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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)

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

OMB No 1545-0047 **2011**

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and ending		
В	- Check if opplicable	C Name of organization	D Employer identificati	on number
a		CHICKASAW COUNCIL BOY SCOUT TRUST FUND		
	Addres change	§ <u>2155000055</u>		
	Name change	Doing Business As	62-619	1455
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	
	Termin ated	TIOU KIDGEWAI BOOF 100	901-86	<u>1-7600</u>
	Amend return	City or town, state or country, and ZIP + 4	G Gross receipts \$	861,269.
	Application	MEMPHIS, IN 3012U	H(a) Is this a group return	
	pendin	F Name and address of principal officer REGIONS BANK - TRUST D	EP for affiliates?	Yes X No
	_	1100 RIDGEWAY LOOP ROAD, SUITE 100, MEMPHI	S , H(b) Are all affiliates include	ed? Yes No
			527 If "No," attach a list.	. (see instructions)
		e: ▶ N/A	H(c) Group exemption nu	
			<u>ear of formation: 1984 M Sta</u>	ate of legal domicile: TN
Pa		Summary		
ě	1	Briefly describe the organization's mission or most significant activities. SUPPORT	OF THE CHICKASA	<u></u>
Activities & Governance		COUNCIL, BOY SCOUTS OF AMERICA		
ern	1	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net asset:	_
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	0
<u>«</u>	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
ies	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
₹		Total number of volunteers (estimate if necessary)	6	0
Aci	1	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<u>(Un)</u>		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
SCANNED		2	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,571.	451,139.
\$	9 1	Program service revenue (Part VIII, line 2g)	0.	410 130
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	222,846.	410,130.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
))		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,417.	861,269.
ر د	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	270,000.	307,000.
)	1	Benefits paid to or for members (Part IX, column (A), line 4)	7,440.	0. 7,782.
Ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,440.	
e e	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.
Expenses	1	Fotal fundraising expenses (Part IX, column (D), line 25)	15,335.	18,578.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	292,775.	333,360.
	19	Total expenses Add lines 13-17 (must equal Part IX, cottonin A) line (5)	<62,358.>	527,909.
-Sa	19 1	1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal labilities (Part X, line 16)	2,380,349.	2,908,258.
Ass	21	Fotal liabilities (Part X, line 26)	0.	0.
Net	22 1	Net assets or fund balances Subtract line 21 from line 20,727, W	2,380,349.	2,908,258.
Pa	art II	Signature Block	2730073131	<u> </u>
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my kn	owledge and belief, it is
	•	i, and complete. Declaration of graparer (other than officer) is based on all information of which prep	•	,
		Vymu Uno	3.32.	10-
Sig	n	Signa High of World Keegen Trust, Trustee	Date	
Her		REGIONS BANK - TRUST DEPARTMENT, TRUSTEE		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı þ	DAVID B. JONES QUE COM		P00669013
Pre	parer	Firm's name WATKINS UIBERALL, PLLS	Firm's EIN ▶ 6	2-1804252
Use	Only	Firm's address 1661 AARON BRENNER DR., STE 300		
		MEMPHIS, TN 38120	Phone no. (90	
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	rt III Statement of Program Service Ac	complishments	62-6191455 Page 2
<u> </u>		-	
4	Check if Schedule O contains a response to	any question in this Part III	
1,	Briefly describe the organization's mission: SUPPORT OF THE CHICKASAW	COINCIL BOY COLLEG OF Y	MEDICA
	SUPPORT OF THE CHICKASAW	COUNCIL, BOI SCOUIS OF A	MERICA
			·
2	Did the organization undertake any significant pro	gram services during the year which were not list	
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule) O.	
3	Did the organization cease conducting, or make si	gnificant changes in how it conducts, any progra	m services? Yes X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service according	nplishments for each of its three largest program	services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and		
	others, the total expenses, and revenue, if any, for		· ·
4a		00 • including grants of \$ 307,00	O .) (Revenue \$
	THE TRUST FUND WAS CREATE		
	CHICKASAW COUNCIL OF BOY		
	ALL GRANTS WERE ALLOCATED		
	ADD GRANTS WERE ADDOCATED	TO BAID COUNCIL DORING	I DAN •
			-
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
70	(Code / (Expenses \$	including grants of \$	/ \nevenue \$ /
			
			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		······································	
			·
			
		·	
		_	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including gr)
4e	Total program service expenses ▶	307,000.	
			Form 990 (2011)

Form 990 (2011) 2155000055

Part IV Checklist of Required Schedules

			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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	Ì	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Δ.
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			7.7
_	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 c	20111

