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## 990 es

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.

2012
Open to Public Inspection.

	<u>A F</u>	or the 2	012 calendar year, or tax year beginning	and	l ending	-		
	В	Check if	C Name of organization			D Employer identific	cation number	
		Address	CHICKASAW COUNCIL BOY	SCOUT TRUST FUN	ID .			
	느	change	2155000055					
	느	Name change	Doing Business As			62-6	191455	
		Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/surte	E Telephone number	r	
		Termin- ated	1100 RIDGEWAY LOOP		100	901-	861-7600	
		Amended return	City, town, or post office, state, and ZIP code			G Gross receipts \$	104,009.	
$\bigcirc$		Applica- tion	MEMPHIS, TN 38120			H(a) Is this a group re		
<u></u>		pending	F Name and address of principal officer:REG	IONS BANK - TRU	ST DEF		Yes X No	
		_	1100 RIDGEWAY LOOP ROAD				luded? Yes No	
	17	Гах-exem				1	list. (see instructions)	
@	J	Nebsite:	► N/A			H(c) Group exemption		
=	KF	orm of or	ganization: Corporation X Trust Ass	ociation Other	L Year	<del></del>	A State of legal domicile: TN	
×	Pa	art I S	Summary					
	a)	1 Br	iefly describe the organization's mission or most	significant activities: SUPP	ORT OF	THE CHICKA	SAW	
Missing	Activities & Governance	<u>C</u>	OUNCIL, BOY SCOUTS OF AM	BRICA				
<u> </u>	rı	2 C	neck this box 🕨 🔲 if the organization discon	tinued its operations or disp	sed of mon	than-25% of its net as	ssets.	
20	ove.		umber of voting members of the governing body (	•	ME	CENED 3	0	
	, <b>3</b>	4 Ni	umber of independent voting members of the gov	eming body (Part VI, line 1b)	<u> </u>	4	0	
	es	5 To	rtal number of individuals employed in calendar ye	ear 2012 (Part V, line 2a)	YAM 18	14 2013	0	
	Viţ	6 To	tal number of volunteers (estimate if necessary)	[6	ᆁ. 까시		0	
	<b>√cti</b>	7 a To	tal unrelated business revenue from Part VIII, col	umn (C), line 12	222	95a	0.	
	_	b Ne	et unrelated business taxable income from Form 9	990-T, line 34	_OGL	DEN LIT 76	0.	
						Prior Year	Current Year	
	<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)			451,139.	25,034.	
	enu	9 Pr	ogram service revenue (Part VIII, line 2g)			0.	0.	
	Revenue	10 ln	vestment income (Part VIII, column (A), lines 3, 4,	and 7d)		410,130.	75,764.	
	ш	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		0.	0.	
		<b>12</b> To	tal revenue - add lines 8 through 11 (must equal l	Part VIII, column (A), line 12)		861,269.	100,798.	
3		13 Gr	ants and similar amounts paid (Part IX, column (A	N), lines 1-3)		307,000.	540,000.	
2013		14 Be	enefits paid to or for members (Part IX, column (A)	), line 4)		0.	0.	
=	es	15 Sa	alaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		7,782.	7,083.	
ಣ	Sue	<b>16</b> a Pr	ofessional fundraising fees (Part IX, column (A), lii	ne 11e) .		0.	0.	
>=	Expenses	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line	25) 🕨	0.			
MAY	ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		18,578.	15,033.	
			tal expenses Add lines 13-17 (must equal Part IX	,		333,360.	562,116.	
	- (0		evenue less expenses Subtract line 18 from line 1	12		527,909.	<461,318.>	
	Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year	
Z	Sset	<b>20</b> To	etal assets (Part X, line 16)	I RECEIVED		2,908,258.	2,446,940.	
	₽ţ	<b>21</b> To	tal liabilities (Part X, line 26)		_   _	0.	0.	
SCANNE			et assets or fund balances. Subtract line 21 from		1811	2,908,258.	2,446,940.	
₩ <i>U</i>			Signature Block	尚 WAY 1 4 2013	[8]			
			es of perjury, I declare that I have examined this return,				y knowledge and belief, it is	
	true,	correct, a	and complete. Declaration of preparer (other than office	) is based on all information of w	thich preparer	has any knowledge.		
			Signature of office	= 0, 01		Data 5/6/	/13	
	Sign	l l				Date / /		
	Her	e	REGIONS BANK - TRUST DI Type or print name and title	EPARTMENT, TRUS	TEE			
						Date Check	PTIN	
	Daid			Preparer's signature		#	<b></b>	
	Paid	F	AVID B. JONES	Treg pour	الما	El Solo self-employ		
		_	rm's name WATKINS UIBERALL		· · · · · · · · · · · · · · · · · · ·	Firm's EIN	62-1804252	
	use	Only F	rm's address 1661 AARON BRENNI		1	Dt	001) 761 0700	
	N 4	. +b = 100	MEMPHIS, TN 38120			Phone no. (	901) 761-2720	
			discuss this return with the preparer shown above			<u> </u>	Yes No	
	2320	01 12-10-1	LHA For Paperwork Reduction Act Notice	e, see tne separate instructi	IONS.	- 110	Form <b>990</b> (2012)	

