Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A, F	or the	e 2018 calendar year, or tax year beginning	and end	ding			
B c	heck if	BOY SCOUTS OF AMERICA		J	D Employer identific	eation number	
	Addre chang	BE CHICKASAW COUNCIL BOY	SCOUT TRUST FUND				
	Name chang	ge Doing business as			62-63	191455	
]Initial return]Final return	Number and street (of P.U. DOX IT Mail IS NOT DE	livered to street address) Roo	om/suite	E Telephone number 901-0	581-2583	
	termin ated		G Gross receipts \$	300,409.			
	Amen	ded MEMBUTC THE 20117			H(a) Is this a group re		
	Application	F Name and address of principal officer FIR	ST TENNESSEE BANK		for subordinates'		
	pendi	P.O. BOX 84, MEMPHIS, T	N 38101		H(b) Are all subordinates in	cluded? Yes No	
ΙT	ax-ex	empt status X 501(c)(3) 501(c)()		52 / -) ろ If "No," attach a l	ist (see instructions)	
J W	Vebsi	te: ► N/A			H(c) Group exemption	number >	
K F	orm of	forganization Corporation X Trust As	sociation Other	L Year o	f formation: 1984 M	State of legal domicile: TN	
Pa	rt I	Summary	<u> </u>				
a	1	Briefly describe the organization's mission or most	significant activities SUPPOR	T OF	THE CHICKAS	SAW	
Activities & Governance		COUNCIL, BOY SCOUTS OF AM					
rus	2	Check this box If the organization disco	ntinued its operations or disposed	of more	than 25% of its net as:	sets	
o l	3	Number of voting members of the governing body	(Part VI, line 1a)		3	0	
9	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	0	
ş	5	Total number of individuals employed in calendary	/ear 2018 (Part V, line 2a)		5	0	
ξį	6	Total number of volunteers (estimate if necessary)			6	0	
÷	7 a	Total unrelated business revenue from Part VIII, co	lumn (C)_line 12		7a	0.	
^		Net unrelated business taxable income from Form		D	7b	0.	
				သွ	Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	NOV 1 3 2019		2,457.	2,660.	
		Program service revenue (Part VIII, line 2g)	8 NOV 1 8 2019	_ 0	0.	0.	
e e	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)	<u>} </u>	20,874.	77,252.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 1 GOEN, U	Л	152,513.	-195,411.	
l	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		175,844.	-115,499.	
		Grants and similar amounts paid (Part IX, column (·		260,000.	175,000.	
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	0.	
S.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,038.	15,582.	
Expenses		Professional fundraising fees (Part IX, column (A), I			0. 0.		
ĝ		Total fundraising expenses (Part IX, column (D), lin	_				
Δ	17	Other expenses (Part IX, column (A), lines 11a-11d			19,961.	13,806.	
	18	Total expenses Add lines 13-17 (must equal Part I	X, column (A), line 25)		286,999.	204,388.	
	19	Revenue less expenses Subtract line 18 from line	12		-111,155.	-319,887.	
ces				Beg	inning of Current Year	End of Year	
let Assets or und Balances	20	Total assets (Part X, line 16)			3,680,869.	3,819,458.	
g B B B	21	Total liabilities (Part X, line 26)			0.	0.	
킲	22	Net assets or fund balances Subtract line 21 from	line 20		3,680,869.	3,819,458.	
Pa	rt II	Signature Block					
Unde	r pena	alties of First Tennessee Bank Wattenap Associatio	ncluding accompanying schedules an	id stateme	nts, and to the best of my	knowlodge and belief, it is	
true,	correc	ct, and complete Deglaration of preparer (other than office	r) is based on all information of which	preparer l	nas any knowledge.		
		Z/////////////////////////////////////				12019	
Sıgn)	Syphatore by bring VVV VV	-		Date /	/ /	
Here FIRST TENNESSEE BANK, TRUSTEE							
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		ate Check	PTIN	
Paid		CONNIE LANHAM	Connie Janham		3-16-19 if self-employed	P00737582	
Prep	arer	Firm's name WATKINS UIBERALL	, PLLC		Firm's EIN	62-1804252	
Use (Only	Firm's address 1661 AARON BRENN	ER DR., STE 300				
		MEMPHIS, TN 3812	0		Phone no (90)1) 761-272 <u>0</u>	
1400	+ba 16	PS discuss this return with the proparer shown abo	us? (see metrustions)		-	V Voc No	

Form 990 (2018)

