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Department of the Treasury

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

Open to Public Inspection

1	Bo	Check if pplicable	C Name of organization		D Employer iden	tification number
لمشكا	Г <del>че</del>	∩Address	BOY SCOUTS OF AMERICA CHICKASAW COUNCI		į	
00,7	X	∬change ∏Name	CHICKASAW COUNCIL BOY SCOUT TRUST FUNI	2	60	C101455
2		Initial	Doing business as			6191455
	計	ireturn Frnal	,	Room/suite	E Telephone num	
(Q)	,~¦—	'return/ termin-	4385 POPLAR AVENUE			<u>-681-2583</u>
		ated ∏Amende	City or town, state or province, country, and ZIP or foreign postal code  MEMPHIS, TN 38117		G Gross receipts \$	160,350.
2	$\vdash$	_Ireturn  Applica		TE	H(a) Is this a group for subordina	
AON		⊒tiòn pending	P.O. BOX 84, MEMPHIS, TN 38101	AT	H(b) Are all subordinate	<u></u>
$\rightleftharpoons$	ı T	ax-exer	npt status: $X = 501(c)(3)$ $501(c)($ $(unsert no.)$ $4947(a)(1) o$	or 527	1 ' '	a list (see instructions)
CS.			: ► N/A	<u>,,, 00,</u>	H(c) Group exemp	` '
(0/20)			rganization: Corporation X Trust Association Other	L Year		M State of legal domicile: TN
<b>3</b> [			Summary			
	d)	1 B	riefly describe the organization's mission or most significant activities: SUPPO	ORT OF	THE CHICK	ASAW
	Governance		COUNCIL, BOY SCOUTS OF AMERICA			
	ř.	<b>2</b> C	heck this box   if the organization discontinued its operations or dispos	ed of more	than 25% of its net	assets
	S S	3 N	umber of voting members of the governing body (Part VI, line 1a)		(_:	з 0
	8	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4 0
}	es	5 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)			5 0
1	Activities &		otal number of volunteers (estimate if necessary)		1	6 0
) ]	Act	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		. [7	'a 0.
_		<b>b</b> N	et unrelated business taxable income from Form 990-T, line 34			'b 0.
11) 5)	- {			<u> </u>	Prior Year	Current Year
	e l		ontributions and grants (Part VIII, line 1h)	<del></del>	5,250	
	Revenue		rogram service revenue (Part VIII, line 2g)	} <b> -</b> -	0	
ij	<u>۾</u>		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		213,514	
ഗ	- {	11 O	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, 10c, and 11e)	ŏ   —	39,474	
-	-+	12 To	otal revenue add lines 8 through 11 (must equal Fat VIII, column (A); line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)		258,238 374,727	
			enefits paid to or for members (Part IX, column (A), line 4)OGOSM, UT	" <del>                                     </del>	3/4,127 0	
	,		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>_</u>	6,968	<del></del>
	Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	-	0,500	
	per		otal fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	<del>-</del>
1	ŭ		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	23,253	. 12,970.
	1		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		404,948	
	- 1		evenue less expenses Subtract line 18 from line 12		<146,710	
5	58			Be	ginning of Current Yea	
cotc	aganci	<b>20</b> To	otal assets (Part X, line 16)		2,747,761	. 2,898,915.
Α¢	2011	<b>21</b> To	otal liabilities (Part X, line 26)		7,736	. 0.
ş			et assets or fund balances. Subtract line 21 from line 20		2,740,025	. 2,898,915.
			Signature Block			
U	Inder	r penaltı	es of pertursal Tennessee Barric Wattonian Association	and statem	ents, and to the best of	my knowledge and belief, it is
<u>tr</u>	ue, c	correct,	and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
			Significant Company			14//
	ign	- 1			Date*	
н	lere		FIRST TENNESSEE BANK, TRUSTEE Type or print name and title			
_				<del>   î</del> î	Date Check	PTIN
D	aid		rint/Type preparer's name  Preparer's signature	1	1 11 12	
	aiu repa		ONNIE LANHAM Conne Janhan			
	se O	-	rm's name WATKINS UIBERALL, PLLC rm's address 1661 AARON BRENNER DR., STE 300		Firm's EIN	62-1804252
	J		MEMPHIS, TN 38120		Phone no. (	901) 761-2720
M	lav t	the IRS	discuss this return with the preparer shown above? (see instructions)		11 none no.	X Yes No
		1 11-11-1		 ns.		Form <b>990</b> (2016)
						(/