	rt III   Statement of Program Service Accomplishments	2-6191455 Page 2
rai	· ·	
4	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission	
1	SUPPORT OF THE CHICKASAW COUNCIL, BOY SCOUTS OF AMERICA	
	DOITORT OF THE CHICARDAM COUNCIL, BOT BCOOTS OF AMERICA	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	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 significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 540,000 • including grants of \$ 540,000 • ) (Revenue \$	)
	THE TRUST FUND WAS CREATED ON 9/5/84 BY THE EXECUTIVE BOA	ARD OF
	CHICKASAW COUNCIL OF BOY SCOUTS OF AMERICA FOR THE BENEFI	T OF SCOUTING.
	ALL GRANTS WERE ALLOCATED TO SAID COUNCIL DURING YEAR.	
4b	(Code) (Expenses \$	)
4c	(Code) (Expenses \$	)
		<del>-</del>
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e		
		Form <b>990</b> (2012)

	990 (2012) 2155000055 62-61	<u> 11455</u>	<u> </u>	age 3
Pai	t 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	X_	
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, or have a section 501(h) election in effection in			<del> </del>
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
5				x
_	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			7.
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ĺ	
	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, permaner	ıt 🗀		
	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, VIII, IX, or X			
••	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	110		x
		11a		<u>^</u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del>	<b>├</b> ┻
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
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	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	<u></u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	T
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ŀ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
46		140	$\vdash$	<del>  ^</del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ء ا		x
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2012) Part IV | Checklist of Required Schedules (continued)

			Yes	No_
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, 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	_	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			
	Schedule J	23		<u>X</u>
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			77
	Schedule K If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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
ь.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<b>2</b> 3a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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	27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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_		X
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			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
250	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<u> </u>	<b>-</b>
55	If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2012)

orm 990 i	(2012)	4155000055	<u> </u>	Page :
Part V	Statement	s Regarding Other IRS	S Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V					
			-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
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 re-	porta	ble gaming			
	(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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_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 a		- 1			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u> X</u>
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 A	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
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	ne orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?		_	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided 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 the form 20003	as req	uirea	<b>-</b> -		х
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	42	7.		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		;t *	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Ed		200 as required?	71 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			/11		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		х
9	Sponsoring organizations maintaining donor advised funds.	any in	ic during the year.			
а	Did the organization make any taxable distributions under section 4966?			9a		х
	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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u>                                      </u>	<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	لــــا	
				Form	990	(2012)

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Form 990 (2012) 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					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_(	<u>)</u>							
	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	(	)							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne dire	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 governing documents since the prior Form	990 w	as filed?	4		_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X					
6	Did the organization have members or stockholders?										
7a	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,	stockh	olders, 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	ear by t	ne 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 re-	ached	at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code )		-						
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	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?										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy beto	ore filing the form?	11a	X	<del> </del>					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					<b>.</b>					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		n 0	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		$\vdash$					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, " c	lescribe	1.0							
44	In Schedule O how this was done			12c		Х					
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?	بيطام،	n d a m a m d a m t	14		A					
15	Did the process for determining compensation of the following persons include a review and approv		naepenaeni								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	f		45.		Х					
a	The organization's CEO, Executive Director, or top management official			15a		X					
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b		A					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment :	with a	1							
···a	taxable entity during the year?	AMOINT.	4	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ata ite	narticination	100							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		•								
	exempt status with respect to such arrangements?		0	16b							
Sec	tion C. Disclosure			,							
17	List the states with which a copy of this Form 990 is required to be filed ▶TN		· · · ·								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply	,	· (-/,-/)/								
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			nd finar	cial						
. •	statements available to the public during the tax year	.= •	,,, <del></del>								
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the organiza	ation:	•						
	REGIONS BANK TRUST DEPT - 901-861-7600		<b>5</b>								
	1100 RIDGEWAY LOOP, SUITE 100, MEMPHIS, TN 38120										
232000 12-10-				Form	990	(2012)					

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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

