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8803872

# EXTENDED TO NOVEMBER 16, 2015

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	<u> </u>	or the	20 14 Calendar year, or tax year beginning and	enaing				
	C	heck if	C Name of organization		D Employer identification number			
₹,		¬Addres:	CHICKASAW COUNCIL BOY SCOUT TRUST FUND	D				
إو		_change	2155000055					
<i>G</i>		_change	Doing business as		62-6191455			
ສ    ຊີ		_return	1 '. '	Room/sui	—			
		return/ termin-	P. O. BOX 84		901-681-2583			
DATE		ated  Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 265,018.			
		_lreturn ∏Applica	MEMPHIS, IN 38101	ATTE	H(a) is this a group return			
A BRICK		⊒tion pending	Finallie and address of principal officer FIRST IEMMESSEE BA	NK	for subordinates? Yes X No			
2			P.O. BOX 84, MEMPHIS, TN 38101 mpt status X 501(c)(3)	🗀 -	H(b) Are all subordinates included? Yes No			
<b>S</b>			mpt status X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) o e: ► N/A	Of [ 5	27 If "No," attach a list (see instructions)			
			organization: Corporation X Trust Association Other	l Vo	H(c) Group exemption number ► ar of formation: 1984 M State of legal domicile: TN			
			Summary	IL TE	al of formation. 1904 M State of legal domicile. 110			
L			Briefly describe the organization's mission or most significant activities SUPP	OPT C	OF THE CHICKASAW			
	e l		COUNCIL, BOY SCOUTS OF AMERICA	OKI C	THE CHICKASAW			
	Governance	_	Check this box In the organization discontinued its operations or dispose	sed of me	ore than 25% of its not assets			
	ver		Number of voting members of the governing body (Part VI, line 1a)	360 01 1110	3 0			
	ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		4 0			
	త క		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5 0			
	Activities &		otal number of individuals employed in calendar year 2014 (rait v, line 2a)		6 0			
	ž		otal number of volunteers (estimate in necessary)  otal unrelated business revenue from Part VIII, column (C), line 12		7a 0.			
	ĕ		Net unrelated business teveride from Fart VIII, column (c), line 12		7b 0.			
-		D I	ver unielated business taxable income noni Form 550-1, line 54					
		8 (	Contributions and grants (Part VIII, line 1h)	-	Prior Year Current Year 228,825. 18,450.			
	Jue		Program service revenue (Part VIII, line 2g)	}-	0. 0.			
	Revenue		•	-	356,646. 115,601.			
	æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	46,558. 121,696.			
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	r	632,029. 255,747.			
-	-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	į.	63,000.			
			Benefits paid to or for members (Part IX, column (A), line 4)	" _ F	0.2			
	,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		SEP 0 382699.51 13,885.			
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		01.12   0.			
	Se l		otal fundraising expenses (Part IX, column (A), line 25)	Ď. L	43.0			
	Ň			<u>U •</u>	15,315.			
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	359,893. 92,200.			
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	272,136. 163,547.			
ء و	S	וש ר	Revenue less expenses. Subtract line 18 from line 12					
מי פ מי מי	ances	<b>20</b> T	Total aposts (Part V. line 16)	-	Beginning of Current Year End of Year 2,851,063. 2,886,735.			
Dock.	Baga		ōtal assets (Part X, line 16) ōtal liabilities (Part X, line 26)	-	0. 2,880,733.			
1			Note in the state of the state	-	2,851,063. 2,886,735.			
_		122 N	Signature Block		2,831,003.1 2,880,733.			
, _				c and state	aments, and to the hest of my knowledge and helief it is			
ا ۱ tr	110	correct	ties of perju <b>ral sector</b> that I have examined this return, including accompanying schedule , and complete. Declaration of preparer (other than officer) is based on an information of wh	o allu olali hich nrana	rer has any knowledge			
; <u>"</u>	uo,	COTTECT	By: - Secretarion of preparity (only) than officer ) is based on an information of wi	nicii prepa	ici nas any knowledge.			
			Signature of officer — Signature of officer o		Date			
i .	igr		FIRST TENNESSEE BANK, TRUSTEE					
-	lere		Type or print name and title		<del></del>			
_			Print/Type preparer's name Preparer's signature		Date Check PTIN			
P	aid		CONNIE LANHAM Connie Sanhan	<b>~</b>	8/25/15   self-employed P00737582			
			Firm's name WATKINS UIBERALL, PLLC	<del>'(                                    </del>	Firm's EIN 62-1804252			
		-	Firm's address 1661 AARON BRENNER DR., STE 300		111113E1N 02-10042JZ			
J		···· <i>y</i>	MEMPHIS, TN 38120		Phone no. (901) 761-2720			
_ N	lav	the IP	S discuss this return with the preparer shown above? (see instructions)		X Yes No			
_		01 11-07		nns	Form <b>990</b> (2014)			
4,	ا02د	I+U/	- ;-	v: 13.	10111 000 (2014) &			

Part IV Checklist of Required Schedules

			V	NI-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\sqcap$	Yes	No
•	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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			
	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			37
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			ı
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
_	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		- 1	
	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 and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	1/16		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<del></del> -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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,"	Π		
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2014)