Part IV Checklist of Required Schedules

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

ADIOR

CIL BOY SCOUT TRUST FUND 62-6191455 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 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 Х 6 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D. Part III 8 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 Х 9 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 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Х complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2018) CHICKASAW COUNCIL BOY SCOUT TRUST FUND
Part IV Checklist of Required Schedules (continued)

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		 -
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		-	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
<u> </u>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u>52</u>		
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		-	
•	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		
		_	agn .	0010

	990 (2018) CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191	455	Р	age 3
Pai	T V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Τ
_	·		У́е́з	, No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
•	filed for the calendar year ending with or within the year covered by this return 2a 0		~ 	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
	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		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4</u> a		X
b	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?	<u>5</u> b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			. v
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_~		ا ب ا
	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? If "You " did the organization patify the depay of the yell is of the goods as accurate."	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		v
_	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		_
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	<u>/9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
•	sponsoring organization have excess business holdings at any time during the year?	8	•	Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			,
11	Section 501(c)(12) organizations. Enter			'
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	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	•	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			٠
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			ļ
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			l

Form **990** (2018)

Form 990 (2018)

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			\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								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			٠					
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	·								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			Х					
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,					
	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	8b	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		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	ın Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►TN								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaıla	ıble					
	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	financ	cial						
	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								

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

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

- 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 n (A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than or box, unless person is both				one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related		(list any hours for related organizations below	stee or director	Insblutional trustee	Officer a		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
1) FIRST TENNESSEE BANK - TRUST DEP RUSTEE	2.00		х					15,582.	0.	(
				-								
						-			<u> </u>			
,												
						_						
								, , ,				
										_		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	· (A)	(B)) (C)				(D)	(E)		(F)			
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated		ed
•		hours per	box	, unle	ss pe	rson	is bot	h an	1 '	compensation			
		week (list any	"` —				17.11.03		from the	from related organizations		other	
		hours for	dlrect				9		organization	(W-2/1099-MISC)		npensa from th	
		related	ee or	stee			ınsate		(W-2/1099-MISC)	(,,	- 1	ganızat	
		organizations	Itrus	la tr		oyee	dwo.				ar	nd relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orç	ganızatı	ons
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1b	Sub-total Sub-total	•							15,582.	0	•		0.
С	Total from continuation sheets to Part V	II, Section A							0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)								15,582.	0	<u>. </u>		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wh	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization												0
												Yes	No
3	Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su	•							•	the organization			
	and related organizations greater than \$15										4	 	X
5	Did any person listed on line 1a receive or a							elat	ted organization or indivi	dual for services	_		.,
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ich ,	pers	son				5	<u> </u>	X
	tion B. Independent Contractors				-4 -					#100 000 of company		<u></u>	
1	Complete this table for your five highest co the organization. Report compensation for	=									isation	Irom	
	(A)	trie Caleridai y	ear	enan	ng v	VILIT	Or W	<u> </u>	(B)	/eai		C)	
	Name and business	address	NO	ONE	2				Description of s	ervices		ensatio	n
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2	Total number of independent contractors (ncluding but n	ot lii	mite	d to	tho	se lis	sted	d above) who received m	ore than			
	\$100,000 of compensation from the organi	zation 🕨				(<u>) </u>						
											Form	990 (2018)

CHICKASAW_COUNCIL BOY SCOUT TRUST FUND 62-6191455 Form 990 (2018) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,660. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 2,660 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 18,615. 18,615 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 474,545. assets other than inventory b Less cost or other basis 415,908. and sales expenses 58,637 c Gain or (loss) 58,637 58,637 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code -15,542. 11 a GT US FUND LP K1 - NET 523000 -15,542. -82,168. -82,168. GT EMERGING MKTS LP K1 523000 523000 -97,701. -97,701c GT INTL EQTY FD K1 - N All other revenue -195,411 e Total. Add lines 11a-11d

0.

0.

-115,499.

Total revenue See instructions

-118,159

Form 990 (2018)

Form 990 (2018) CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 10
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c	(4) organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	175,000.	175,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	-			1
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				1
5	Compensation of current officers, directors,			•	
	trustees, and key employees	15,582.		15,582.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u>.</u> .		
10	Payroli taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	2,200.		2,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,211.		11,211.	
9	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	-			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings				
20	Interest Payments to officiates				·
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered				1
24	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.)	395.		395.	
а	OTHER TAX EXPENSE	393.		393.	
b					
Ç				·	
d	All other expenses				
	Total functional expenses Add lines 1 through 24e	204,388.	175,000.	29,388.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	204,300	173,000		<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F				

Form 990 (2018)

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

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 30,589. 10,553. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 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 ,206,997. 1,214,980. Investments - publicly traded securities 11 2,463,319. 2,573,889. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 3,680,869 3,819,458. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 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 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0. 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 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 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 31 Paid-in or capital surplus, or land, building, or equipment fund 2,494,979. 2,633,568. 32 Retained earnings, endowment, accumulated income, or other funds 32 3,680,869. 33 3,819,458. 33 Total net assets or fund balances 3,819,458. Total liabilities and net assets/fund balances 3,680,869.