Name and Title    Average hours per week (list any) hours for helated organizations below line)   2.00   X	Check this box if neither the organization n	or any related	orga	anıza	ition	cor	nper	nsat	sated any current officer, director, or trustee					
(1) REGIONS BANK TRUST DEPT TRUSTEE  (do not check more than one business above to be low or a first more to below line)  2.00  X   0		(B)			_ (0	<b>C)</b>								
hours for related organizations. below line)  (1) REGIONS BANK TRUST DEPT TRUSTEE    Note of the component o	Name and Title		(do	not c	Pos heck	rtion more	than :	one						
(1) REGIONS BANK TRUST DEPT TRUSTEE    A			box	, unle	ss pe	s person is both an								
TRUSTEE  2.00 X 0. 0. 7,083.			_		dad	a director/trustee		tee)						
TRUSTEE  2.00 X 0. 0. 7,083.			ector							organizations				
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TRUSTEE  2.00 X 0. 0. 7,083.			al tr.	onat		ploye	S 83							
TRUSTEE  2.00 X 0. 0. 7,083.			divid	a tig	je je	y em	ghest	гтег			organizations			
TRUSTEE X 0. 0. 7,083.			Ĕ	<u> </u>	<u>5</u>	<u>\$</u>	호등	요	<del></del>					
		2.00	-											
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Form 990 (2012)

1-91	T VII   Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						_
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		i than	one	Reportable	Reportable		_	tımate	
		hours per	box	, unle	ss pe	rson	s bot or/trus	h an	compensation	compensatio			nount	of
		week	_	Cer an		ii ecto	7,005	100,	from	from related			other	
		(list any hours for	lrecto				<u></u>		the	organization			pensa	
		related	e or d	ag ge			saled		organization (W-2/1099-MISC)	(W-2/1099-MIS	) (O		om th	
		organizations	ruste	trus		ခ္မ	mpeu		(***2/1033*****130)			_	anızat d relat	
		below	dualt	Itona		nploy	stco	<u>.</u>					ınızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J. 3.		
			Ī	<u> </u>		_							_	
		-												
		<del></del>	-											
				<b></b> -	-	_								
			1											
							<u> </u>	<u> </u>	-					
		-	<u> </u>											
			1											
1b	Sub-total	•			•		<b></b>		0.		0.		7,0	83.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.		<u>7,0</u>	83.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	director, or tru	uste	e. ke	v er	nola	vee.	or	highest compensated e	mplovee on	ļ		163	140
	line 1a? If "Yes," complete Schedule J for s			-,	, -		,,,	-	<b>g</b>			3	,	x
4	For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d ot	her compensation from	the organization	Ì			
•	and related organizations greater than \$15								•	o o ga <u></u>		4		X_
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat	ed organization or indivi	dual for services				
_	rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or s	uch	pers	son					5		X
	tion B. Independent Contractors									0100.005				
1	Complete this table for your five highest continuous the organization. Report compensation for										pens	ation f	rom	
_	(A)	ino calondar y	<u> </u>	<u></u>	9		0	Ï	(B)	, oui :		(0	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	ompe		n
	المائم برسم							$\dashv$						
								_						
								$\neg$						
	<del></del>							$\dashv$						
			_	_		_	_	_			_			
	Total number of independent contractors (i	ncluding but n	Ot In	nıte	d to	the	مرا م	ted	I ahove) who received m	ore than				
_	\$100,000 of compensation from the organi	-	J. 11	ı ııı C	U		) )		. above, who received it	ore triairi				
		•											000	2012)

Part VIII S	tatement of Revenue		-				
Form 990 (2012)	<u>2155000055</u>	5					
•	CUICKASAW	COONCIL	BUI	SCOUT	TRUST	LOND	

		Check if Schedule O cont	ains a response	to any question ii	n this Part VIII			
!		Oncok ii Gonedale G Gone	amo a responso	lo uny quoditori	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats st	1 a	Federated campaigns	1a				· · · · · ·	
irar		Membership dues	1b	-				
S, G	С	Fundraising events	1c					
ar /		Related organizations	1d					
S, mil		Government grants (contribut	- I					
ioi		All other contributions, gifts, gran	· -					
but		similar amounts not included abor		25,034.				
FO	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total, Add lines 1a-1f	· .		25,034.			
				Business Code	-			
e	2 a	·						
e Ķ	b							
Senu	c	·						
Program Service Revenue	d	l						
rog	е							
ď	f	All other program service reve	enue	<u> </u>				
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	<u>32,705.</u>	32,705.		
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties	r	, <b>&gt;</b>				ļ
			(i) Real	(ii) Personal				
	6 a							
	b	•						
	c	· · ·						
		Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	46,270.					
	b	Less. cost or other basis	2 211					
		and sales expenses	3,211. 43,059.					
		Gain or (loss)	43,039.		43,059.	43,059.		
	0	• • •			43,033.	43,033.		
ine	8 a	<ul> <li>Gross income from fundraising including \$</li> </ul>	•					
Ver		including \$ contributions reported on line						
æ		Part IV, line 18	•					
Other Revenu		Less direct expenses	a b	<del></del>				
ō		: Net income or (loss) from fund						
		Gross income from gaming ac	-					-
	5 6	Part IV, line 19	a					
	ь	Less direct expenses	b					
		: Net income or (loss) from garr						
		Gross sales of inventory, less	<del>-</del>					<del>                                     </del>
		and allowances	а					
	ь	Less cost of goods sold	b					
		: Net income or (loss) from sale	s of inventory	<b></b>				
		Miscellaneous Revenu		Business Code				
ĺ	11 a	·						
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		<u> </u>	100,798.	75,764.	0	
23200	4.0							Form <b>990</b> (2012)