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Part IV | Checklist of Required Schedules (continued)

			Yes	_No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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 I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		v
27	complete Schedule L, Part II	26		<u>X</u>
21	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	21		
	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
С	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		<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			
	Part V, line 1	34	_X_	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36	+	<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> X</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	$\mathbf{x}$	
	restorm to the opening to complete contende o		990 (	2014\
		OHII	JJU (	2014)

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Part V   Statements Regarding Other IRS Fillings and Tax Compliance   Check föbedude Contains a response on note to any line in this Part V	Form	990 (2014) 2155000055 62-6191	455	Р	age 5
The Enter the number reported in Box 3 of Form 1096 Enter-0- if not applicable    Series of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminding) with more winners?    Complete the number of employees reported on Form 49, Transmittal of Wage and Tax Statements,   Complete the called any are advised by with the very substitution of the organization file all required federal employment tax eleutes?    Note: if the same of lane 1 and 2 as greater than 250, you may be required to effect (see instructions)    If Yes, Test the a form 990 Tro the years of Yes, 10 a lane 2 as greater than 250, you may be required to effect (see instructions)    If Yes, Test the a form 990 Tro the years of Yes, 10 a lane 2 as greater than 250, you may be required to effect (see instructions)    If Yes, Test the a form 990 Tro the years of Yes, 10 a lane 2 provided an explanation in Schedule O    If Yes, 10 and 11 and 12 a greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 11 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required to effect (see instructions)    If Yes, 10 and 12 as greater than 250, you may be required an explanation of accounts (see its as a lane as a count section and party to a prohibitor at a sheller transaction at any contributions for this present of the organization than the comparation of the greater than 310,0,0,0, and did the organization shell as a sheller transaction and party for goods and services provided to the programation of the present transaction and party for	Par				
tale Eiter the number reported in Box 3 of From 1096. Enter 0 if not applicable be Eiter the number of Forms W30 anducted in the 1 at Enter 0 if not applicable be 10 in		Check if Schedule O contains a response or note to any line in this Part V			
tale Eiter the number reported in Box 3 of From 1096. Enter 0 if not applicable be Eiter the number of Forms W30 anducted in the 1 at Enter 0 if not applicable be 10 in				Yes	No
b Enter the number of Forms W2G included in line 1a Enter - 0r not applicable   C Did the organization comply with backup withholding nules for reportable payments to vendors and reportable garning (garnbing) winnings to prize winners?  2a Enter the number of employees reported on Form W3.1 transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  5 If all least one is reported on line 2s, dot the organization file all required to a-file (see natinuctions)  5 If all least one is reported on line 2s, dot the organization file all required to a-file (see natinuctions)  5 If Yes, "nat it filed a form 950 To five years" 17 My. To line 3b, provide an explanation in Schedule 0  5 If Yes, "and it filed a form 950 To five years" 17 My. To line 3b, provide an explanation in Schedule 0  5 If Yes, "and it filed a form 950 To five years" 17 My. To line 3b, provide an explanation on Schedule 0  5 If Yes, "and it filed a form 950 To five years" 17 My. To line 3b, provide an explanation on Schedule 0  5 If Yes, "and 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, secretive account, or other financial accounts? 1  5 If Yes, "a file the reparament of the foreign country be a seal to the organization and the way or a party to a prohibited tax shelter transaction? 1  5 If Yes, "to line 5a of 5b, dot the organization file form 8886.7? 1  5 Dea the organization and party to a prohibited tax shelter transaction? 1  5 If Yes, "do the organization micule with every solicitation an express statement that such contributions or grits were not tax deductible? 1  6 If Yes, "do the organization network applied to the organization schedule with every solicitation an express statement that such contributions or grits were not tax deductible? 1  6 If Yes, "do the organization receive a supment in excess of \$57 made party) as a contribution and party for goods an	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			1
gambing) winnings to pirze winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is a land 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross incorne of \$1,000 or more during the year?  3a Ly If "Yes," has if filed a Form 990-17 for this year? "Yo," to file ab, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signisture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country. ▶  5ce instructions for filing requirements for ForeID Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  5se with the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," or line Sa or 55, did the organization file Form 885617.  5c If "Yes," or line Sa or 55, did the organization file Form 885617.  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible est charitable contributions.  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible est charitable contribution and parity for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization netty the donor of the value of the goods or services provided?  7c If If "Yes," did the organization netty the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8825 fleed duri	b				Ì
gambing) winnings to pirze winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines is a land 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross incorne of \$1,000 or more during the year?  3a Ly If "Yes," has if filed a Form 990-17 for this year? "Yo," to file ab, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signisture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country. ▶  5ce instructions for filing requirements for ForeID Form 114, Report of Foreign Bank and Financial Accounts (FBAF)  5se with the organization and party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," or line Sa or 55, did the organization file Form 885617.  5c If "Yes," or line Sa or 55, did the organization file Form 885617.  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible est charitable contributions.  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible est charitable contribution and parity for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization netty the donor of the value of the goods or services provided?  7c If If "Yes," did the organization netty the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8825 fleed duri	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ
Material of the calendary year ending with or within the year covered by this return   2a   0			1c		Ì
Material of the calendary year ending with or within the year covered by this return   2a   0	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If Yes, has it filed a form 990 T for the year? If Yes, it to line 3b, provide an explanation in Schedule O  5a At any time during the calendary 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)?  5b If Yes, enter the name of the foreign country   P					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b	,	1		
b if "Yes," has if field a Form 990 T for this year? if "No.," to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  b if "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCPEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction of any time during the tax year?  5b D did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c D bese 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?  6c D bese 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?  6c D bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the Form 8282?  7d If "Yes," indicate the number of Forms 8282 filed during the year  2 b Od the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tife Form 8282?  7e D of the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization, during the year, pay premiums, directly, or pay premiums on a personal benefit contract?  7e D of the organization makes any taxable distributions under section 4966?  8 Sponsoring organization makes ar		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Nonsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make a distribution under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organizations. Enter in Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 501(c)(12) organization them)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  The Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter. a 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 10 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 any payments for indoor tanning services during the tax year? 14a  X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b   10   Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on Part VIII, line 12   10a   10b		sponsoring organization have excess business holdings at any time during the year?	8		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  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  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  13b  Indicating the sponsor related person?  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	9	Sponsoring organizations maintaining donor advised funds.			
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  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  13b  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		·	9a		X
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Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  14b			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  13b  13b  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X  15b  16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					
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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •			<del> </del>
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  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а		13a		<del>                                     </del>
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14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			-		v
	0	n res, has it nieu a ronn rzo to report triese payments rii ivo, provide an explanation in Schedule O		990	(2014)