Part IV | Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX.			İ	Yes	No
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 /l / 1*ve; complete Schedule I, Part I and III 22 III 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, insistes, key employees, and highest compensated employees? If "Yes," complete Schedule IX II *No. (Journal of the very final value 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 44d and complete Schedule IX II *No. (Journal of the year), that was sesued after December 31, 2002? If "Yes," answer lines 24b through 44d and complete Schedule IX II *No. (Journal of the year), that was sesued after December 31, 2002? If "Yes," answer lines 24b through 44d and complete Schedule IX II *No. (Journal of IX II *No.	21				
column (A), line 27 if "Yes," complete Schedule i, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, tustees, key employees, and highest compensated employees? if "Yes," complete Schedule I, I and it is read to 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 240 through 24d and complete Schedule II I'			21	<u> </u>	<u> </u>
23 Dd the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year 10 Dd the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Dd the organization and sa in"on behalf of" issuer for bonds outstanding at any time during the year? 24c Dd the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Dd the organization as an "on behalf of" issuer for bonds outstanding as of the year? 14 "Ne", complete Schedule L, Part I be the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 14 "Ne", complete Schedule L, Part I be the organization as not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II be a contributor or employee thereof, a grant a selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable thing threeholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the organization receive contributions of art, histonacia freedor, trustee, or key employee? If "Yes," complete Schedule L, Part IV be A farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV be A farmly member of a current or former officer, direct	22	· · · · · · · · · · · · · · · · · · ·	00		v
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "No", go to him 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Did the organization invest any an exemption of the organization during the year to defease any tax exempt bonds? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? of the organization are soft at engaged in an excess benefit intersaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I b is the organization aware that engaged in an excess benefit intersaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I I bid the organization or any of the organization's tax year? If "Yes," complete Schedule L, Part I I Did the organization proved a grant or other assistance to an officer, director, trustee, they employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV B A family member of a current or former officer, director, trustee, we will be provided a part or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV B A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or well proposed in "Yes," complete Schedule L, Part IV B A family of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or others of the proposed in the proposed in the propos	22		22		
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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 II 25b Is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant aselection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, IV, and V, line 1 31 Did the organization have a co	d				
disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b		-			
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-ash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part II 31			25a		Х
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	34	·			
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
If "Yes," complete Schedule R, Part V, line 2 36		section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
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	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37		If "Yes," complete Schedule R, Part V, line 2	36		_X_
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	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	7		
Note. All Form 990 filers are required to complete Schedule O		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?			
Form 990 (2011)		Note. All Form 990 filers are required to complete Schedule O			
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Par				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
ìa	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	l
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(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 2a 0		1	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			į
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.		l	
а	Gross income from members or shareholders		Ì	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)		İ	l
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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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.

	Check if Schedule O contains a response to any question in this Part VI			LX.			
<u>Sec</u>	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 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 supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			x			
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>			
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filled TN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivailab	ie				
	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, an	d finar	icial				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	` —				
	REGIONS BANK TRUST DEPT - 901-861-7600	<u>_</u>					
	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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week	verage Position (do not check more than on box, unless person is both a					one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REGIONS BANK TRUST DEPT										5 500
TRUSTEE	2.00		Х		<u> </u>			0.	0.	7,782
					-	_				
								,		

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Par	t VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)				
	Name and title	Average	Position (do not check more than one				one	Reportable	Reportable		Estimated			
•		hours per	box	, unle	ss pe	rson	ıs bot or/trus	h an	compensation	compensation	1		ount o	of
		week (describe	-		r	1 001	1		from	from related			other	4
		hours for	director				_		the organization	organization (W-2/1099-MIS			pensa om the	
		related	90 0	stee			usate		(W-2/1099-MISC)	(11-27103311110	,		anızatı	
		organizations	trust	al tru		yee ye	ed mo		(,			•	d relate	
		ın Schedule	Individual trustee or	Institutional trustee	₽	Key employee	est co	펼				orga	ınızatı	วทธ
		O)	힐	Insti	Offic	Key	Highest compensated employee	Forn						
						ļ								
				_			<u> </u>							
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			_			_	<u> </u>							
				L	L	L .	<u></u>	,						
	Sub-total								0.		0.		7,7	
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		0.		0.		7,7	82.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportab	le			^
	compensation from the organization									_			Yes	0 No
_	D.111										[162	NO
3	Did the organization list any former officer	•		е, ке	ey er	npic	oyee	, or	nignest compensated e	mpioyee on				v
_	line 1a? If "Yes," complete Schedule J for s								L	Ala a		3		<u>X</u>
4	For any individual listed on line 1a, is the si									tne organization				Х
_	and related organizations greater than \$15										}	4		
5	Did any person listed on line 1a receive or							eıat	ted organization or indiv	idual for services		_		v
	rendered to the organization? If "Yes," con	ipiete Scheaui	e J i	or s	ucn	per	son					5	!	X
	tion B. Independent Contractors Complete this table for your five highest co	mnonceted :=:	100	004	n+ -	ont	ract		that received more than	\$100 000 of oc-	nors	ation f	rom	
1	the organization Report compensation for	-	-								ipens	ationi	10111	
		trie caleridar y	cai	enui	iig v	VILII	OI W	1411		year.	-	(C	·	
	(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	С	رد egmo	∕) nsatioi	n
			14/	0141					,			<u>'</u>		
												•		
								1						
	- · · · · · · · · · · · · · · · · · · ·							٦				-		
2	Total number of independent contractors (includina but n	ot li	mıte	d to	tho	se li	stec	d above) who received in	nore than				
_	\$100,000 of compensation from the organ						0	-	,					
												Form	990 (2	2011)