Form 990 (2012)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
Do	Check if Schedule O contains a response to tinclude amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	540,000.	540,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			ţ'	
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,	E 000		<b>5</b> 000	
	trustees, and key employees	7,083.		7,083.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				<del> </del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,094.		1,094.	
C	Accounting	1,094.		1,094.	
ď	Lobbying  Preferences fundraning corvers. See Port IV, line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	ļ			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				<u> </u>
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	İ			<del>-</del> .
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	INVESTMENT MANAGEMENT E	10,459.		10,459.	
b	OTHER TAX EXPENSE	3,480.		3,480.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	562,116.	540,000.	22,116.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pai	π λ	Balance Sneet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	133,795.	2	45,623.
	3	Pledges and grants receivable, net	•	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	_		
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			-
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L.	,	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				
	}	basis Complete Part VI of Schedule D 10a			
	Ь	Less accumulated depreciation 10b	*	10c	-
	11	Investments - publicly traded securities	2,774,463.	11	2,401,317.
	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)	2,908,258.	16	2,446,940.
	17	Accounts payable and accrued expenses		17	-
	18	Grants payable		18	·•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
abi		key employees, highest compensated employees, and disqualified persons.			
<u> </u>		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	
3ala	28	Temporanly restricted net assets		28	
Ā	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	1,185,890.	30	1,185,890.
15S	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	1,722,368.	32	1,261,050.
Ž	33	Total net assets or fund balances	2,908,258.	33	2,446,940.
	34	Total liabilities and net assets/fund balances	2,908,258.	34	2,446,940.

Form **990** (2012)

2155000055 62-6191455 Page 12 Form 990 (2012) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 100,798. 562,116. Total expenses (must equal Part IX, column (A), line 25) 2 2 <461,318.> 3 Revenue less expenses Subtract line 2 from line 1 3 2.908.258 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 2,446,940. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual 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 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Consolidated basis Separate basis Both consolidated and separate basis 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 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? X 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

Form 990 (2012)

## SCHEDULE A (Fòrm 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 Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a X Type I ь Type II c \_\_\_\_ Type III - Functionally integrated Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section			organiza	(v) Did you notify the organization in col. (i) of your support?		the on in col. ed in the ?	(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
CHICKASAW COUNCIL BOY	62-0499713	11B	х		х		х		540,000.	
							-			
Total 1		` -							540 000	

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

Schedule A (Form 990 or 990-EZ) 2012

Part II	Support S	Schedule f	or Organizations [	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
---------	-----------	------------	--------------------	-----------------------	----------------------	------------------

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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						
	furnished by a governmental unit to						
	the organization without charge			1			
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,						
	column (f)				ŀ		
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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						L
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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					<b></b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2011	•	•			15	<u>%</u>
16a	33 1/3% support test - 2012. If the o	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		Ū				▶∟⊥
b	33 1/3% support test - 2011. If the o				l line 15 is 33 1/3%	% or more, check the	nis box
	and stop here. The organization qual	• •					▶∟
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			•	•	art IV how the organ	nization
	meets the "facts-and-circumstances"	•	•		ū		▶∟_
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				•		. —
	organization meets the "facts-and-circ		-				▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17l			
					Sch	edule A (Form 990	or 990-EZ) 2012

## Schedule A (Form 990 or 990-EZ) 2012 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 below, places complete Part II.)	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				l		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the		1				
	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-						
	ızatıon's benefit and either paid to						
	or expended on its behalf				İ		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
k	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)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	: Add lines 10a and 10b						
11							
	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	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	112 (line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2011</b> Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	rfies as a publicly	supported organiz	ation	ightharpoons
b	33 1/3% support tests - 2011. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualıfies	as a publicly supp	orted organization	
20	Private foundation. If the organization						

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

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

2012 2012 Open to Public

Inspection

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

Attach to Form 990.

Schedule I (Form 990) (2012) **2 Employer identification number** 62-6191455 (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 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) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed SCOUT TRUST FUND (d) Amount of cash grant 540,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table CHICKASAW COUNCIL BOY 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 Part Part II

232101 12-18-12

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62-6191455

Schedule I (Form 990) (2012) 2155000055

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

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

Schedule I (Form 990) (2012) 21 232102 12-18-12

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

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

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

Attach to Form 990 or 990-EZ.