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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 or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	)								
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	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	)								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7								
	officer, director, trustee, or key employee?	2		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
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		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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						
Sec	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		Х						
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									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13_		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1								
	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								
sec	tion C. Disclosure			_						
17	List the states with which a copy of this Form 990 is required to be filed ►TN									
18										
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal							
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	FIRST TENNESSEE BANK TRUST DEPT - 901-681-2583									
	P. O. BOX 84, MEMPHIS, TN 38101									

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

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

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

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

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

Check this box if neither the organization  (A)  Name and Title	(B) Average hours per week	(do box offi	not c	(( Pos heck ss pe	C) ition more		one h an	compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	
(1) FIRST TENNESSEE BANK - TRUST DE TRUSTEE	2.00		х					13,885.	0.	0
		1					_			
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		-								
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2155000055 62-6191455 Form 990 (2014) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an week from from related other (list any director compensation the organizations hours for organization (W-2/1099-MISC) from the Highest compensated employee ndividual trustee or related Institutional trustee (W-2/1099-MISC) organization organizations Key employee and related below organizations line) 13,885. 0. 1b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 13,885. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (B) (C) Name and business address Description of services Compensation NONE

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Ра	πν	Check if Schedule O conf		or note to any lin	o in this Part VIII			
		Grieck ii Scriedule O Com	tains a response	or note to any im	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a Federated campaigns	1a				-	
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership dues	1b					
S, C	,	c Fundraising events	1c					]
ar	,	d Related organizations	1d					1
ž,Ē	,	e Government grants (contribut	tions) 1e					
tion S	1	f All other contributions, gifts, gran	nts, and					
혈粪		sımılar amounts not ıncluded abo	ove <b>1f</b>	18,450.				
a de	,	g Noncash contributions included in lines	s 1a-1f \$					
<u>ठ</u> ह		h Total. Add lines 1a-1f		<b></b>	18,450.			
				Business Code				
ဥ	2 :							
e Š	1	b						
e S	l	c				-		
ga Re	۱ ۱	d						
Program Service Revenue	'	e						
_	1	f All other program service reve	enue	1				
	3	g Total. Add lines 2a-2f Investment income (including	dividonde intere	et and				
	3	other similar amounts)	aividerius, iritere	sst, and	20,840.	20,840.		
	4	Income from investment of ta	v.evemnt hand r	roceeds	20,040.	20,040.		
	5	Royalties	x exempt bond p	nocceus -				
	•	. ioyaiiioo	(ı) Real	(II) Personal				
	6	a Gross rents	(7.100)	(4)				
		b Less. rental expenses						
	i	c Rental income or (loss)						
		d Net rental income or (loss)		<b>&gt;</b>				
	7 :	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	104,032.					1
	ı	<b>b</b> Less: cost or other basis						
		and sales expenses	9,271.					
		c Gain or (loss)	94,761.					
		d Net gain or (loss)		<b>•</b>	94,761.	94,761.		
ē	8 :	a Gross income from fundraisin	g events (not					
Other Revenu		including \$	of	:				
ě		contributions reported on line	1c). See					
ē		Part IV, line 18	а					
5	l	<b>b</b> Less direct expenses	b	<u> </u>				
-		c Net income or (loss) from fund	=	<b>•</b>				
	9 :	a Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a	-				
		b Less direct expenses	<b>b</b>	L				
	40	c Net income or (loss) from gam	-	<b>P</b>				
	10 8	<ul> <li>a Gross sales of inventory, less and allowances</li> </ul>						
		b Less cost of goods sold	a b	-				
		c Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code		- "		
	11 :	a GT INTL EQTY FI		523000	63,677.	63,677.		
		ь GT US FUND LP И		523000	41,098.	41,098.		
		c GT EMERGING MKT		523000	16,921.	16,921.		
		d All other revenue			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		e Total. Add lines 11a-11d		<b>•</b>	121,696.			
	12	Total revenue. See instructions.			255,747.	237,297.	0.	0.
43200 11-07	9 -14							Form <b>990</b> (2014)

# Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	63,000.	63,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	13,885.		13,885.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	<u>-</u>			
b	Legal	_			
C	Accounting	1,975.		1,975.	
d	Lobbying				<u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		·	·	
12	Advertising and promotion				
13	Office expenses	<del></del>			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		ľ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			_	<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<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	13,081.		13,081.	
b	OTHER TAX EXPENSE	259.		259.	
С					
d					
е	All other expenses				
25_	Total functional expenses Add lines 1 through 24e	92,200.	63,000.	29,200.	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)				

Form 990 (2014)
Part X Balance Sheet

Pa	rt X	Balance Sheet		_		
		Check if Schedule O contains a response or no	te to any line in this Part X			
	<del>_</del>			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u> </u>		1	
	2	Savings and temporary cash investments	251,133.	2	154,420.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual				
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	· -	7		
Ÿ	8	Inventories for sale or use		<u>.                                      </u>	8	
	9	Prepaid expenses and deferred charges		_	9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less. accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	796,385.	11	939,061.	
	12	Investments - other securities See Part IV, line	1,803,545.	12	1,793,254.	
	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 equ	2,851,063.	16	2,886,735.	
	17	Accounts payable and accrued expenses	Ĺ	_	17	·
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
iab		Complete Part II of Schedule L	<u> </u>		22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third		ļ	
		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	··			
Ses		complete lines 27 through 29, and lines 33 and	d 34.			
auc	27	Unrestricted net assets	-		_27	<del></del>
Bal	28	Temporarily restricted net assets	-		_28	<del></del>
Ē	29	Permanently restricted net assets		<del></del>	_29	<del></del>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶└X │			
ō		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	1,185,890.		1,185,890.	
As	31	Paid-in or capital surplus, or land, building, or ed	•	0.	31	0.
<u>f</u> et	32	Retained earnings, endowment, accumulated in	come, or other funds	1,665,173.	32	1,700,845.
_	33	Total net assets or fund balances	ļ-		33	2,886,735.
	34	Total liabilities and net assets/fund balances		2,851,063.	34	2,886,735.

Form **990** (2014)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

review, or compilation of its financial statements and selection of an independent accountant?

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

X

2c

За

Act and OMB Circular A-133?

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CHICKASAW COUNCIL BOY SCOUT TRUST FUND

**Employer identification number** 2155000055 62-6191455

Part I	Reason for Public	Charity Status (	All organizations must c	omplete th	ıs part ) Se	e instructions	<u> </u>
The organ	nization is not a private found						
1 🗀	A church, convention of ch		•	•	•	D(A)(i).	
2 🗔	A school described in sect						
3 🗀	A hospital or a cooperative		•	ection 170	Kb)(1)(A)(ii	i).	
4 🗀	A medical research organiz	. •				•	the hospital's name.
- —	city, and state	anon operation in co	.,		000.10	TO CONTRACTOR OF THE PROPERTY	ino moopharo mamo,
5 🔲	An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental unit describ	ed in
• —	section 170(b)(1)(A)(iv). (0			- 0. оро.ш	, 9.		ou
6 🗆	A federal, state, or local go		nental unit described in	section 17	70/h)/11/A)	(v)	
7 🗀	An organization that norma					• •	nublic described in
لـــا ،	section 170(b)(1)(A)(vi). (C	-	iniai part of its support	iioiii a gov	Cirincina	unit of from the general	public described in
в 🖂	A community trust describe		(4)/A)/vi) (Complete Par	+ 11 \			
9 🗀	An organization that norma				contributiv	one membership foce a	nd aross rossints from
<b>э</b>	activities related to its exer	•	·				•
	income and unrelated busi	•	•			, ,	•
	See section 509(a)(2). (Co		(less section of rax) ii	om busine	sses acqu	ned by the organization of	arter Julie 30, 1975
10 🗆	An organization organized	•	welv to test for nublic s	afaty Saa	raction EC	)O(a)(4)	
11 🕱	An organization organized		•	•		• • • •	nurnoses of one or
11 (43)	more publicly supported or		•				•
	lines 11a through 11d that	=					HECK THE DOX III
a 🗓	¬ · · · · · · · · · · · · · · · · · · ·	•			-	~	alvina
U	the supported organization						
	organization You must o			a majomy	or 1110 Girot		apporting
ь <u></u>	Type II. A supporting org	•		tion with it	e eunnorte	ad organization(s), by hay	una.
<b>.</b> _	control or management of	· ·			• •		•
	organization(s) You mus			same perse	nis triat co	intro of manage the sup	ported
с <u></u>	Type III functionally inte			in connec	tion with	and functionally integrate	d with
· _	its supported organizatio					, ,	eu with,
d $\square$	Type III non-functionally		•	· ·	-	-	zation(s)
<b>u</b>	that is not functionally int						• •
	requirement (see instruct	-		-		•	VC11033
e 🗀	Check this box if the orga		-				
• _	functionally integrated, o					1 1 Jpc 1, 1 Jpc 11, 1 Jpc 111	
f Ent	er the number of supported	••	nany intogratou ouppon	ung organia	Lation		1
	vide the following information	-	nd organization(s)				<u> </u>
	(i) Name of supported	(n) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 19	governing of	n your document?	support (see	other support (see
			above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
CHTCK	ASAW COUNCIL		(See matractions)				
	COUTS OF AMERI	62-0499713	11B	x		63,000.	
	<u> </u>	02 0155715				037000.	
		_					<u> </u>
<b>~</b>				1		63 000	^