Form 990 (2018)

62-6191455 Page 11

Form	990 (2018) CHICKASAW COUNCIL BOY SCOUT TRUST FUND	<u>62-</u>	<u> 6191455</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
4	Total revenue (must equal Part VIII, column (A), line 12)	1	-11		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20	<u>4,3</u>	88.
3	Revenue less expenses Subtract line 2 from line 1	3	-31	<u>9,8</u>	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,68	0,8	69.
5	Net unrealized gains (losses) on investments	5	45	8,4	76.
6	Donated services and use of facilities				
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	3,81	9,4	58.
Pa	rt XIII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	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	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			اب	
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	basis	,		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C	·		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Au	dit		
	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 require	red aud	lit lit		

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

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I 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). 1 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, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 10 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). 11 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. 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, Type III 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) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) CHICKASAW COUNCIL BOY SCOUTS OF AMERI 62-0499713 8 X 175,000 0. 175,000

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

	edule A (Form 990 or 990-EZ) 2018 C						1455 Page 2
Г	. (Complete only if you checke	- \					
	fails to qualify under the tests	\		-	in lailed to quality	Silver i art iii ii tii	e organization
	ction A. Public Support	3 11010 B010 W, p/01		···· /			
		1 1 2011	1,0015	() 0010	4.0017	(-) 0010	lo Tatal
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		\			,	/
	membership fees received (Do not		\				
_	include any "unusual grants ")		- \			. /	<u> </u>
2	Tax revenues levied for the organ-		\				
	ization's benefit and either paid to		\				
	or expended on its behalf		<u> </u>				
3	The value of services or facilities		\				j
	furnished by a governmental unit to		\			ĺ	
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3						<u></u>
5	The portion of total contributions		\	·		·	
	by each person (other than a			N			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					,	
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		1	,			
8	Gross income from interest,			/			_
	dividends, payments received on			1	1		
	securities loans, rents, royalties,				\		
	and income from similar sources				\		
9	Net income from unrelated business				1		
·	activities, whether or not the		/		\		
	business is regularly carried on	,	/		\		
10	Other income Do not include gain						
	or loss from the sale of capital				\		
	assets (Explain in Part VI)			1	\		
11	Total support. Add lines 7 through 10			 	\		
	Gross receipts from related activities,		ons)		<u> </u>	12	_
	First five years. If the Form 990 is for	,		rd fourth or fifth ta	ex vear as a section		
	organization, check this box and stor	/ -		.,,	,	1,000	ightharpoons
Sec	ction C. Computation of Publ		rcentage	•		1	
14	Public support percentage for 2018 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2018. If the o			n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	-				\	ightharpoons
ь	33 1/3% support test - 2017. If the o				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	-				· \	ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac					1	
	meets the "facts-and-circumstances"					3.30	▶□
.	10% -facts and-circumstances tes	_	•		-	17a, and line 15 is	10% or
J	more, and if the organization meets the						1
	organization meets the "facts-and-circ				•		
12	Private foundation. If the organization		_		• • • •		
10	Filvate loundation. It the organization	an did not check a	DOX OIT III 10, 10	a, 100, 17a, 01 17L		dule A (Form 990	
					Sche	000 mm m	. J. 350-LZ) 2018
							\

62-6191455 Page 3 Schedule A (Form 990 or 990-EZ) 2018 CHICKASAW COUNCIL BOY SCOUT TRUST FUND Part III Support Schedule for Organizations Described in Section 509(a)(2) (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 qualify under the tests listed below, please complete Part II) Section A. Public Support (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 20161 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support <u>∕(**́b)** 2</u>015 (d) 2<u>0</u>17 (c) 2016 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (e) 2018 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop/here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage % 17 Investment ingome percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018 832023 10-11-18

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	Δ	ΔΙΙ	Supporting Organizatio	ns
Section	~		Suppoining Organizatio	113

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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?
- 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 (as 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 1720, to determine whether the organization had excess business holdings)