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	T VIII	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	its, and	433,054. 18,085.				
dot	g	Noncash contributions included in lines						
<u>5 6</u>	h	Total. Add lines 1a-1f		Business Code	451,139.			
Program Service Revenue	2 a b			Business Code				
Sena	C							
Ra eva	d							
Š	e	All -4L						
_		All other program service rever Total. Add lines 2a-2f	enue					
	<u> </u>	Investment income (including	dividends, intere	est, and				
	Ū	other similar amounts)	arriadriad, intoid	▶	30,723.	30,723.		
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨	•	•		
- 1	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)			i			
		Net rental income or (loss) Gross amount from sales of	(ı) Securities	(ii) Other				
	, a	assets other than inventory	379,407.	(ii) Outlet	1			
	ь	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)	379,407.					
		Net gain or (loss)		_	379,407.	379,407.	. 	-
venue	8 a	Gross income from fundraisin including \$	of					
Other Revenu	h	contributions reported on line Part IV, line 18 Less direct expenses	a b					
ō		Net income or (loss) from fund	_	—				
		Gross income from gaming ad						
ĺ		Part IV, line 19	а					
		Less direct expenses	b	L				
ŀ		Net income or (loss) from gan	-	D				
	10 a	Gross sales of inventory, less						
	_	and allowances	a					
		Less cost of goods sold Net income or (loss) from sale	b os of inventory					
t		Miscellaneous Revenu		Business Code				-
Ī	11 a					1		
	b							
	С							
	d	All other revenue		L				
	e	Total. Add lines 11a-11d		P	061 060	410 120		
13200 01-23	12 9	Total revenue. See instructions.		<u> </u>	861,269.	410,130.	0.	0 • Form 990 (2011)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to governments and				
O	rganizations in the United States. See Part IV, line 21	307,000.	307,000.		
2 G	irants and other assistance to individuals in				
th	ne United States. See Part IV, line 22				
3 G	frants and other assistance to governments,				
	rganizations, and individuals outside the				
	Inited States See Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	compensation of current officers, directors,				
tr	ustees, and key employees	7,782.		7,782.	
6 C	ompensation not included above, to disqualified				
p	ersons (as defined under section 4958(f)(1)) and				
pe	ersons described in section 4958(c)(3)(B)				
7 0	other salaries and wages				
8 P	ension plan accruals and contributions (include	1			
se	ection 401(k) and section 403(b) employer contributions)				
9 0	other employee benefits				
	ayroll taxes				
11 F	ees for services (non-employees)·				
a M	fanagement				
b L	egal				
c A	ccounting	827.		827.	
d L	obbying				
e P	rofessional fundraising services. See Part IV, line 17 📙				
f In	vestment management fees				
g C	Other				
12 A	dvertising and promotion				
13 O	Office expenses				
14 Ir	nformation technology				
15 R	toyalties				
16 0	Occupancy				
17 T	ravel				
18 P	ayments of travel or entertainment expenses	İ			
fc	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings				
20 Ir	nterest				
21 P	ayments to affiliates				
22 D	epreciation, depletion, and amortization				
	nsurance				
al 2	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
а <u>I</u>	NVESTMENT MANAGEMENT E	14,006.		14,006.	
ь <u>С</u>	OTHER TAX EXPENSE	3,745.		3,745.	
c _					
d _					
e A	Il other expenses				
25 T	otal functional expenses Add lines 1 through 24e	333,360.	307,000.	26,360.	0
26 J	oint costs Complete this line only if the organization				
re	eported in column (B) joint costs from a combined	İ			
	ducational campaign and fundraising solicitation.				
CI	heck here if following SOP 98-2 (ASC 958-720)				

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	tΧ	2011) 2155000055 Balance Sheet					6191455 Page 11
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				_1	
	2	Savings and temporary cash investments			122,256.	_2	133,795
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	1,465.	4			
	5	Receivables from current and former officers, dir					
		employees, and highest compensated employee					
-		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru	ctions)			6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other	1 1				•
		basis Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b]	10c	
	11	Investments - publicly traded securities	2,256,628.	11	2,774,463		
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 34	4)	2,380,349.	16	2,908,258
	17	Accounts payable and accrued expenses		•		17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability Complete I	Part IV o	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
ige		highest compensated employees, and disqualific					
Ľ		of Schedule L		,		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
		Organizations that follow SFAS 117, check he	ere 🕨	and complete		-	
S.		lines 27 through 29, and lines 33 and 34.	-	•			
nce	27	Unrestricted net assets				27	
ala	28	Temporarily restricted net assets				28	
d B	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, cl	heck he	ere 🕨 🗓 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
sts	30	Capital stock or trust principal, or current funds		1,185,890.	30	1,185,890	
SSE	31	Paid-in or capital surplus, or land, building, or eq		it fund	0.	31	0
ĭ A	32	Retained earnings, endowment, accumulated in			1,194,459.	32	1,722,368
ž	33	Total net assets or fund balances			2,380,349.		2,908,258
	34	Total liabilities and net assets/fund balances			2,380,349.	34	2,908,258
					. = / = / - =		Form 990 (2011

Form	1990 (2011) 2155000055	62-61	91455	Pa	qe 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
		-						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	86	1,2	69.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	52	7,9	09.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,38	0,3	49.			
5	Other changes in net assets or fund balances (explain in Schedule O)	_5			0.			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,90	8,2	58.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
	<u> </u>			Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	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 Sch	edule O						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt]]					
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			_			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055