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

# 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)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support			·	<del></del>	- <del></del>	·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			ļ			
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>	ļ <del>.</del>	<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			<u> </u>	ļ		
10	Other income Do not include gain			1			
	or loss from the sale of capital					+	
	assets (Explain in Part VI)						
	<b>Total support.</b> Add lines 7 through 10		J	<u> </u>	l <u></u>	<del> </del>	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	=	s first, second, the	ird, fourth, or fifth t	ax year as a secti	on 501(c)(3)	. —
Sac	organization, check this box and store ction C. Computation of Publ	<u>) here</u> ic Support Pe	rcentage				<u> </u>
	Public support percentage for 2014 (I			column (f))		14	0/
	Public support percentage for 2014 (i	7.7	<del>-</del>	column (i))		15	<u>%</u>
	33 1/3% support test - 2014. If the c			on line 13, and line	14 is 33 1/3% or	<u> </u>	
108	stop here. The organization qualifies	•		•	17 13 00 1/0/0 01	more, check this bi	▶ □
ь	33 1/3% support test - 2013. If the c		=		d line 15 is 33 1/39	% or more check t	his box
	and stop here. The organization qual						▶□
172	10% -facts-and-circumstances tes	, ,			e 13, 16a, or 16b	and line 14 is 10%	or more.
., a	and if the organization meets the "fac	_	-				
	meets the "facts-and-circumstances"			<u> </u>	•	and the state of t	<b>▶</b>
h	10% -facts-and-circumstances tes	-	•		•	17a, and line 15 is	10% or
	more, and if the organization meets the					•	
	organization meets the "facts-and-circ				•		. ▶□
18	Private foundation. If the organization		•	•			ns 🕨 🗔
			<u> </u>			edule A (Form 990	

# 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, please complete Part II)

Section A. Public Support	•					
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
· · · · · · · · · · · · · · · · · · ·		1				
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				ļ	<del> </del>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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				<u> </u>	·	·
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
·				-	<del>                                     </del>	
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 VI )						
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 to	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Publi	c Support Pe	rcentage	<u> </u>			
15 Public support percentage for 2014 (I			olumn (f))		15	%
16 Public support percentage from 2013		•	`,,,		16	%
Section D. Computation of Inves					×.1	
17 Investment income percentage for 20			ne 13. column (fi)		17	%
18 Investment income percentage from 2	-	•	.5 15, 55,61111 (1))		18	
	•	•	on line 14 and line	15 10 mare +h== 1		
19a 33 1/3% support tests - 2014. If the						/ IS NOT
more than 33 1/3%, check this box as	•	•	•			. ▶∟
b 33 1/3% support tests - 2013. If the	-				•	and
line 18 is not more than 33 1/3%, che					_	▶∐
20 Private foundation. If the organization	n did not check a	<u>box on line 14, 19a</u>	a, or 19b, check th	nis box and see in:	structions	

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	}		
	(b) and (c) below	3a		X
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			İ
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	1		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	_ 7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		X
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		;	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

	dule A (Form 990 or 990 EZ) 2014 2155000055			<u>52-6191455</u>
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	<u>nizations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	_	
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	dule A (Form 990 or 990-EZ) 2014 2155000055			<u>2-6191455 Page</u>
Pa	t V   Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga		
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		·_··	
3_	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ıs	
4_	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	T		
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	<u> </u>		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				<del></del>
С	<del></del>			
d				
	From 2013			
	Total of lines 3a through e		<u></u>	· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years	1		
<u>h</u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
_	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions)		- · · · · · · · · · · · · · · · · · · ·	
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
_	and 4c			<u></u>
8	Breakdown of line 7			
<u>a</u>				
b				<del></del>
C				<del></del>
₫	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 2155000055	62-6191455 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
	Also complete this part for any additional information (See instructions)	
		<del></del>
-		
	<del></del>	
		<u></u>
		<del></del>
	0.1	1. A /F 000 000 FF1 0044