_	1	
	Yes	No
1	 X_	'
2		~ v -'
		X X
3a		
3b	ļ	
3c		
 4a	-	x
4b		,
		-
4c		
5a		x
5b		- '
5c	-	<u> </u>
		'.
6		x
7		X
8		X
9a		<u>x</u>
 9b		х_
9c		X
10a		<u>X</u>
10b		

	t IV Supporting Organizations (continued)	19145	5 Pa	age 5
Fa	rt IV Supporting Organizations (continued)		V	
	Use the accompation accounted a mift or contribution from any of the following persons?	•	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			{
٠a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		x
_	below, the governing body of a supported organization? A family member of a person described in (a) above?			X
		11b		X
	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.	1110		<u> </u>
<u> </u>	tion b. Type i oupporting organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1	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	1	X	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	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,			
<u></u>	supervised, or controlled the supporting organization	2		X
Sec	tion C. Type II Supporting Organizations		\ <u>\</u>	
			Yes	No
1	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			
<u></u>	the supported organization(s)	1 1	l	
Sec	tion D. All Type III Supporting Organizations		I	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		.	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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		
3	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			
	supported organizations played in this regard	3	l	<u></u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	i).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	I	T
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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			+
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	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	1		
	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		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.		Ì	'
а	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		<u> </u>
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	3b		<u></u>

Sche	dule A (Form 990 or 990-EZ) 2018 CHICKASAW COUNCIL BOY S	COUT	TRUST FUND	52-6191455 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	· -
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	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		
e	Discount claimed for blockage or other		-	
	factors (explain in detail in Part VI)			<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount		-	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 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 2018 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (111) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3) and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C,
•	line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information
	(See instructions)
	•
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SCHEDULE D

(Form 990)

Department of the Treasury

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.

►Go to www.irs.gov/Form990 for instructions and the latest information

Inspection

Name of the organization

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

Employer identification number 62-6191455

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area □ Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2018

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

Sche		W COUNCIL								5 Page 2
Pai	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following th	at are a sig	ınıfıcant	use of its	collection	ı ıtems
	(check all that apply)									
. а	Public exhibition	c	<u>, </u>	Loan or exc	hange progi	rams				
b	Scholarly research	e	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	ın how ti	hey further t	he organizat	ion's exem	npt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner sımılar a	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other a	ssets not II	ncluded		7	
	on Form 990, Part X?							<u> </u>	」Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
T .	Ending balance	000 D+ V I	04 (<u>_1f</u>		7	
	Did the organization include an amount on Fo						y,	<u> </u>	Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII to The Transfer of the Transfer						<u> </u>		****	
Га	Endowment Funds. Complete in				(c) Two yea			ears back	(a) Four	years back
4-	Paginning of year balance	(a) Current year	(0) F	Prior year	(C) TWO yes	115 Dack (C	a) Three y	tais back	(e) roui	years back
1a	Beginning of year balance Contributions									
D	Net investment earnings, gains, and losses									
ن	Grants or scholarships				-	-				
u	Other expenditures for facilities	<u> </u>		· -	-					
E	and programs									
	Administrative expenses									
,	End of year balance									
9	Provide the estimated percentage of the curre	ent vear end balanc	ce (line 1	a column (a	a)) held as				l	
•	Board designated or quasi-endowment	one your one balanc	%	9, 00.0 (.,,					
h	Permanent endowment	%								
c	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ation tha	at are held a	ind administ	ered for the	e organiz	zation		
	by	_								Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on S	Schedule R?					3b_	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	"Yes" on Form 990	0, Part I	V, line 11a S	See Form 99	0, Part X, I	ne 10			
	Description of property	(a) Cost or o	other	, ,	or other		cumulate		(d) Book	value
		basis (investr	ment)	basis	(other)	depi	reciation			
1a	Land								_	
b	Buildings							_		
С	Leasehold improvements					_				
d	Equipment			ļ						
6	Other			1						