Employer identification number 62-6191455

Part I	Reason	for Public Chari	ity Status (All organız	zations mu:	st complet	e this part	t) See inst	tructions				
he organ	zation is not a	a private foundation l	because it is: (For lines	1 through 1	11, check	only one b	ox)					
1 🗀			s, or association of chur									
2			0(b)(1)(A)(ii) . (Attach Sc									
3 🗔			tal service organization		n section	170/b)/1)/	/Δ\/iii\					
4 🗔	•	•	operated in conjunction					/h)/1)/A)/ii	i) Enter the	hosoital	's nam	16
→	city, and stat	•	poratoa in conjunction		pital doco.		01.011 170	(=)(')(>)(')	1). Lincol and	o moopital	0	,
5	•		benefit of a college or ui	niversity ov	wned or or	perated by	a doverne	mental uni	t described	in		
3	_	(b)(1)(A)(iv). (Comple	_	involuty of	inou or op	ociacca by	u govoiii	noma an	. 000011000			
• 🗀				t dooorbo	4 in acati	- 470/b\/	1\/ A\/\					
6		-	ent or governmental uni					r fram tha	general nu	ماطر	mbod.	_
7 📖	=	·	eives a substantial part	or its supp	on nom a	governme	mai unit c	ir irom trie	general pu	iblic desc	ibeai	11
• 🗀		(b)(1)(A)(vi). (Comple	•	·O	D 11.)							
8	-		ection 170(b)(1)(A)(vi).	-								
9 📖	•	•	eives (1) more than 33		• •				•	•	•	
		•	nctions - subject to certa	•		•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization aff	er June 3	0, 197	5
		509(a)(2). (Complete										
10	•	•	perated exclusively to te	•				•			_	
11 LX	•	- ,	perated exclusively for the		•				-	•		or
	•	,	itions described in secti	, , ,	•		2). See se o	ction 509(a)(3). Chec	k the box	that	
	_	· · · · · <u>- · · · · · · · · · · · · · ·</u>	organization and compl		_							
	a X Type		_ ,,	• •	e III - Fund	-	-			Type III - (
e 📖	-		it the organization is not									n
		•	han one or more publicly		_				9(a)(1) or se	ction 509	(a)(2)	
f	If the organiz	zation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	li, or Type	€ III				
		rganization, check th										Ш
g	_		organization accepted ar			_						
		-	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (ııı) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	<u> </u>	X
	(ii) A family	member of a persor	n described in (i) above?)						11g(ii)	ļ	X
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) above	9?					11g(iii)	<u> </u>	X
h	Provide the f	following information	about the supported or	ganızatıon	(s).							
		T							. 1			
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organization	s the	(vii) Am	nount c	f
orga	anızatıon		(described on lines 1-9	in col. (i) lis governing		organızat		(i) organiz U.S	ed in the	sup	port	
			above or IRC section		1	ļ ` · ·						
			(see instructions))	Yes	No	Yes	No	Yes	No			
CHICK												
COUNC	IL BOY	62-0499713	11B	X		X		X		30	<u>7,0</u>	00.
									ļ. <u> </u>			
· · · · · · · · · · · · · · · · · · ·										_		
		1	1	1	I	1		1	1 1	20	7 0	$\Lambda \Lambda$

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

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

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

Sèc	ction A. Public Support	· ·			_		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		1				
	membership fees received. (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-				,		
	ızatıon's benefit and either paid to						
	or expended on its behalf		ļ				
3	The value of services or facilities						
	furnished by a governmental unit to		ŀ				
	the organization without charge						
4	Total. Add lines 1 through 3				_		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1				
	column (f)		1				
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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		<u> </u>				
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop	here					<u></u>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2011 (li	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2010	•	•			15	%
16a	33 1/3% support test - 2011. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatioi	n			▶□
b	33 1/3% support test - 2010. If the o	rganization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	6 or more, check th	ns box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2011. If the org	janization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstar	ices" test, check t	his box and stop h	i ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances" $\\$						ightharpoons
b	10% -facts-and-circumstances test	t - 2010 . If the org	janization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ie "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explaii	n in Part IV how the	•
	organization meets the "facts-and-circ	umstances" test	The organization	qualifies as a publi	cly supported org	anızatıon	▶□
18	Private foundation. If the organization	n di <u>d not check a</u>	box on line 13, 16	a, 16b, 17a, or 17b	, check this box	and see instruction	s ▶ □
					Sch	edule A (Form 990	or 990-EZ) 2011

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	elow, please comp	olete Part II)				
Section A. Public Support	(=) 2007	(h) 2009	(=) 2000	(4) 2010	(a) 2011	(O Total
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")				.		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						ĺ
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization'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						<u> </u>
6 Total. Add lines 1 through 5					<u> </u>	<u> </u>
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	-					
c Add lines 7a and 7b					 	
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		1		1 -7		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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)			<u> </u>			<u> </u>
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2011 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	11 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2011. If the more than 33 1/3%, check this box at	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2010. If the	•					. —
line 18 is not more than 33 1/3%, che			-		_	
20 Private foundation If the organization	n did not check a	hay on line 14 19	a or 10h chack ti	hie hov and see in	etrictions	▶

SCHEDULE D

· (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization CHICKASAW CO

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Employer identification number