Form 990 (2016)

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

62-6191	<u>455</u>	Р	age 3
		Yes	No
	1_1_	х	
	2_		X
candidates for			v
n) election in effect	3_		X
n election in chect	4		x
ssessments, or			
	5_		X
ave the right to			v
Schedule D, Part I	6_		<u>X</u>
),	7		х
," complete			
	8		<u>X</u>
custodian for	ļ }		
on services?	9		X
nents, permanent		_	- 23
	10		_X_
VII, VIII, IX, or X	}		l
			!
te Schedule D,	11a		X
of its total	1.14		
	11b	X	
e of its total			
	11c		<u> X</u>
s reported in	11d		X
Part X	11e		X
addresses			
D, Part X	11f		<u>X</u>
omplete			v
	12a		X
ptional	12b		X
•	13		X
	14a		_X_
ising, business,			
ed at \$100,000	14b		X
or for any	(HD		
· · · · · ·	15		X
	ı 7		

	If "Yes," complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in 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 98-197 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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	
	complete Schedule G, Part III	19		X
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## BOY SCOUTS OF AMERICA CHICKASAW COUNCIL CHICKASAW COUNCIL BOY SCOUT TRUST FUND

	art IV Checklist of Required Schedules (continued)		Yes	No
20	a 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		
21				1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Į	x
22				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	}	X
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	1
	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		
	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		
25	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
	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		Î	
	Schedule L, Part I	25b	<u> </u>	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	1		ł
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		]	ļ
	complete Schedule L, Part II	26	<u>L</u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ	ł	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		]	i
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	İ		ļ
	instructions for applicable filing thresholds, conditions, and exceptions):			Ì
6	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
•	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	L	X
(	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	ļ	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	1 .	Į	ļ
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		·	
	If "Yes," complete Schedule N, Part I	31	ļ,	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>	X
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>	_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ˈ ˈ	
	Part V, line 1	34	X	<u> </u>
35a	, , , , , , , , , , , , , , , , , , ,	35a		X
t	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u></u>
_	If "Yes," complete Schedule R, Part V, line 2	_36_	<u> </u>	_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
	BIOTO AN EORD UNITEDOS OS SOCIETAS SOCIONAS CONTRAS (1)			

_	BOI SCOUTS OF AMERICA CHICASAW COUNCIL	<b>1145</b> 5	_	
Par	1990 (2016) CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-619	<u> 11455</u>	<u> </u>	age 5
Fai	Stafements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response or note to any line in this Part V			
4-	Enterthe number reported in Bay C of Farm 4000 Fator C final analysis is	0	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable  Table 2 to 2 to 2 to 2 to 2 to 2 to 2 to 2 t	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	씍 !		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		1
_	(gambling) winnings to prize winners?	1c		$\vdash$
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0		
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		┼
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>.</b>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		├──
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
D	If "Yes," enter the name of the foreign country:	-   '		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
_	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)	- 00		<del>                                     </del>
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? <b>7a</b>		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,,		<del></del>
	to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year	1.0		T
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0			
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	ĺ		
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			1
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			

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X

13c

c Enter the amount of reserves on hand

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

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

62-6191455

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			$\overline{\mathbf{x}}$					
Sec	tion A. Governing Body and Management			-					
	,		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0	Γ							
	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 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	<u></u>	_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>					
6	Did the organization have members or stockholders?	6		<u> </u>					
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?	7 <u>a</u>		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b_		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	l							
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		_X_					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	1 , , , ,								
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	40-							
40	in Schedule O how this was done	12c	-	v					
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
_	The organization's CEO, Executive Director, or top management official	15a		X					
	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).	100							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
100	taxable entity during the year?	16a		X					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<del></del>							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1							
	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	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole						
	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, and	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								
632006	11-11-16	Forn	1 <b>990</b>	(2016					