Schedule D (Form 990) 2018

0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 3

	a arrangetion analyzered "Voo" a	n Form 000 Bort IV line	11h Son Form 990 Part V	line 12
	r category (including name of security)	(b) Book value		n. Cost or end-of-year market value
Financial derivatives	the state of the s	(4)	(5)	,
Closely-held equity inte	erests		 -	
Other	-		-	
(A) GT US FUNI	D LP	693,167.	END-OF-YEAR	MARKET VALUE
	ATIONAL FUND LP	1,135,517.		MARKET VALUE
	NG MARKETS FUND			
(D) LP		745,205.	END-OF-YEAR	MARKET VALUE
(E)				
(F)				
(G)			·	
(H)			<u>. </u>	
	m 990, Part X, col. (B) line 12.)	2,573,889.		
art VIII Investmen	ts - Program Related.			
	ie organization answered "Yes" o		11c See Form 990, Part X,	line 13
	on of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)		·· -		
(5)				
(6)				
(8)				
(9)				
	m 990, Part X, col. (B) line 13.)			
?art IX ⊢ Other Asse	ets.			
		n Form 990, Part IV, line	11d See Form 990, Part X,	line 15
	e organization answered "Yes" o	on Form 990, Part IV, line lescription	11d See Form 990, Part X,	line 15 (b) Book value
Complete if th	e organization answered "Yes" o		11d See Form 990, Part X,	
Complete if th	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th (1) (2) (3)	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th (1) (2) (3) (4)	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
(1) (2) (3) (4) (5)	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
(1) (2) (3) (4) (5) (6)	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th (1) (2) (3) (4) (5) (6) (7)	e organization answered "Yes" o		11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must eq	ual Form 990, Part X, col (B) line	escription	11d See Form 990, Part X,	· · · · · · · · · · · · · · · · · · ·
Complete if th (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must eq	ual Form 990, Part X, col (B) line	description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal (b) must equal (complete if the complete if th	ual Form 990, Part X, col (B) line illities.	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equart X Other Liab Complete if the	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line		(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (14) (2) (2) (3) (4) (5) (6) (7) (8) (9) (14) (15) (15) (15) (15) (15) (15) (15) (15	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equart X Other Liab Complete if the (1) Federal income tax (2)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal to the Complete if the (1) Federal income tax (2) (3)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (2art X Other Liab Complete if the (1) Federal income tax (2) (3) (4)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (14) (Column (b) must equart X Other Liab Complete if the (1) Federal income tax (2) (3) (4) (5)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (2art X Other Liab Complete if the (1) Federal income tax (2) (3) (4) (5) (6)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) Federal income tax (2) (3) (4) (5) (6) (7)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value
Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (2art X Other Liab Complete if the (1) Federal income tax (2) (3) (4) (5) (6)	ual Form 990, Part X, col (B) line illities. ie organization answered "Yes" of (a) Description of liability	nescription 15) In Form 990, Part IV, line	11e or 11f. See Form 990, I	(b) Book value

832053 10-29-18

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) 2018

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 Page 4 Schedule D (Form 990) 2018 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 1 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 Net unrealized gains (losses) on investments 2a а 2b Donated services and use of facilities c Recoveries of prior year grants 2c 2d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII) 4c Add lines 4a and 4b 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 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a 2b Prior year adjustments b 2c Other losses С 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 4b 4c c Add lines 4a and 4b 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

Schedule D (Form 990) 2018

SCHEDULE (Form 990) Department of the Treasury

Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Open to Public OMB No 1545-0047 Inspection **Employer identification number**

62-6191455

2

X Yes

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Grants and Other Assistance to Organizations,

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 BOY SCOUTS OF AMERICA CHICKASAW COUNCIL SCOUT TRUST FUND CHICKASAW COUNCIL BOY General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

IV, line 21, for any	res" on Form 990, Part	Inization answered "\	d States complete if the organical	he use of grant funds in the United States s and Domestic Governments. Complete if plicated if additional space is needed	zations and Domestic	Domestic Organi 55,000 Part II can	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (i) Method of the control of t
TURIO IO BECOLLO IO	O LO						
1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.) Description (-)	(f) Method of	by faring (a) for taring (b)	to tallow ((r)	Colton Colton	(H)	4 (a) Nome and address of exercises
			ded	ional space is need	be duplicated if addit	\$5,000 Part II can	recipient that received more than \$
IV, line 21, for any	res" on Form 990, Part	Inization answered "\	complete if the orga	c Governments. C	zations and Domestic	Domestic Organi	rt II Grants and Other Assistance to I
			d States	funds in the Unite	toring the use of grant	cedures for monr	Describe in Part IV the organization's pro

· .	(h) Purpose of grant or assistance	SUPPORT BOY SCOUTING			
	(g) Description of noncash assistance				
	(f) Method of valuation (book, EMV, appraisal, other)				
led	(e) Amount of non-cash assistance	.0			
if additional space is needed	(d) Amount of cash grant	175,000.			
be duplicated if additi	(c) IRC section (if applicable)	501(C)(3)			
55,000 Part II can	(b) EIN	62-0499713			
recipient that received more than \$5,000 Part II can be duplicated	1 (a) Name and address of organization or government	CHICKASAW COUNCIL BSA 171 S. HOLLYWOOD MEMPHIS, TN 38122			