	2155000055		_	62-6191455
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fi	unds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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	advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds ca	an be used o	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other pur	pose confer	ring
_	impermissible private benefit?			Yes No
Pa			990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of	an historical	ly important land area
	Protection of natural habitat	Preservation of	a certified hi	storic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the	form of a co	onservation easement on the last
	day of the tax year			<u></u>
	Total a subsection of a			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
0	Number of conservation easements on a certified historic str	` '		2c
d	Number of conservation easements included in (c) acquired	amer 8/17/06, and not on a historic s	structure	
3	listed in the National Register	looped automorphism as to member did	4la a	2d
3	Number of conservation easements modified, transferred, re year	leased, extinguished, or terminated i	by the organ	lization during the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		og of	
•	violations, and enforcement of the conservation easements		ig oi	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nts during t	
7	Amount of expenses incurred in monitoring, inspecting, and	·	_	
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?	,		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and exi	oense stater	
	include, if applicable, the text of the footnote to the organiza			
	conservation easements			-
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures,	or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue s	statement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in fur	therance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance	of public sea	rvice, provide the following amounts
	relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fin	ancial gain,	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	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) 2011

Sche	dule D (Form 990) 2011 21550000									Page 2
Par	t III Organizations Maintaining Co	ollections of A	t, His	torical Tr	easures, d	or Othe	<u>er Simil</u>	ar Asse	ts (contir	nued)
3	Using the organization's acquisition, accession	n, and other record	is, checl	k any of the	following tha	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explai	n how th	ney further tl	ne organizati	ion's exe	mpt purpo	se in Parl	XIV.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	ner sımılaı	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	lary for	contribution	s or other as	ssets not	ıncluded	_	7	
	on Form 990, Part X?							L	Yes	U No
þ	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing	table.					_	
									Amount	
C	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Yes	∟ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete if	<u>*</u>								
	<u> </u>	(a) Current year	(b) F	rior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities	İ								
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administe	ered for t	he organi	zation	Г	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•							3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipme	1		ı		1				
	Description of property	(a) Cost or o		l	or other		ccumulate		(d) Book	value
		basis (investr	nent)	Dasis	(other)	aeı	preciation			
	Land									
	Buildings					 				
	Leasehold improvements					<u> </u>				
	Equipment									
e	Other	15 200 5		(5) (10(1)	L				

Schedule D (Form 990) 2011

22

Sche	dule D (Form 990) 2011 2155000055	OT TRU	JST FUR	עו	62-	619145	55 P	age 4
	t XI Reconciliation of Change in Net Assets from Form 990	to Audite	ed Financ	ial Stat	tement	ts	<u> </u>	ugo .
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		86	51,2	69.
2	Total expenses (Form 990, Part IX, column (A), line 25)		Ī	2			33,3	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			27,9	
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		52	27,9	09.
Pai	t XII Reconciliation of Revenue per Audited Financial Staten	nents Wi	th Reveni	ue per	Return	1		
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				1 1			
а	Net unrealized gains on investments	2a			_			
b	Donated services and use of facilities	2b			_			
С	Recoveries of prior year grants	2c			_			
d	Other (Describe in Part XIV)	_2d			」			
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	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_			
b	Other (Describe in Part XIV.)	4b			4			
С	Add lines 4a and 4b				4c			
5 Pa	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial State	monto M	ith Evnon		5			
		ments w	nui Expen	ses pe		<u>m</u>		
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25				1			
_	Donated services and use of facilities	امدا						
a	Prior year adjustments	2a 2b	_		-			
b C	Other losses	20 2c			┦ /			
d	Other (Describe in Part XIV)	2d			-			
	Add lines 2a through 2d	_ <u> </u>			2e			
3	Subtract line 2e from line 1				3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					<u></u>		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
	Other (Describe in Part XIV)	4b						
	Add lines 4a and 4b			-	4c			
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		_		5			
Pa	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pare 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also coi							Part
				-				
_								
			_					

≗ Employer identification number 62-6191455 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant SUPPORT BOY SCOUTING or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. SCOUT TRUST FUND (d) Amount of 307,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section ıf applıcable 501(C)(3) CHICKASAW COUNCIL BOY Enter total number of other organizations listed in the line 1 table 62-0499713 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 2155000055 1 (a) Name and address of organization or government CHICKASAW COUNCIL BSA Name of the organization MEMPHIS, TN 38122 171 S. HOLLYWOOD Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II

Schedule I (Form 990) (2011)

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

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055 Schedule I (Form 990) (2011)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Page 2

62-6191455

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: GRANTS MUST COMPLY WITH TERMS OF TRUST (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, SCHEDULE I,

132102 01-27-12

Schedule I (Form 990) (2011)

SCHEDULE 0

· (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Employer identification number 62-6191455

2155000055	62-6191455
FORM 990, PART VI, SECTION B, LINE 11: 990 IS REVIEWED F	OR COMPLETENESS
AND ACCURACY	
FORM 990, PART VI, SECTION B, LINE 12: INSTITUTIONAL TRU	STEE COMPLIES
WITH TERMS OF TRUST AGREEMENT	
ORGANIZATION HAS NO COMPENSATED	
OFFICERS OR EMPLOYEES. TRUSTEE RECEIVES A TRUSTEE FEE B	ASED UPON ASSET
VALUE.	
FORM 990, PART VI, SECTION C, LINE 18: MADE AVAILABLE UP	ON REOUEST
	7
FORM 990, PART VI, SECTION C, LINE 19: MADE AVAILABLE UP	ON REQUEST
	