DOI	20012	Or.	White	TCA	CHICK	JOMN C	OMCTT
CUT	つびみぐみな	COID	TTOI	DAV	CCOTTO	MDITCM	כוואדוים

62-6191455 Page 7 CHICKASAW COUNCIL BOY SCOUT TKUST

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

0 1 0 1 1 0 1	
Check if Schedule O contains a response or note to any line in this Part VII	
Office in Ochiedale O contains a response of note to any line in this hart vii	l l

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 no (A)  Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) FIRST TENNESSEE BANK - TRUST DEP FRUSTEE	2.00		X					12,838.	0.	0
							_			
							! !			
			 		_		 		· 	
							-			

Form **990** (2016)

	DCCOTE	OI FIG.		C117 C117	701711 C	0011011
CHIC	CKASAW	COUNCI	L BOY	SCOUT	TRUST	FUND

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than of box, unless person is both officer and a director/trust				than is bot	h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(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	<b>)</b>	fi org an	ipensa rom th ianizat d relat anizat	ne tion ted
			<u> </u> 	-			-				_			
			_	-		_					-			
		<del> </del>	-											
								 			-			
											-			
	Sub-total  Total from continuation sheets to Part V	II, Section A	i	<u> </u>		L	اــــا ا	> >	12,838.	(	0.			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d at	oove	e) wh	o re	12,838. eceived more than \$100		0.			<u>0.</u> 0
3	Did the organization list any former officer	, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated ei	mployee on	[		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl								the organization	-	3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	rsati	on f	rom	any	unre			dual for services	-	5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co							rs ti	hat received more than	\$100.000 of compe	ensa		rom	<del></del> _
	the organization. Report compensation for (A)											(C		
<del></del>	Name and business	address	NC	NE	<u> </u>			$\dashv$	Description of s	ervices	Co		nsatio	n 
		· · · · · · · · · · · · · · · · · · ·						+						
2	Total number of independent contractors (	including but n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organ	-										orm !	990 (	2016)

Page 9

		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			, <u></u> _
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
ΘĔ	1	Fundraising events	1c		,	Ì		
a ii		Related organizations	1d		i	ł		
3,E		Government grants (contribute						
ຮູ້ເຮັ		All other contributions, gifts, gran	•		i	}		
ig je	!	similar amounts not included abo	1 1	E 720	į	į		}
종종	1		ــــــــــــــــــــــــــــــــــــــ	5,728.	ļ			}
20	9	Noncash contributions included in lines	s 1a-1f \$		F 700	}		
Oa	<u>                                     </u>	Total. Add lines 1a-1f		<del>,</del>	5,728.			<del>{</del>
_				Business Code				}
Program Service Revenue	2 a	·		ļ				ļ
e €	b	·		ļ				<b></b>
en S	c	:						
ĕ a	d	1		L				<u> </u>
90	e	·						<u> </u>
Œ	f	All other program service reve	enue					<u> </u>
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				{
	}	other similar amounts)		▶ }	16,411.	16,411.		-
	4	Income from investment of ta	x-exempt bond r	proceeds				1
	5	Royalties	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>•</b>				
		,	(ı) Real	(II) Personal				<u> </u>
	6 a	Gross rents	W11001	(ii) i discrita				}
		Less: rental expenses		<del> </del>				}
	ĺ	•	<del></del>	<del> </del>				{
		Rental income or (loss)	L	L				
		Net rental income or (loss)		() ()	<del></del>			<del></del>
	/ a	Gross amount from sales of	(i) Securities	(II) Other				
	٠	assets other than inventory	68,176.	<del> </del>	Ì	}		{
	Þ	Less: cost or other basis	B06	1 1	1	}		{
1		and sales expenses	726.	<b> </b>	ţ			1
i		Gain or (loss)	67,450.	L				]
		Net gain or (loss)			67,450.	67,450.		ļ
_ ღ	8 a	Gross income from fundraising	g events (not	}	-	}		}
e l		including \$	of	}	Ì	}		}
ě		contributions reported on line	1c) See	1	ļ	ł		1
<u> </u>		Part IV, line 18	а	LJ		}		}
Other Revenue	b	Less, direct expenses	b		}	-	_	
١	¢		fraising events					
1	9 a	Gross income from gaming ac	tivities. See					
1		Part IV, line 19	а	[		ţ		
}	b	Less direct expenses	b			Ì		
{	С		una activities		1	ł		
}		Gross sales of inventory, less	-				<del></del>	
}		and allowances	а	]	ì	}		}
Ì	ь	Less cost of goods sold	b		į	}		
		Net income or (loss) from sales	_		{	}		
ŀ		Miscellaneous Revenue		Business Code				
}	11 -	GT INTL EQTY FD		523000	53,677.	53,677.		
1	ıı a b	GT EMERGING MKT		523000	8,858.	8,858.		<del> </del>
1	-			523000			<del></del>	<del> </del>
1	C 	GT US FUND LP K	1 - NET	343000	7,500.	7,500.		<del> </del>
1	ď	All other revenue		·	70 035			<del></del>
- 1		Total Add lines 11a-11d			70,035.	152 000		<del></del>
	12	Total revenue. See instructions.			159,624.	153,896.	0.	0.

