00      |
| SETTLEMENT PROCEEDS                         |                     | 00/06/20/00    | 0 70                 |               |             |
| lΗ  |                     | 200            | -1                   |               | 134.00      |
| SETTLEMENT PROCEEDS                         |                     | 06/18/2009     | 172 00               |               |             |
|   |                     | 7              | 기                    |               | 172.00      |
| LOTAL CAPITAL GAINS (LOSSES) HELD FOR INVES | INVESTMENT PURPOSES | SES            | 255,929.00           | 347,681.00    | -91,752.00  |
| Totals                                      |                     |                |                      |               |             |
|   |                     |                | 255,929.00           | 347,681.00    | -91,752.00  |

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