2012
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
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
FORM 990, PART VI, SECTION B, LINE 15: ORGANIZATION HAS NO COMPENSATED
OFFICERS OR EMPLOYEES. TRUSTEE RECEIVES A TRUSTEE FEE BASED UPON ASSET
VALUE.
EODY 000 DADE UT GEGETON O LINE 10. NADE AVAILABLE UDON DECUEGE
FORM 990, PART VI, SECTION C, LINE 18: MADE AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19: MADE AVAILABLE UPON REQUEST

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2012 Open to Public OMB No 1545-0047 Inspection Employer identification number 62-6191455

▶ See separate instructions. CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055 ► Attach to Form 990. Name of the organization

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

Direct controlling End-of-year assets **e** Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

Part II ofentification 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.)

12(b)(13)	Š			×			×			
(g) Section 512(b)(13) controlled entity?	Yes									
(f) Direct controlling entity				N/A			N/A			
(e) Public charity status (if section	501(c)(3))			118			11B			
(d) Exempt Code section				501(C)(3)			501(C)(3)			
(c) Legal domicile (state or foreign country)	(6			TENNESSEE	-		TENNESSEE			
(b) Primary activity		CARRY OUT MISSION OF BOY	SCOUTS OF AMERICA IN	COUNCIL AREA	CARRY OUT MISSION OF BOY	SCOUTS OF AMERICA IN	COUNCIL AREA			
(a) Name, address, and EIN of related organization		CHICKASAW COUNCIL OF BSA - 62-0499713	171 S, HOLLYWOOD	MEMPHIS, TN 38122	SA - 62-6249663	171 S, HOLLYWOOD	MEMPHIS, TN 38122			

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

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Schedule R (Form 990) 2012

2155000055 Schedule R (Form 990) 2012

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General or Percentage managing ownership 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) 3 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) Yes Ξ Code V-UBI camount in box 20 of Schedule - K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>(6</u> Share of total ıncome Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity € (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u> Part IV

Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership Share of end-of-year assets Share of total income Type of entity (C corp, S corp, or trust) (d)
( Direct controlling | Legal domicite (state or foreign country) ত Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012 2155000055

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	N <sub>o</sub>
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?	ins with one or more re	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				đ	×	
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				<b>+</b>	_	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				Ŧ		×
i Exchange of assets with related organization(s)				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				į		×
k Lease of facilities, equipment, or other assets from related organization(s)						<b>×</b>
1 Performance of services or membership or fundraising solicitations for related orga	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)			£		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				, <del>C</del>	ŀ	×
q Reimbursement paid by related organization(s) for expenses				19		×
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				; <b>+</b>		_ <b>×</b>
s Other transfer of cash or property from related organization(s)		ľ		15		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds			-
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) CHICKASAW COUNCIL OF BSA	В	540,000.				
(2) DELTA COUNCIL OF BSA	ບ	0				1
(6)						
(4)						
(9)						
(9)						
232163 12-10-12	25		Schedule R (Form 990) 2012	R (Form	(066	2012

62-6191455

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## CHICKASAW COUNCIL BOY SCOUT TRUST FUND

2155000055

Schedule R (Form 990) 2012

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

l	Ī	ı	Ī	Ī	į	ļ i	į	Ī
(h)								
or Perc								
(j) General or managing partner? Yes No		-						<del>-</del>
BI 0x 20 K-1	-							
(i) te V-U tin bc hedule rm 106								
Coc amour of Scl								
(h) Disproportionate allocations? Yes No			-					
Ye lile								
(g) Share of end-of-year assets								
(t Sha end-o ass					'			
						<del></del>		<del></del>
of _ of							,	
(f) Share of total income							2	
Predominant income painers sec (related, unrelated, excluded from tax under section 512-514) Yes No								
me p ax 514) v		-						
nt inco inrelate from ta n 512-							ļ	
(d) lominari ated, un sluded fr								
Pred (rel exc under								
ncile reign /)								
(c) Legal domicile (state or foreign country)					<u> </u>			
Legs (state								
(b) Primary activity								
(b) nary a								
F. G.								
d ell								
(a) Name, address, and EIN of entity								
(s addre of er								
lame,								
_								

232164 12-10-12

Schedule R (Form 990) 2012

ACCT 589R 2155000055 FROM 01/01/2012 TO 12/31/2012

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

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### TRUST YEAR ENDING 12/31/2012