	BOY SCOUTS	OF AMERICA C	HICKASAW COU	NCIL	
	1 990 (2016) CHICKASAW C	OUNCIL BOY S	COUT TRUST F	UND 62-63	191455 Page <b>10</b>
	rt IX Statement of Functional Expens				
Sec	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	complete 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				
2	Grants and other assistance to domestic			}	
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			1	
	individuals. See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	12,838.		12,838.	
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	}		1	
	section 401(k) and 403(b) employer contributions)			ļ	
9	Other employee benefits			<b>_</b>	
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees)			}	
а	Management			<del> </del>	
b	Legal				
C	Accounting	2,200.		2,200.	
d	Lobbying			<del> </del>	
е	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees	10,303.		10,303.	
g	Other. (If line 11g amount exceeds 10% of line 25,			}	
	column (A) amount, list line 11g expenses on Sch 0.)			<del> </del>	
12	Advertising and promotion			<del> </del>	
13	Office expenses			<b> </b>	
14	Information technology			<b> </b>	
15	Royalties .			ļ	
16	Occupancy			<del> </del>	
17	Travel			<del> </del>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<del> </del>	
20	Interest			ļ	
21	Payments to affiliates			1 (	

Total functional expenses. Add lines 1 through 24e 25,808. 0. 25,808. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

467.

632010 11-11-16

22

23

Insurance

e All other expenses

467.

Depreciation, depletion, and amortization

OTHER TAX EXPENSE

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 0.)

Check here If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 161,968 292,587. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 753,065 703,565. Investments - publicly traded securities 11 11 1,902,763. 1,832,728 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 2,747,761 2,898,915 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 7,736. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 7,736. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 1,185,890. 1,185,890. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 1,554,135. 1,713,025. 32 32 Retained earnings, endowment, accumulated income, or other funds 2,898,915. 2,740,025. 33 Total net assets or fund balances 2,898,915. 2,747,761. 34 Total liabilities and net assets/fund balances

Form **990** (2016)

	1990 (2016) CHICKASAW COUNCIL BOY SCOUT TRUST FUND	<u> 62-61</u>	<u>91433</u>	<u>Ра</u>	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	<u>9,6</u>	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	<u>5,8</u>	08.
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,74	<u>0,0</u>	<u>25.</u>
5	Net unrealized gains (losses) on investments	5		<u>5,0</u>	74.
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,89	8,9	15.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		ـــــــ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

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

632012 11-11-16

Form **990** (2016)

#### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. BOY SCOUTS OF AMERICA CHICKASAW COUNCIL

Name of the organization Employer identification number 62-6191455 CHICKASAW COUNCIL BOY SCOUT TRUST FUND Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) CHICKASAW COUNCIL BOY SCOUTS OF AMERI 62-0499713 X 0

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 2

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

| 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 I f the organization fails to qualify under the tests listed below, please complete Part III )