## **SCHEDULE D**

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055

**Employer identification number** 62-6191455

OMB No 1545-0047

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	or deriver adviser, or les any exiter perpendi	Yes No
Pa		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic 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 conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	' '	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	— <u></u>
	year▶	,	· ·
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	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 state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>S</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 2155000	055					6	52- <u>61</u>	91455	) Pa	ge <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Histe	orical Tre	easures, or Ot	her S	imila	ır Asse	ts(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following that are a	a signifi	cant u	ise of its	collection	items	
	(check all that apply)										
а	Public exhibition	d	L	oan or excl	nange programs						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organization's e	xempt	purpo	se in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations of	f art, his	torical treas	sures, or other sim	ılar ass	ets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the	organizatio	n answered "Yes"	to Forn	n 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for c	ontribution	s or other assets r	not inclu	uded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing ta	able							
	, ,	·	J			Γ			Amount		
С	Beginning balance					Γ	1c		_		
d	Additions during the year						1d				
e	Distributions during the year						1e		,		
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21. for e	scrow or cu	istodial account lia	ability?			Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII					•				一	
Par											
		(a) Current year		or year	(c) Two years back		hree ve	ears back	(e) Four	vears b	ack
1a	Beginning of year balance		1-1	,	(-)	757			(-)	,	
b	Contributions						_				
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
۵	Other expenditures for facilities										
·	and programs								ĺ		
f	Administrative expenses						-				
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end halance	(line 1o	column (a	// held as				<u> </u>		
a	Board designated or quasi-endowment	one your one balance	%	, column (a	yy ricid as						
b	Permanent endowment	%									
	Temporarily restricted endowment	^% %									
·	The percentages in lines 2a, 2b, and 2c shou										
20	Are there endowment funds not in the posse	•	tion that	are held a	nd administered fo	r tha ar		ation			
Ja	by	33ion of the organizat	tion that	are neid a	ia administered to	/ u ie Oi	garriza	20011	Г	Yes	No
	(i) unrelated organizations									162	140
	(ii) related organizations								3a(i) 3a(ii)		—
h	If "Yes" to 3a(ii), are the related organizations	s listed as required on	Schod	ılo D2					3b	$\dashv$	
4	Describe in Part XIII the intended uses of the	•							SD		—
	t VI Land, Buildings, and Equipm		WITHERIT IC	JII US							
	Complete if the organization answered		Part IV	line 11a Si	e Form 990 Part	Y line 1	10				
	Description of property	(a) Cost or oth		(b) Cost	· · · · · · · · · · · · · · · · · · ·	Accum		<u> </u>	(d) Book	value	
	Description of property	basis (investme		basis (		depreci		<b>,</b>	(a) book	value	
	Land	Dasis (IIIVestilli	J,	Da313 (	0.0101)	achieci	40011	$\overline{}$			—
	Land							$\overline{}$			—
D	Buildings		-					-+			
C	Leasehold improvements		-					-+			—
	Equipment							$-\!\!\!+\!\!\!\!-$			
	Other  Add lines 1a through 1e (Column (d) must e	aual Form 900, Part Y	/ 00lum	n (P) Inc 1	00.)		-				<u> </u>

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			<del></del>
(3) Other			<del>.</del>
(A) GT US FUND LP	475,370.	COST	
(B) GT INTERNATIONAL FUND LP	785,996	COST	
(C) GT EMERGING MARKETS FUND			
(D) LP	531,888	COST	
(E)		1/0-1	
(F)			
(G)			<del></del>
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,793,254.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			<del> </del>
(5)			
(6)			
			· · ·
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	<del></del>
	Description		(b) Book value
(1)			
(2)			
(3)	<del></del>		
(4)	·		
(5)			
(6)	<del>-</del>		<u> </u>
(7)			<u> </u>
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"			5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.) <b>&gt;</b>		
2. Liability for uncertain tax positions. In Part XIII, provide		o the organization's financial statement	s that reports the
organization's liability for uncertain tax positions under			

432053 10-01-14

Schedule D (Form 990) 2014

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

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047	2014	Open to Public
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Inspection

å Schedule I (Form 990) (2014) **Employer identification number** 62-6191455 (h) Purpose of grant SUPPORT BOY SCOUTING or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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, EMV, appraisal, other) Ö (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 CHICKASAW COUNCIL BOY SCOUT TRUST FUND (d) Amount of 63,000 cash grant 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 62-0499713 General Information on Grants and Assistance (b) 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 IN 38122 171 S. HOLLYWOOD Part Part II

Page 2

62-6191455

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule 1 (Form 990) (2014) Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2:

GRANTS MUST COMPLY WITH TERMS OF TRUST

Schedule I (Form 990) (2014) 30 432102 10-15-14

## **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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Employer identification number

2155000055	<u>  62-6191455</u>
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 AGREE	MENT
FORM 990, PART VI, SECTION B, LINE 15:	
ORGANIZATION HAS NO COMPENSATED OFFICERS OR EMPLOYEES.	TRUSTEE RECEIVES A
TRUSTEE FEE BASED UPON ASSET VALUE.	
FORM 990, PART VI, SECTION C, LINE 18:	
MADE AVAILABLE UPON REQUEST	
FORM 990, PART VI, SECTION C, LINE 19:	
MADE AVAILABLE UPON REQUEST	<u>.</u>

SCHEDULE R (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number 62-6191455

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 2155000055 Name of the organization