TRU	ST YEAR ENDING 12,	/31/2012		
TAX PREPARER 6560 TRUST ADMINISTRATOR 1251 INVESTMENT OFFICER 413			- FEDERAL S - ST - EXEMPT FROM STATE	TATE I - INHERITED U - ACQ COST UNKNOWN
PROPERTY DESCRIPTION SHARES	DATE	SALES PRICE		GAIN/LOSS TERM NC
20 0000 AUTOZONE INC - 05333: SOLD ACQ 20 0000	04/09/2012 10/09/2006	7633 90 7633 90		SUB TRUST 2110000700 5482 90 LT15 Y
10 0000 AUTOZONE INC - 05333: SOLD ACQ 10 0000 85 0000 BROOKFIELD ASSET MAN.	07/23/2012 10/09/2006	3778 11 3778 11		SUB TRUST 2110000700 2702 61 LT15 Y
SOLD ACQ 50 0000 35 0000	07/23/2012 10/09/2006 08/26/2008	2800 68 1647 46 1153 22	1468 67	SUB TRUST 2110000700 178 79 LT15 Y 102 37 LT15 Y
100 0000 BUCKEYE TECHNOLOGIES SOLD ACQ 100 0000 100 0000 BUCKEYE TECHNOLOGIES	01/12/2012 06/27/2005	3497 32 3497 32		SUB TRUST 2110000700 2736 90 LT15 Y
SOLD ACQ 100 0000 635 0000 CHESAPEAKE ENERGY CO	07/23/2012 06/27/2005 RP - 165167107 - M	3020 08 3020 08 INOR = 50	760.42	SUB TRUST 2110000700 2259 66 LT15 Y
SOLD ACQ 635 0000 115 0000 CORRECTIONS CORP AME SOLD	04/09/2012 10/09/2006 RICA NEW - 22025Y4 07/23/2012	13560 12 13560 12 07 - MINOR = 50 3423 59	18616 24	SUB TRUST 2110000700 -5056 12 LT15 Y SUB TRUST 2110000700
ACQ 10 0000 105 0000 20 0000 DUN & BRADSTREET COR	12/11/2008 05/11/2009	297 70 3125 89	158 86 1725.88	138 84 LT15 Y 1400 01 LT15 Y
SOLD ACQ 20 0000 145.0000 ENSCO PLC - 29358Q10		1407 76 1407 76	1375 31	SUB TRUST 2110000700 32.45 ST
SOLD ACQ 145 0000 11895 3210 FAIRHOLME - 30487110 SOLD	01/26/2012 06/07/2010 6 - MINOR = 62 01/18/2012	7754 99 7754.99 300000 00	5198 <b>7</b> 3	SUB TRUST 2110000700 2556.26 LT15 Y SUB TRUST 2110000693
ACQ 4448 5450 7446 7760 **CHANGED** 08/02/12 MK PREP NOT	12/16/2005 11/16/2006 E EXISTS	112192 31 187807 69	112236 79	-44.48 LT-W Y -23755.22 LT-W Y
2019 8310 FAIRHOLME - 30487110 SOLD ACQ 2019 8310 30 0000 FEDEX CORP - 31428X1	07/24/2012 12/16/2005	55000 00 55000 00		SUB TRUST 2110000693 5536 92 LT15 Y
SOLD ACQ 30 0000 125 0000 FISERV INC - 3377381		2676 23 2676 23	2408 06	SUB TRUST 2110000700 268 17 LT15 Y
SOLD ACQ 125 0000 40 0000 FISERV INC - 3377381 SOLD	06/26/2012 04/16/2010 08 - MINOR = 50 07/23/2012	8596 55 8596 55 2783 93	6637 44	SUB TRUST 2110000700 1959 11 LT15 Y SUB TRUST 2110000700
ACQ 40 0000 25 0000 FLOWSERVE CORP - 343 SOLD	04/16/2010 54P105 - MINOR = 50 07/23/2012	2783 93 0 2786 93	2123 98	659 95 LT15 Y SUB TRUST 2110000700
ACQ 25 0000 290 0000 GANNETT CO - 3647301 SOLD ACO 290 0000	07/07/2009 01 - MINOR = 50 07/23/2012 02/01/2010	2786 93 4139 80 4139 80		1237.67 LT15 Y  SUB TRUST 2110000700 -166 96 LT15 Y
55.0000 GARDNER DENVER MACHY SOLD ACQ 55.0000	INC - 365558105 - 07/23/2012 11/20/2003	MINOR = 50 2890 73 2890 73	624 25	SUB TRUST 2110000700 2266 48 LT15 Y
165 0000 GARDNER DENVER MACHY SOLD ACQ 165 0000 50 0000 GARDNER DENVER MACHY	12/14/2012 11/20/2003	12109 16 12109 16		SUB TRUST 2110000700 10236 41 LT15 Y
SOLD ACQ 50 0000 95 0000 HCC INS HLDGS INC -	12/17/2012 11/20/2003 404132102 - MINOR :	3606 77 3606 77 = 50		SUB TRUST 2110000700 3039.27 LT15 Y
SOLD ACQ 95 0000 15 0000 HOWARD HUGHES CORPOR SOLD	07/23/2012 12/12/2006 ATION - 44267D107 07/23/2012	2908 83 2908 83 - MINOR = 50 931 02	2889 67	SUB TRUST 2110000700 19.16 LT15 Y SUB TRUST 2110000700
ACQ 15 0000 205 0000 LIBERTY VENTURES - 5 SOLD	11/30/2010	931 02	619 14	311 88 LT15 Y SUB TRUST 2110000700
ACQ 205 0000 39.0000 LIBERTY VENTURES RTS SOLD	09/26/2012	493 03	OR = 71	SUB TRUST 2110000700
ACQ 31.0000 8 0000 5000 LIBERTY VENTURES - S SOLD	02/01/2010 09/14/2010 ER A - 53071M880 - 08/20/2012	391 90 101 13 MINOR = 50 21 58	103 28	-8 31 LT15 Y -2.15 LT15 Y SUB TRUST 2110000700
ACQ 5000 25 0000 MSC INDL DIRECT INC SOLD	09/14/2010 CL A - 553530106 - 02/14/2012	21 58 MINOR = 50 2001 71	14 56	7 02 LT15 Y SUB TRUST 2110000700
ACQ 25.0000 45.0000 MSC INDL DIRECT INC SOLD	07/23/2012	3105 38		1105 11 LT15 Y  SUB TRUST 2110000700
ACQ 45 0000	01/15/2008	3105 38	1613 88	1491.50 LT15 Y