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055 ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Employer identification number Open to Public 62-6191455

OMB No 1545-0047

Inspection 2011

(g) Section 512(b)(13) controlled ٥ × × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete of 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) Direct controlling End-of-year assets N/A **e** status (if section Public charity 501(c)(3)) 11B 11B Total income ਉ Exempt Code section 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) FENNESSEE PENNESSEE CARRY OUT MISSION OF BOY CARRY OUT MISSION OF BOY Primary activity SCOUTS OF AMERICA IN SCOUTS OF AMERICA IN Primary activity ≘ COUNCIL AREA COUNCIL AREA - 62-0499713 DELTA COUNCIL OF BSA - 62-6249663 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity CHICKASAW COUNCIL OF BSA MEMPHIS TN 38122 38122 171 S, HOLLYWOOD 171 S. HOLLYWOOD MEMPHIS, TN Part II

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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) Part III

Page 2

62-6191455

General or Percentage managing ownership partner?			re related	(h) Percentage ownership			I	Schedule R (Form 990) 2011
(j) General or managing partner? Yes No			е ог то					R (Forn
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			oecause it had or	(g) total Share of end-of-year assets				Schedule
(h) Disproportionate allocations?			t IV, line 34 l	(f) Share of total income				
(g) Share of the control of the cont			to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)	:			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ete if the organizati	(c) Legal domicile (state or foreign country)				28
(d) Direct controlling Pr entity (exc)		,	ration or Trust (Complear)	(b) Primary activity				
(c) Legal domicile (state or foreign			is a Corpo					
(b) Primary activity			janizations Taxable a	Z c				
(a) Name, address, and EIN of related organization			Part IV 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.)	(a) Name, address, and EIN of related organization				132162 01-23-12

62-6191455

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts 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?	ns with one or more re	lated 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 Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				to X
				Td X
				1e X
f Sale of assets to related organization(s)				# X
q Purchase of assets from related organization(s)				1g X
i Lease of facilities, equipment, or other assets to related organization(s)				<u>†</u>
i Lease of facilities, equipment, or other assets from related organization(s)				t _j
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			= X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			#L X
n Sharing of paid employees with related organization(s)				th X
 Reimbursement paid to related organization(s) for expenses 				10 X
p Reimbursement paid by related organization(s) for expenses				d X
 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 				1 _q X
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.	who must complete th	iis line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) CHICKASAW COUNCIL OF BSA	Ф	307,000.		
(2) DELTA COUNCIL OF BSA	υ	433,054.		
(5)				
(4)				
(5)				
(9)				
132163 01-23-12	29		Schedul	Schedule R (Form 990) 2011

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CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055

Schedule R (Form 990) 2011

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

מונו אבי וכו בי כומיכה כו שמיי בי בי כומיכה בי בי בי בי בי בי בי בי בי בי בי בי בי			24: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:						
(a)	(2)		(d)		(6)	Ξ	(9	€
Name, address, and EIN of entity	Primary activity	eign agn	Predominant income parties se (related, unrelated, excluded from tax		Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage lonate amount in box 20 managing ownership old Schedule K-1 <u>partner?</u>	General or managing partner?	Percentage ownership
		country)	under section 512-514) Yes N	Income	assets	Yes No	(Form 1065)	Yes No	
									ļ
						-			
				-					
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Schedule R	(Form 990) 2011	2155000055	62-6191455 Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation	
•	Complete this part to pro	ude additional information for reasonable acceptions on C	Schodule D (see metrustions)
-	Complete this part to pro	vide additional information for responses to questions on S	chedule H (see instructions).
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ACCT 589R 2155000055 FROM 01/01/2011 12/31/2011

TAX PREPARER

REGIONS BANK, TRUST DEPARTMENT STATEMENT OF CAPITAL GAINS AND LOSSES BSA/CHICKASAW

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SUB TRUST 2110000700

LT15 Y

6741 53

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TRUST YEAR ENDING 12/31/2011