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-					}	1
	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					İ	
	governmental unit or publicly		i				
	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	<u></u>	l	<u></u> _	<u> </u>	l	L
	ction B. Total Support		T			<del></del>	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	ļ	<u> </u>				
8	Gross income from interest,						
	dividends, payments received on		<u> </u>				
	securities loans, rents, royalties		1			1	
	and income from similar sources	<u> </u>				<del> </del>	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>	<u> </u>	·			
10	Other income Do not include gain		<u> </u>				l
	or loss from the sale of capital						
	assets (Explain in Part VI.)					<del>                                     </del>	<del> </del>
	Total support. Add lines 7 through 10	<u> </u>	l	<u> </u>		<del> </del>	<u> </u>
	Gross receipts from related activities,	•	•			12	<del></del>
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
Sec	organization, check this box and store tion C. Computation of Publ	ic Support Pe	rcentage	<del> </del>	<del></del>		
	Public support percentage for 2016 (I			column (fi)		14	%
	Public support percentage from 2015		•		•	15	%
	33 1/3% support test - 2016. If the c	•	•	on line 13. and line	14 is 33 1/3% or		
	stop here. The organization qualifies	=				<b>,</b>	▶□
b	33 1/3% support test - 2015. If the c		-		d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•	•	3	
b	10% -facts-and-circumstances tes		•	. , , , ,		17a, and line 15 is	10% or
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						ns 🕨 🗀
						edule A (Form 99	

Schedule A (Form 990 or 990 EZ) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND Part III Support Schedule for Organizations Described in Section 509(a)(2) 62-6191455 Page 3

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	low, please com	plete Part II.)	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	(4) 20.2	(5) 2010	(0)2011	(0) = 0.0	10/2010	(7) 0.0.
membership fees received. (Do not						
include any "unusual grants ")					1	
2 Gross receipts from admissions.		<del> </del>	<del> </del>		<del></del>	
merchandise sold or services per-			1		Ì	
formed, or facilities furnished in			1			
any activity that is related to the						
organization's tax-exempt purpose		Ļ	<del> </del>	<b></b>	<del> </del>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-			<b>,</b>		-	
iness under section 513					<u> </u>	<u> </u>
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					1	1
5 The value of services or facilities		<del> </del>	<del> </del>			
					ĺ	
furnished by a governmental unit to			Į.			
the organization without charge		<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>	
6 Total. Add lines 1 through 5		<del> </del>	<del></del>	ļ	+	ļ
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>	<u> </u>			
<b>b</b> Amounts included on lines 2 and 3 received	<del></del>					
from other than disqualified persons that			1	1		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				<del>                                     </del>	†	
<del></del>		<del> </del>	<del> </del>	<del>  </del>	<del> </del>	
8 Public support. (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	1	<u> </u>	<u> </u>	l
<del></del>		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	T	( 0.0045	4 ) 0040	(O Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		<del> </del>		ļ <u>-</u>	<del> </del>	
10a Gross income from interest, dividends, payments received on					İ	
securities loans, rents, royalties				<b>,</b>		
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses			1			
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	<del></del>	<del> </del>	<del>                                     </del>	
c Add lines 10a and 10b		<del> </del>	<del></del>	<del>                                      </del>	<del> </del>	<del> </del>
11 Net income from unrelated business activities not included in line 10b,			1		1	
whether or not the business is						
regularly carried on		ļ	L	<u> </u>	<u> </u>	
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI)		1	1	<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization'	s first second thu	rd fourth or fifth t	ay year as a secti	on 501(c)(3) organiz	ration
	organization	o mot, second, till	a, ioarai, or mart	a your as a scott	on our toyor organiz	
check this box and stop here Section C. Computation of Public	Support Po	rcentage	<del></del>	<del></del>		
<del></del>				<del></del>	Tar	
15 Public support percentage for 2016 (lin	• • • • • • • • • • • • • • • • • • • •	•	column (I))		15	
16 Public support percentage from 2015 S					<u>  16  </u>	
Section D. Computation of Invest	ment incom	e Percentage			<del></del>	
17 Investment income percentage for 201	6 (line 10c, colui	mn (f) dıvıded by lıı	ne 13, column (f))		17	
18 Investment income percentage from 20	)15 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2016. If the o		•	on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box and						▶ [
	•		• •	•		and
b 33 1/3% support tests - 2015. If the o	<del>-</del>					. —
line 18 is not more than 33 1/3%, check		•	•		-	<b>P</b>  -
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	
22202 00 04 40				Cal	nadula A (Earm 90)	000 E7\ 00

Schedule A (Form 990 or 990 EZ) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 4

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part i If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	<b>.</b> A	III Suppor	tina (	Organ	izations

- 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
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **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.)