ACCT 589R 2155000055 FROM 01/01/2012 TO 12/31/2012

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

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### TRUST YEAR ENDING 12/31/2012

TAX PREPARER TRUST ADMINISTRAT INVESTMENT OFFICE				LEGEND.		FEDERAL S - STATE EXEMPT FROM STATE U -	I - INHERITE		
PROPERTY DESCRIPT		SHARES	DATE	SALES PR		COST BASIS	GAIN/LOSS	TERM	NC
60 0000 SOL ACQ	D	0	564563104 - MINO 07/24/2012 02/21/2010			2433.29	SUB TRUST 211 -1141 52	0000700 LT15	
SOL ACQ	D 7	5 0000 1	.60106 - MINOR = 5 07/23/2012 .0/09/2006	1560 1560	71	5327 78	SUB TRUST 211 -3767 07	0000700 LT15	
SOL ACQ	D 5	0 0000 0	DDN CO - 726505100 07/23/2012 01/03/2011	1977 19 <b>7</b> 7	45 45	1638 47	SUB TRUST 211 338 98	0000700 LT15	J
SOL ACQ	D 20	0 0000 0	DDN CO - 726505100 09/17/2012 01/03/2011	7884 7884	06 06	6553 88	SUB TRUST 211 1330 18	0000700 LT15	)
SOL ACQ	D 2	0 0000	DDN CO - 726505100 09/21/2012 01/03/2011 01/04/2011	14042	85 15		SUB TRUST 211 135 76 2322 45	0000700 LT15 LT15	ı
90 0000 SOI ACC	REPUBLIC SVC	S INC CL A -	760759100 - MINO 07/23/2012 03/29/2010	R = 50	54	2632 49	SUB TRUST 211 -198 95		
700 0000 SOL ACQ	D 47	S INC CL A -	760759100 - MINO .1/08/2012	18861 12664	14	13747 45	SUB TRUST 211 -1083 31	LT15	Y
SOL	SCRIPPS <b>NE</b> TW D	ORKS INTERAC	2/06/2010 CTIVE - 811065101 06/19/2012	11658	50 62	6633 53	-436 18 SUB TRUST 211		
SOL	SCRIPPS NETW D	ORKS INTERAC	01/27/2011 CTIVE - 811065101 07/23/2012 01/28/2009	11658 - MINOR = 2399 1332	50 34	9488 61 594.07	2170 01 SUB TRUST 211 738 90	LT15 0000700 LT15	
ACQ 30 0000 SOL	SHIRE PLC SP	0 0000 CONSORED ADR	01/28/2009 01/27/2011 ONE ADR REPRES 5 07/23/2012	1066 - 82481R1	37 06 -	925 72	140 65 SUB TRUST 211	LT15	
ACQ	SIRIUS XM RA	0 0000 1 DIO INC - 82	.0/09/2006 :967N108 - MINOR = :7/23/2012	2632	74	1702.20	930 54 SUB TRUST 211	LT15	Y
ACC	123 STANLEY BLAC	0 0000 C K & DECKER I	04/05/2011 INC 854502101 - 07/23/2012	2533	86 50	2139.22	394 64 SUB TRUST 211	LT15	
ACQ	3 STEWART ENTE	5 0000 C RPRISES INC	06/26/2012 CL A - 860370105 07/23/2012	2274	94 50	2126.47	148 47 SUB TRUST 211		)
ACQ 60 0000 SOL	THERMO ELECT	RON CORP - 8	03/03/2006 883556102 - MINOR 07/23/2012			1833 48	677 64 SUB TRUST 211		)
SOI	WALGREEN CO D	COM - 931422	08/02/2010 2109 - MINOR = 501 06/25/2012	23983	80	2702 77	336 16 SUB TRUST 211		)
	21 WALTER ENERG	5 0000 0 Y, INC - 93	07/10/2008 09/29/2008 0317Q105 - MINOR =		67	20560 13 6712 62	-2789 00 -499 95	LT15 LT15	Y
SOI ACÇ	4	5 0000 0 5 0000 0	07/23/2012 02/13/2007 03/06/2007	1798 1619 1 <b>7</b> 9	06	967 58 108 74	SUB TRUST 211 651 48 71 16	0000700 LT15 LT15	Y
SOI ACQ	D 11	5 0000 0	02109 - MINOR = 50 07/23/2012 02/16/2010	1940 1940		1897 28	SUB TRUST 211 43 35	0000700 LT15	
SOI ACÇ	D 17	0 0000 0	02109 - MINOR = 50 .2/06/2012 03/09/2009 02/16/2010	2956 2185 771	56	1847 54 989 89	SUB TRUST 211 338 02 -218 52	0000700 LT15 LT15	Y
435 0000 SOI ACC	WESTERN UNIC D	N CO - 95980 1	02109 - MINOR = 50 .2/17/2012 03/09/2009		89	4727 54	SUB TRUST 211 976 35		)
35 0000 SOL ACQ	ENSCO PLC -C D 3	L A SEDOL #E 0 5.0000 0	34VLR19 ISINS #GB 07/23/2012 06/07/2010	1761 1761	16 16	MINOR = 55 1254 87	SUB TRUST 211 506 29	0000700 LT15	
SOL ACQ	D 7	5 0000 0	JC - G96666105 - M 07/23/2012 07/20/2009	2766 2766	68 68	1990 97	SUB TRUST 211 775 71	0000700 LT15	
SOL ACÇ	D 17	0 0000 1	AL LTD NEW - H2701 07/23/2012 .0/09/2006	2226 2226	19 19	3567.25	SUB TRUST 211 -1341 06	0000700 LT15	
1465 0000 SOL ACÇ	D 101	5 0000 1	AL LTD NEW - H2701 .2/03/2012 .0/09/2006	14993 10387	34 88	21298.55	SUB TRUST 211 -10910 67	LT15	
SOL	WEATHERFORD D	INTERNATIONA 1	04/09/2012 NL LTD NEW - H2701 .2/04/2012 04/09/2012	4605 3103 - MI 4853 4853	NOR 97	6320 43 = 50 6531 12	-1714 97 SUB TRUST 211 -1677 15	ST 0000700 ST	)
ACQ . 0000 SOL ACQ	SECURITIES L D	ITIGATION SE	TTLEMENT PROCEEDS 4/02/2012		TION 46		-16// 15 SUB TRUST 211 2970 46		
**CHANGED** 09/		0000		2910	40	0.00	2510 40	1117	•