Part

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets **e** Total income চ Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) Ŷ × × controlled Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) (01(C)(3) Legal domicile (state or foreign country) ENNESSEE TENNESSEE CARRY OUT MISSION OF BOY CARRY OUT MISSION OF BOY SCOUTS OF AMERICA IN SCOUTS OF AMERICA IN Primary activity COUNCIL AREA COUNCIL AREA - 62-0499713 - 62-6249663 Name, address, and EIN of related organization CHICKASAW COUNCIL OF BSA DELTA COUNCIL OF BSA MEMPHIS, TN 38122 MEMPHIS, TN 38122 171 S, HOLLYWOOD 171 S. HOLLYWOOD

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

Schedule R (Form 990) 2014

2155000055 Schedule R (Form 990) 2014

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

J

Page 2

62-6191455

(i) (k) General or Percentage managing Ownership Pariner? Yes No			more related	age 512(b)(13) controlled entity?				Schedule R (Form 990) 2014
(i) Gone V-UBI General amount in box Dof Schedule Part K-1 (Form 1065) Yes			ause it had one or	(g) (h) Share of Percentage end-of-year ownership assets			 _	Schedule B (F
(h)  Obsproportionate an allocations?  Yes No K-1			t IV, line 34 bec					
(g) Share of end-of-year assets			ı Form 990, Par	tty Share of total				
(f) Share of total income			swered "Yes" or	(C corp. S corp. or trust)				
(e) Predominant income She (related, unrelated, unseled, sections 512-514)			e organization ans	(d) Direct controlling entity				
			complete if the	(c) Legal domicile (state or foreign country)				33
(d) Direct controlling entity			oration or Trust Cyear.	(b) Primary activity		1.5		
(C) Legal domicile (state or foreign country)			e as a Corporung the tax	Prım				
(b) Primary activity			ganizations Taxable	<b>V</b> . 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				432162 08-14-14

Page 3

62-6191455

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Yes

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2155000055 Schedule R (Form 990) 2014

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

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- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
    - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- J Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 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 s Other transfer of cash or property from related organization(s)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHICKASAW COUNCIL OF BSA	Д	63,000.	
(2) DELTA COUNCIL OF BSA	S	0	
(3)			
(4)			
(5)			
(9)			

Schedule R (Form 990) 2014

Page 4

62-6191455

Schedule R (Form 990) 2014

2155000055

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 m	1	<b>j</b>	i	i	Ī	i	i	ı
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No								
(k) ercent wners								
<u>0</u> 2 <u>0</u>								
(j) General or managing partner? Yes No								
25.								
7-UB 1065 1065								
Code V. Code V. Code V. Schedu								
of same								
Onspropor tonate allocations?								
<b>Y</b> allo to								
ا تا								
(g) Share of end-of-year assets								
Sha end-c								
							,	
al me								
(f) Share of total income								
= <sup>3</sup> © <b>9</b>								
Are all partners sec 501(c)(3) orgs?								
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)								
incol elate tax u 2-514								
(d) inant d, uni from is 51;								
elated uded								
exclir Pre								
(c) Legal domicile (state or foreign country)						1		
(c) gal domic ate or fore country)								
(c) Legal domicile (state or foreign country)								
St.								
(b) Primary activity								
(b)								
i iii								
<u>a</u>								
	<del>                                     </del>						<del>                                     </del>	
<u>z</u>								
] a				$  \   \   \  $				
ss, a								
(a) ddress								
(a) Name, address, and EIN of entity								
Nan	$\parallel \parallel \parallel \parallel$							
				$  \   \   \  $			$ \  \  \  \  $	
								$  \   \   \  $

# CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 5 2155000055 Schedule R (Form 990) 2014 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions)

.d 112 8803872 .d 01/01/2014 .o 12/31/2014

FIRST TENNESSEE BANK STATEMENT OF CAPITAL GAINS AND LOSSES BSA/CHICKASAW

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TRUST YEAR ENDING 12/31/2014