LEGEND F - FEDERAL S - STATE I - INHERITED E - EXEMPT FROM STATE U - ACQ COST UNKNOWN TRUST ADMINISTRATOR 1009 INVESTMENT OFFICER PROPERTY DESCRIPTION SHARES SALES PRICE COST BASIS GAIN/LOSS 40 0000 AUTOZONE INC - 053332102 - MINOR = 50 07/26/2011 09/24/2009 SUB TRUST 2110000700 SOLD 11808.37 40 0000 5742 39 LT15 Y 6065.98 ACO 11808.37 20 0000 AUTOZONE INC - 0533332102 - MINOR = 50 SOLD 08/08/2011 5398 92 SUB TRUST 2110000700 5 0000 10/09/2006 537 75 AÇQ LT15 15 0000 09/24/2009 4049 19 2153 39 1895.80 T.T15 Y 315 0000 BROOKFIELD ASSET MANAGEMENT - 112585104 -MINOR = 55SOLD 07/26/2011 SUB TRUST 2110000700 ACQ 315 0000 08/26/2008 10126 00 BUCKEYE TECHNOLOGIES INC - 118255108 - MINOR = 50 SOLD 07/26/2011 11146 LT15 Y 10128.71 9457 69 671 02 390 0000 11140.29 SUB TRUST 2110000700 3982 52 190 0000 1444 80 ACO 06/27/2005 5427 32 LT15 200 0000 12/29/2005 5712 97 1614 26 4098.71 190.0000 CHESAPEAKE ENERGY CORP - 165167107 - MINOR = 50 SOLD 07/26/2011 69 6536 99 SUB TRUST 2110000700 ACQ 190 0000 10/09/2006 5570.21 966 78 LT15 Y CORRECTIONS CORP AMERICA NEW - 22025Y407 - MINOR = 50 07/26/2011 7288 00 335 0000 SOLD SUB TRUST 2110000700 335 0000 05/11/2009 5506 36 1781 64 LT15 Y ACQ 175 0000 ENSCO PLC - 29358Q109 - MINOR = 55 SOLD 07/26/2011 SUB TRUST 2110000700 ACQ 175 0000 06/07/2010 115 0000 FEDEX CORP - 31428X106 - MINOR = 50 9172 51 6274 33 2898 18 LT15 Y SOLD 07/26/2011 SUB TRUST 2110000700 ACQ 115 0000 06/25/2008 190 0000 FISERV INC - 337738108 - MINOR = 50 9230.89 1215 06 LT15 Y 10445 95 SOLD 07/26/2011 11678 41 SUB TRUST 2110000700 1589 50 LT15 ACQ 190 0000 04/16/2010 65 0000 FLOWSERVE CORP - 34354P105 - MINOR = 50 10088 91 11678 41 LT15 Y 07/26/2011 SUB TRUST 2110000700 SOLD 6970 78 65 0000 07/07/2009 6970 78 4028 08 2942 70 LT15 Y ACQ GANNETT CO - 364730101 - MINOR = 50 LD 07/26/2011 SUB TRUST 2110000700 SOLD 10423 60 ACO 215 0000 02/01/2010 3192 94 -263 43 -1180 35 LT-W LT-W 7993 19 799 28 500 0019 03/15/2010 6812 84 LT15 49 9981 03/15/2010 681.25 -118.03 **CHANGED** 10/11/11 MK PREP NOTE EXISTS

175 0000 GARDNER DENVER MACHY INC - 365558105 - MINOR = 50

SOLD 07/26/2011 15636 81 SUB TRUST 2110000700 ACQ 175 0000 11/20/2003 00 GARTNER INC - 366651107 - MINOR = 50 1986 25 13650.56 LT15 Y 15636 81 720.0000 GA SOLD 01/12/2011 SUB TRUST 2110000700 20 0000 700 0000 04/26/2005 04/29/2005 527 68 18487 36 LT15 697 05 169.37 ACQ 24396 90 5909.54 355.0000 HCC INS HLDGS INC - 404132102 - MINOR = 50 07/26/2011 11102 51 SUB TRUST 2110000700 SOLD 11102 51 304 26 ACO 355 0000 12/12/2006 10798 25 LT15 HOWARD HUGHES CORPORATION - 44267D107 - MINOR = 50 LD 07/26/2011 3753 82 60.0000 HO SOLD SUB TRUST 2110000700 11/30/2010 2476.57 1277 25 ACQ 60 0000 3753 82 LIBERTY MEDIA-STARZ - 53071M104 - MINOR = 50 07/26/2011 765 0000 SOLD 12856 03 SUB TRUST 2110000700 ACQ 765 0000 02/01/2010 12856 03 7971.30 4884 73 LT15 32887.0670 LONGLEAF PARTNERS FUNDS TRUST (FUND #133 - 543069108 - MINOR = 62 SOLD 04/25/2011 1010290 70 20204 7590 01/02/2002 620690 20 551750 32 68939 88 LT15 ACQ 389600 50 200000.00 189600 50 LT15

230 0000 MSC INDL DIRECT INC CL A - 553530106 - MINOR = 50
SOLD 07/26/2011 1486:
ACQ 195 0000 03/14/2007 1260: 14863 53 SUB TRUST 2110000700 8484 20 4117 49 12601 69 35 0000 1006 60 01/15/2008 165 0000 MSC INDL DIRECT INC CL A - 553530106 - MINOR = 50 SOLD 11/21/2011 1054 10548 10 SUB TRUST 2110000700 165 0000 01/15/2008 5917 56 4630.54 LT15 Y ACQ 10548.10 215 0000 MANTECH INTL CORP CL A - 564563104 - MINOR = 50 07/26/2011 9329 80 SUB TRUST 2110000700 SOLD Q 215 0000 12/21/2010 J C PENNEY CO INC - 708160106 - MINOR = 50 610 52 ACQ 8719 28 ST 280 0000 SOLD 07/26/2011 8812 89 SUB TRUST 2110000700 2 280 0000 10/09/2006 8812 89 PLAINS EXPLORATION & PRODN CO - 726505100 - MINOR = 50 LT15 Y 19890 36 -11077 47 ACQ 180 0000 SOLD 07/26/2011 7278 27 SUB TRUST 2110000700 5898 49 ACQ 0 180 0000 01/03/2011 72 REPUBLIC SVCS INC CL A - 760759100 - MINOR = 50 7278 27 1379 78 340 0000 SOLD 07/26/2011 10140 61 SUB TRUST 2110000700 LT15 Y Q 340 0000 03/29/2010 10140 61 SCRIPPS NETWORKS INTERACTIVE - 811065101 - MINOR = 50 9944.97 ACQ 195 64 220 0000 SUB TRUST 2110000700 SOLD 07/26/2011 10583 13 220 0000 5227.77 5355 36 LT15 Y ACQ 01/28/2009 10583 13