		Yes	No
	_ 1	x	
	2		X
	3a		х
	3b		
	3c		
	4a		x
	4b		
	_4c		
		1	
	5a		<u>X</u>
	5b	i	
	_5c		
	6		<u> </u>
	_		v
	7		<u>X</u>
	8		<u>X</u>
	_		v
	9a		<u> X</u>
	9b		_X_
	9c		X
	10a	_	<u>X</u>
	10b		
n 9	90 or 99	10-EZ)	2016

632024 09-21-16 Schedule A (Form 990 or 990-EZ)

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Schedule A (Form 990 or 990-EZ) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND

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

	edule A (Form 990 or 990-EZ) 2016 CHICKASAW COUNCIL BOY S rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin			2-6191455 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying		·	Part VI ) See instructions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1_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		<del></del>	
	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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	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		- 17
_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	ion 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 integra	ted Type III supporting org	anızatıon (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016 а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2016 from Section D. a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

•					AMERICA					
Schedule A	(Form 990 or 990-EZ) 2016	CHI	CKASAW	COU	NCIL BOY	SCOUT	TRUST	r_FUND_	62-6191455	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1, Part IV, Section D, Section D, lines 5, 6, and	iines 2 a	ına 3, Part IV	r, Sectio	n E, lines 10, 2a	i, ∠o, 3a, and	i 30; Paπ v	, line 1; Part v	17b, Part III, line 12, and 2, Part IV, Section , Section B, line 1e; Pa	n C,
	(See instructions)									
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(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL

**Employer identification number** 62-6191455

	CHICKASAW COUNCIL	BOY SCO	UT TRUST	FUND	62-6191455
Pa		ed Funds o	r Other Simil	ar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6			
		(a) Do	onor advised fund	ls (	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	e assets held in o	donor advised fun	ds
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ting that grant fui	nds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advis	or, or for any oth	er purpose confer	ring
	impermissible private benefit?	·			Yes No
Pa	t II Conservation Easements. Complete if the or	rganization ans	swered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all t	that apply)		
	Preservation of land for public use (e.g., recreation or	education)	Preservati	on of a historically	ımportant land area
	Protection of natural habitat		Preservati	on of a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	lified conservat	tion contribution	in the form of a co	pnservation 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 st	tructure include	ed ın (a)		2c
d	Number of conservation easements included in (c) acquired	l after 8/17/06,	and not on a his	toric structure	1
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, re	eleased, exting	juished, or termin	ated by the organ	nization during the tax
	year >				
4	Number of states where property subject to conservation ea	asement is loca	ated 🕨		
5	Does the organization have a written policy regarding the pe	eriodic monitor	ing, inspection, h	andling of	
	violations, and enforcement of the conservation easements	ıt holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of v	iolations, and en	forcing conservati	on easements during the year
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violation	ons, and enforcin	g conservation ea	asements during the year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) about	ove satisfy the	requirements of s	section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?				└── Yes └── No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization	ation's financia	al statements tha	t describes the or	ganization's accounting for
	conservation easements.				
Pai	t III Organizations Maintaining Collections			res, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forr			<del> </del>	
1a	if the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex	xhibition, educ	ation, or research	n in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, $\boldsymbol{\varepsilon}$	education, or re	esearch in furthe	rance of public se	ervice, provide the following amounts
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$
2	If the organization received or held works of art, historical tro	reasures, or oth	ner sımılar assets	for financial gain,	, provide
	the following amounts required to be reported under $\ensuremath{SFAS}$	116 (ASC 958)	) relating to these	tems:	
а	Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$
b	Assets included in Form 990. Part X				<b>▶</b> \$