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) CHICKASAW COUNCIL

Schedule I (Form 990) (2018) CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

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

GRANTS MUST COMPLY WITH TERMS OF TRUST

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832102 11-02-18

Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Inspection

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL Name of the organization **Employer identification number** CHICKASAW COUNCIL BOY SCOUT TRUST FUND 62-6191455 FORM 990, PART VI, SECTION B, LINE 11B: 990 IS REVIEWED FOR COMPLETENESS AND ACCURACY FORM 990, PART VI, SECTION B, LINE 12: INSTITUTIONAL TRUSTEE COMPLIES WITH TERMS OF TRUST AGREEMENT FORM 990, PART VI, SECTION B, LINE 15: TRUSTEE RECEIVES A ORGANIZATION HAS NO COMPENSATED OFFICERS OR EMPLOYEES. TRUSTEE FEE BASED UPON ASSET VALUE. FORM 990, PART VI, SECTION C, LINE 18: MADE AVAILABLE UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: MADE AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

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

► Attach to Form 990.

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

CHICKASAW COUNCIL BOY

Name of the organization

Department of the Treasury Internal Revenue Service

SCOUT TRUST FUND

2018 Open to Public Inspection

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. BOY SCOUTS OF AMERICA CHICKASAW COUNCIL

Employer identification number 62-6191455

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

Schedule R (Form 990) 2018

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FENNESSEE

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ENNESSEE

CARRY OUT MISSION OF BOY

62-6249663

DELTA COUNCIL OF BSA

MEMPHIS, TN 38122 171 S. HOLLYWOOD

MEMPHIS, TN 38122

171 S. HOLLYWOOD

COUNCIL AREA

SCOUTS OF AMERICA IN

COUNCIL AREA

CARRY OUT MISSION OF BOY SCOUTS OF AMERICA IN

CHICKASAW COUNCIL OF BSA - 62-0499713

BOY SCOUTS OF AMERICA CHICKASAW COUNCIL Schedule R (Form 990) 2018

CHICKASAW COUNCIL BOY SCOUT TRUST FUND

Page 2

62-6191455

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

General or Percentage managing ownership partner?

Yes No 3 9 Code V-UBI camount in box no 20 of Schedule Law K-1 (Form 1065) Ξ Yes No Osproportionate allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity € (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u>

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 Part IV

(a) Name, address, and EIN	(b) Primary activity	(c)	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Section 51205Y13)
of related organization		(state or foreign	entity	(C corp, S corp	income	end-of-year	ownership	controlled entity?
		country)		(20)		00000		Yes No
								-
								+
		29				Sche	Schedule R (Form 990) 2018	990) 20

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CHICKASAW COUNCIL BOY SCOUT TRUST FUND Schedule R (Form 990) 2018 Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š	
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II:1V?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1 a		×	
b Gift, grant, or capital contribution to related organization(s)				£	×		
c Gift, grant, or capital contribution from related organization(s)				10	×		
d Loans or loan guarantees to or for related organization(s)				1d		×	
e Loans or loan quarantees by related organization(s)				16		×	
f Dividends from related organization(s)				<u> </u>	•	×	
 g Sale of assets to related organization(s) 				1		×	
				1		×	
				÷		×	
j Lease of facilities, equipment, or other assets to related organization(s)				F		×	
To a see of facilities commant or other assets from related constructed				1	i	¦ >	
	anization(s)			₹		« >	
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ξ Ξ		×	
Sharing of facilities, equipment, mailing lists, or other assets with relate	lion(s)			1		×	
	· ·			10		×	
						_	
p Reimbursement paid to related organization(s) for expenses					•	×	
				19		×	
						-	
r Other transfer of cash or property to related organization(s)						×	
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	ils line, including covered i	relationships and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved			
(1) CHICKASAW COUNCIL OF BSA	В	175,000.					
(2) DELTA COUNCIL OF BSA	υ	0					
(3)							
(4)							
(5)							
9							
832163 10-02-18	30		Schedule R (Form 990) 2018	B (Forr	66 u) 2018	

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

Schedule R (Form 990) 2018

, Page 4

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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

COUNTRY) Sections 512-514) Yee No Introduce Sassets Yees No (Form 1065) Yees No

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Schedule R (Form 990) 2018