ACCT 589R 2155000055 FROM 01/01/2012 TO 12/31/2012

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

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RUN 04/26/2013 05 10 26 PM

TRUST YEAR ENDING 12/31/2012

TAX PREPARER	6560
TRUST ADMINISTRATOR	1251
INTEGEMENT OFFICER	413

LEGEND F - FEDERAL S - STATE I - INHERITED E - EXEMPT FROM STATE U - ACQ COST UNKNOWN

PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS	TERM	NC 
nana secii	RITIES LITIGATION S	SETTI.EMENT DR	OCEEDS - LITIGATION				

- LITIGATION 2683 00 2683 00 0000 SECURITIES
SOLD
ACQ
\*\*CHANGED\*\* 12/31/12 DGJ SECURITIES LITIGATION SETTLEMENT PROCEEDS
D 12/18/2012

.0000

0 00 2683 00 LT15 Y

587629.35 598400 58 TOTALS

= 13,982.43 LT - 3,211.20 ST 10,771.23

### SUMMARY OF CAPITAL GAINS/LOSSES

FEDERAL	SHORT TERM	LONG TERM 28%	LONG TERM 15%	ST WASH SALE	LT WASH SALE	1250 GAIN
NONCOVERED FROM ABOVE COVERED FROM ABOVE	0.00 -3211 20	0 00	30949 46 6832 67	0 00	-23799 70 0 00	0 00*
COMMON TRUST FUND	0 00	0 00	0 00		/ " \	0 00
CAPITAL GAIN DIVIDENDS	0.00	0 00	8487 95	\	<i>{</i> '	
	-3211 20	0 00	46270 08	0 00	-23799 70	0 00
STATE				\	į.	
NONCOVERED FROM ABOVE COVERED FROM ABOVE	0.00 -3211.20	0 00 0 00	30949 46 6832 67	0.00	-23799.70 0 00	0 00*
COMMON TRUST FUND CAPITAL GAIN DIVIDENDS	0 00	0 00 0 00	0 00 8487 95	\	\	0 00 0 00
	-3211.20	0 00	46270 08	\	-23799.70	0 00
	***********	<b>====</b> =====	========	* -\1250 GAIN	DETAILED ON TRAI	NS PAGES, NOT ABOVE

CAPITAL LOSS CARRYOVER

FEDERAL 0 00 TENNESSEE N/A 0 00 N/A

\$37,782.13 -23,799.70

\$13,982.43