Schedule D (Form 990) 2016

632051 08-29-16

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

	dule D (Form 990) 2016 CHICKAS rt III Organizations Maintaining C	AW COUNCIL								Page 2
3	Using the organization's acquisition, accessi									
Ŭ	(check all that apply)	on, and other record	33, 011001	K diriy Or tire	TO TO WING THE	t alo a si	griinoant	000 OI 110	CONCONON	nomo
а	Public exhibition	c	• 🗀	I nan or exc	hange progra	ıms				
b	Scholarly research	•		Other	nange progre					
c	Preservation for future generations	•	, <u> </u>	Otrici						
4	Provide a description of the organization's co	ollections and explai	ın how th	nev further t	he organizatio	on's exer	not ouro	ose in Par	t XIII.	
5	During the year, did the organization solicit of								- /	
·	to be sold to raise funds rather than to be ma					or olivilla.	400010		Yes	☐ No
Par	rt IV Escrow and Custodial Arran					'Yes" on	Form 99	0 Part IV		
	reported an amount on Form 990, Pa	-	010 // 1/10	organizatio		700 0		<b>-,</b> - <del>-</del> ,		
	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina i	table.			-			
_	, cop and an anger term and an analysis								Amount	
С	Beginning balance						1c	\		
d	Additions during the year				•		1d			
е	Distributions during the year				•		1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt kabil	ıty?		Yes	No
	If "Yes," explain the arrangement in Part XIII							·		
Pai							10			
		(a) Current year	T	rior year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses							•	_	
d	Grants or scholarships			-						
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	<u> </u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for th	ne organi	zation		
	by:								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.						
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	), Part X,	line 10			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ad	ccumulat	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	der	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990, Pari	t X, colur	nn (B), line 1	(0c.)					0.

Schedule D (Form 990) 2016

Dark V/II Inc. 2 - 1 - 1 - 1	011 0 111				
chedule D (Form 990) 2016	CHICKASAW	COUNCIL BOY	SCOUT TRUST FUND	62-6191455	Page
	BUI SCUUTS	OF AMERICA	CHICKASAM COONCID		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co:	st or end-of-year market value
) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A) GT US FUND LP	488,778.	COST	
(B) GT INTERNATIONAL FUND LP	865,318.	COST	
(C) GT EMERGING MARKETS FUND			
(D) LP	548,667.	COST	
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,902,763.		
Part VIII Investments - Program Related.	1,002,103.		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)	(2)	(4,	
(2)			
(3)			<del></del>
	<del></del>		
(4)	<del></del>		
(5)			
(6)			
(7)			
(8)	-		
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
<del></del>	- F 000 P+ IV Im-	111 Oce Francisco Deut V. Inc.	
Complete if the organization answered "Yes" o	escription	11d. See Form 990, Part X, line	(b) Book value
	escription		(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	<u>-</u>		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the post of the built.	on Form 990, Part IV, line	11e or 11f. See Form 990, Part ) <b>[b]</b> Book value	K, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the post of the built.	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		(, line 25
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		(, line 25

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL Schedule D (Form 990) 2016 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII ) 24 Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

632054 08-29-16 Schedule D (Form 990) 2016

# SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047	2016
OMB	2

Employer identification number 62-6191455 Open to Public Inspection BOY SCOUTS OF AMERICA CHICKASAW COUNCIL Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. SCOUT TRUST FUND CHICKASAW COUNCIL BOY

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

General Information on Grants and Assistance

Part

Name of the organization

Department of the Treasury Internal Revenue Service

criteria used to award the grants or assistance?  Observe in Part IV the proportionis procedures for montoring the use of great funds in the United States.	stance?	toest of case of	e de la company	odet V			X Yes No
1 🖢 📗	Domestic Organ	izations and Domestic	c Governments. Co	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHICKASAW COUNCIL BSA 171 S. HOLLYWOOD MEMPHIS TN 38122	62-0499713	501(C)(3)	0	0			SUPPORT BOY SCOUTING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in th	ne line 1 table				

Schedule I (Form 990) (2016)

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

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL

(Form 990) (2016) CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016)
Part III Grants and Other

Page 2

62-6191455

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	iditional information	
PART I, LINE 2: GRANTS MUST COMPLY WITH TERMS OF TRUST	RUST				

Schedule I (Form 990) (2016) 26 632102 11-01-16

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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 2016 Open to Public Inspection

Internal Revenue Service Name of the argenization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ROY SCOTING OF AMERICA CHICKASAW COINCIL.