150 0000 SHIRE PLC SPONSORED ADR ONE ADR REPRES 5 - 82481R106 - MINOR = 55 07/26/2011 10/09/2006

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REGIONS BANK, TRUST DEPARTMENT STATEMENT OF CAPITAL GAINS AND LOSSES BSA/CHICKASAW

TRUST YEAR ENDING 12/31/2011

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WESTMENT OFFICER 413	09 3			EXEMPT FROM STATE	ATE I - INHEF U - ACQ COST UNF	
OPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOS	
115 0000 SHIRE F	PLC SPONSORED AD	R ONE ADR REPRES	5 - 82481R106 -	MINOR = 55		
SOLD		08/08/2011	10024 92	6525 10	SUB TRUST	2110000700
ACQ	115 0000	10/09/2006	10024.92	6525 10	3499 8	32 LT15
4565 0000 SIRIUS	XM RADIO INC -	82967N1U8 - MINU	R = 50	982.65 7799 60 2305 88 507.75	em moner	2110000700
200	565 0000	0//26/2011	1203 43	982 65	220	
ACQ	4000 0000	04/03/2011	8519 83	7799 60	720 2	
SOO OOOO STEWAR	r ENTERPRISES IN	C CL A - 8603701	05 - MINOR = 50	,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SOLD	, prilikikiood iii	02/10/2011	3383 78		SUB TRUST	2110000700
ACO	425 0000	02/13/2006	2876.21	2305 88	570 3	
	75 0000	06/03/2008	507.57	507.75	-0 1	18 LT15
950 0000 STEWART	r enterprises in	C CL A - 8603701	05 - MINOR = 50			
SOLD		04/05/2011	7781 68		SUB TRUST	2110000700
ACQ	725 0000	12/28/2005	5938 65	3922 25	2016 4	10 LT15
	225 0000	02/13/2006	1843.03	3922 25 1220 76	622.2	27 LT15
1330.0000 STEWAR	r enterprises in	C CL A - 8603701	05 - MINOK = 50		CITA TRAILET	2110000700
SOLD	375 0000	12/26/2011	2714 21	2020 75	685	
ACQ	400.0000	03/03/2005	2/14 31	2020 73	844.3	
	255 0000	03/02/2006	1845 73	1298 72	547.0	
	300 0000	07/26/2011 12/28/2005 03/02/2006 03/03/2006 10/09/2008 883556102 - MIN	2171 45	2028 75 2051 08 1298 72 1586 55	584	
225.0000 THERMO	ELECTRON CORP -	883556102 - MIN	OR = 50			
SOLD	DDDCINON COM	07/26/2011	13834.19		SUB TRUST	2110000700
ACQ	185 0000	10/09/2006	11374 78	7358 38	4016	
_	40 0000	07/25/2007	2459 41	7358 38 2085 20	374.2	21 LT15
245.0000 WALGRE	DX CO COM _ 0314	- GOWTM - POICCI	5010			
SOLD		07/26/2011	9720 38		SUB TRUST	2110000700
ACQ	245 0000	07/10/2008	9720 38	8190.62	1529	76 LT15
	ENERGY, INC -	93317Q105 - MINO	R = 50		arm morram	2110000700
SOLD	05 0000	07/26/2011	15308.70	2065 97 553 07	SUB TRUST	
ACQ	95 0000	03/06/2007	2119.39	2065 97	10053 4 2636 3	
425.0000 WESTER						24 1113
SOLD	N ONTON CO - 333	07/26/2011	8617.08	7011 69	SUB TRUST	2110000700
ACQ	425 0000	02/16/2010	8617 08	7011 69	1605.	39 LT15
205 0000 WILLIS	GROUP HOLDINGS	PLC - G96666105	- MINOR = 55			
SOLD		07/26/2011	8215 23		SUB TRUST	2110000700
ACQ	205 0000	07/20/2009	8215 23	5441 97	2773	26 LT15
355 0000 WEATHE	RFORD INTERNATION	NAL LTD NEW - H2	7013103 - MINOR	5441 97 = 50 7449 25		
SOLD		07/26/2011	7928 80		SUB TRUST	
ACQ	355 0000					55 LT15
			1370699 98			
		TOTALS	13/0699 98			
MARY OF CAPITAL GAIN						
	SHORT TERM	LONG TERM 28%	LONG TERM 15%		LT WASH SALE	1250 GAI
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COVERED FROM ABOVE ERED FROM ABOVE MON TRUST FUND	1887 77 2320 79 0 00 0 00	0 00 0 00 0 00 0 00	369005 02 0 00 0 00 7637 05	0 00 0 00	0 00	0 0
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CAPITAL LOSS CARRYOVER FEDERAL 0 00 0 00 N/A TENNESSEE N/A

369,005.02 LT Gain Sales (1,443.78) Wash sale 367,561. 24 Net LT Gain Sales