TAX PREPARER: 656 TRUST ADMINISTRATOR 153	36		LEGEND.		FEDERAL S -	STATE I	- INHERITED		
INVESTMENT OFFICER 413		D	and Do. 202-2-	E -	EXEMPT FROM STAT				
PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE		COST BASIS		MARKET DISCOUNT		NC 8949
310 0000 BALLY T SOLD ACO	TECHNOLOGIES I	NC - 05874B10° 09/10/2014 06/19/2014	7 - MINOR = 43 24873 07 24873 07		20079 26	4793 81	0 00	ST	С
635 0000 LIQUIDI SOLD		53635B107 - M: 04/10/2014	INOR = 43 11981 03						
ACQ 125.0000 SHIRE F SOLD	275 0000 360 0000 PLC SPONS ADR	02/04/2013 02/07/2013 - 82481R106 - 06/20/2014	5188 64 6792 39 MINOR = 44 27907 13		9113 31 12139 02	-3924 67 -5346 63		LT LT	F F
ACQ 120 0000 SHIRE F	110 0000 15 0000 PLC SPONS ADD	10/09/2006 06/03/2008	24558 27 3348 86 MINOR - 44		6241 40 736 20	18316.87 2612 66	0 00 0 00		Y F Y F
SOLD ACQ 50 0000 SHIRE F	120 0000	07/14/2014 06/03/2008 - 82481R106 -	30380 14 30380 14 MINOR = 44		5889 60	24490 54	0 00	LT	Y F
SOLD ACQ	15 0000 35 0000	06/03/2008 07/23/2008	12420 06 3726 02 8694 04		736 20 1651 88	2989 82 7042 16	0 00 0 00		Y F Y F
65 0000 SHIRE P SOLD ACO	LC SPONS ADR		MINOR = 44 16047 29 16047 29		3067 77	12979 52	0 00	LT	Y F
185.0000 THERMO SOLD ACQ		IFIC INC - 883 02/10/2014	3556102 - MINOR = 21859 36	= 43					
.2500 TRIBUNE	140 0000	10/09/2006 08/02/2010 0 - 896082104	- MINOR = 43		1789 87 6306 47	3527 27 10235 75	0 00		Y F Y F
SOLD ACQ 116 0000 TRIBUNE	2500 PUBLISHING CO		- MINOR = 43		4 85	0 58	0 00	ST	С
SOLD ACQ	42 5000 36 2500 37 2500	08/21/2014 02/10/2014 02/12/2014 03/14/2014	836 59 713 56 733 24		798 83 682 39 723 00	37.76 31 17 10 24	0 00 0 00 0 00	ST ST ST	C C
		TOTALS	147756 90		69960 05				
SUMMARY OF CAPITAL GAINS									
FEDERAL	SHORT TERM	LONG TERM 2			ST WASH SALE	LT WASH S			
NONCOVERED FROM ABOVE COVERED FROM ABOVE COMMON TRUST FUND	0 00 4873 56 0 00	0 0 0	00 -9271	30	0 00 0 00		00 0 0	00*	
CAPITAL GAIN DIV/DIST	0 00	0	00 0	00			0	00	
	4873 56	0			0.00	0	00 0		
STATE									
NONCOVERED FROM ABOVE COVERED FROM ABOVE COMMON TRUST FUND CAPITAL GAIN DIV/DIST	0 00 4873 56 0 00 0 00	0		30	0 00 0.00		00 0 0	00	
CAPITAL GAIN DIV/DIST	4873 56				0 00		0 0 0 0		
	========	========			* - 1250 GAI	SEEEEEE	N TRANS PAGES, NO		R
							III III III III III		_
CAPITAL LOSS CARRYOVER									
FEDERAL	0 00		0 0	0					

N/A

N/A

TENNESSEE

,3873 2014 1/2014

# FIRST TENNESSEE BANK STATEMENT OF CAPITAL GAINS AND LOSSES CHICKASAW BSA TUA NEW SOUTH 9/5/84

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RUN 07/27/2015 11 52 17 AM

TRUST YEAR ENDING 12/31/2014

TAX PREPARER 22 TRUST ADMINISTRATOR 16 INVESTMENT OFFICER 1	0		LEGEND	F - FEDERAL S -				
				E - EXEMPT FROM STA	TE U - ACQ COST	UNKNOWN		
PROPERTY DESCRIPTION	SHARES	DATE	SALES PRICE	COST BASIS	GAIN/LOSS MAI			
175 0000 DIRECT SOLD			15250 50					
ACO	175 0000	09/03/2013	15250 58	10233 28	5017 30	0 00	I.T	Y F
85 0000 DIRECT	V - 25490A309 -	MINOR = 43 11/19/2014 09/03/2013			512. 55			
SOLD	85 0000	11/19/2014	7397 60	4970 45	2427 15	0 00	T 77	Y F
100 0000 DIRECT	V - 25490A309 -	MINOR = 43	7337 00	45/0 43	2427.13	0 00	Ŀι	ı r
SOLD		11/21/2014	8696 59					
ACQ	100 0000	09/03/2013 1428X106 - MINOF	8696 59	5847 59	2849.00	0 00	LT	Y F
SOLD	CORPORATION - 3	12/22/2014	12270 96					
ACQ	70 0000	06/25/2008	12270 96	5618 80	6652 16	0 00	LT	Y F
7013 LIBERT SOLD		071M880 - MINOR 10/29/2014						
ACQ	7013		23 13 23 13	5 22	17 91	0 00	LT	Y F
		TOTALS	43638 86	26675 34				
EDERAL	SHORT TERM							
ONCOVERED FROM ABOVE	0 00 0 00 0 00 0.00	0 00	16963			0	00*	
OVERED FROM ABOVE OMMON TRUST FUND	0 00	0 00 0 00 0 00	0		0 00	0	00	
APITAL GAIN DIV/DIST	0.00	0 00	0	• •		Ō	00	
	0 00	0 00	16963	52 0 00		0		
		********	========	52 0 00 == ==============================		========		
TATE								
ONCOVERED FROM ABOVE	0 00	0 00	16963	52 0 00	0 00	0	00*	
OVERED FROM ABOVE	0 00	0 00	0		0 00			
OMMON TRUST FUND APITAL GAIN DIV/DIST	0 00 0 00 0 00 0 00	0 00 0 00 0 00 0 00	0 0	00 nn		0		
APITAL GAIN DIV/DISI								
	0 00		16963			0		
			======================================		IN DETAILED ON TR			<b>V</b> E
APITAL LOSS CARRYOVER								
EDERAL	0 00		0 0	0				
ENNESSEE	N/A		N/					
BITTESSEE	N/A		N/	3				