	CHICKASAW COU			62-6191455
FORM 990, PART	VI, SECTION B,	LINE 11B:		
990 IS REVIEWED	FOR COMPLETEN	ESS AND ACCUR	ACY	
FORM 990, PART	VI, SECTION B,	LINE 12:		
INSTITUTIONAL T	RUSTEE COMPLIES	S WITH TERMS	OF TRUST AGRE	EMENT
FORM 990, PART	VI, SECTION B,	LINE 15:		
ORGANIZATION HA	S NO COMPENSATI	ED OFFICERS O	R EMPLOYEES.	TRUSTEE RECEIVES A
MADE AVAILABLE	UPON REQUEST			
			<del></del>	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2016

OMB No 1545-0047

Open to Public Inspection

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL SCOUT TRUST FUND COUNCIL BOY CHICKASAW Name of the organization

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

Part

Employer identification number 62-6191455

(g) Section 512(b)(13) S. × controlled Direct controlling Yes 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. Direct controlling End-of-year assets status (if section 501(c)(3)) **e** Public charity Total income **Exempt Code** ত্ত section 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) **TENNESSEE** CARRY OUT MISSION OF BOY CARRY OUT MISSION OF BOY Primary activity SCOUTS OF AMERICA IN SCOUTS OF AMERICA IN Primary activity 9 COUNCIL AREA CHICKASAW COUNCIL OF BSA - 62-0499713 Name, address, and EIN (if applicable) DELTA COUNCIL OF BSA - 62-6249663 Name, address, and EIN of related organization of disregarded entity MEMPHIS, TN 38122 171 S, HOLLYWOOD 171 S. HOLLYWOOD Part II

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

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Schedule R (Form 990) 2016

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FINNESSEE

COUNCIL AREA

MEMPHIS IN 38122

632161 09-06-16 LHA

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL Schedule R (Form 990) 2016

SCOUT TRUST FUND CHICKASAW COUNCIL BOY 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 Part III

Page 2

62-6191455

General or Percentage managing ownership Schedule R (Form 990) 2016 Yes No Section 512(b)(13) controlled entity? 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 3 Code V-UBI General or Pramount in box managing or 20 of Schedule partner?
K-1 (Form 1065) Yes/No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total Income (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) 29 (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

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Yes

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# BOY SCOUTS OF AMERICA CHICKASAW COUNCIL SCOUT TRUST FUND CHICKASAW COUNCIL BOY

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Ē 1a 5 (d) Method of determining amount involved ပ္ 7 두 9 \$ ₽ e ŧ 2 19 ¥ ÷ ¥ = ÷ 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 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 0 0 Amount involved (b)
Transaction type (a-s) 30 ф C 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) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) (1) CHICKASAW COUNCIL OF BSA Sale of assets to related organization(s) (2) DELTA COUNCIL OF BSA Dividends from related organization(s) 632163 09-06-16 Part V a 9 9 € ම

Page 4 62-6191455

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL CHICKASAW COUNCIL BOY SCOUT TRUST FUND Schedule R (Form 990) 2016

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.

(6)	(F) (V)	(3)		3	9	3	3	0	5	17.5
Name, address, and EIN of entity	Primary activity	ej E	t income related,	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor- Code V-UBI General or Percentage bond amount in box 20 managing ownership allocations? of School of V-1 partnership	General o managing	Percentage ownership
		country)	sections 512-514) Ye	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2016

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Schedule R	(Form 990) 2016	CHI	CKASAW	COU	NCIL BOY	SCOUT	TRUS	ST :	FUND	62-6191455	Page 5
Part VII	Supplemental Inform	matior	٦.								
	Provide additional informa	tion for	responses to	questi	ons on Schedule	R See insti	ructions.				
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