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# 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

F	or cale	endar year 2010, or tax	year beg	inning 1	2/20/20	10 , aı	nd ending		12	/31/2010		
G	Chec	ck all that apply:	X Initial	return	Initial re	eturn of a for	mer public cha	arity	,	Final re	turn	
			Amer	nded return	Add	ress change	∏ Na	ame	e cl	hange		
N	lame of f	foundation	_ <del></del>					TA	E	mployer identification nu	mber	
R	AMSE'	Y FAMILY FOUNDATION	N TRUST							27-4314	234	
		and street (or P O box number		delivered to street ad	dress)	·	Room/suite	В	Т	elephone number (see pag		tions)
13	749 M	ALLORY LANE						1		(615) 371-	.8881	
		wn, state, and ZIP code						10	: If	exemption application is pe		► X
R	RENT	WOOD			TN		37027	1		Foreign organizations, che	<del>-</del> '	
		ck type of organization.	▼ Section	on 501(c)(3) exe				┨~		Foreign organizations med		
Ė		tion 4947(a)(1) nonexe						ļ		check here and attach cor	-	▶□
	Fair	market value of all asse	te at and	J Accounting	method	X Cash	Accrual	<b></b> ∫ E		private foundation status w ider section 507(b)(1)(A), c		_
•		ear (from Part II, col. (c)		Other (sr	ecify)		<del></del>	lF		the foundation is in a 60-m		
	line :	16) ▶ \$	2,000,000	(Part I, column (	d) must b	e on cash bas	is)	1		nder section 507(b)(1)(B), c		▶ [
P	art I	Analysis of Revenue				evenue and					(d) Disbursem	nents
		amounts in columns (b), (c),			, ,	enses per	(b) Net investr	nen	t	(c) Adjusted net	for charitabl	
		the amounts in column (a) (s	ee page 11 of	the instructions))		books	income			income	purposes (cash basis of	
	1	Contributions, gifts, grants, e	tc , received (	attach schedule)		2,000,000						
2011	2	Check ▶☐ If the foundation	n is not requi	red to attach Sch B								
$\approx$	3	Interest on savings and t	emporary ca	ash investments		0			0			
La	4	Dividends and interest from	om securitie	s		0		0				
ક્ય	5 a	Gross rents							0			
MAY	ր ե	Net rental income or (los	s)	0								
3	<del></del>	Net gain or (loss) from sa			ļ	0						
	E	Gross sales price for all asse		0	<u> </u>							
SCANNED		Capital gain net income		/, line 2)	ļ	· · · · · · · · · · · · · · · · · · ·			0			
Ź	8	Net short-term capital ga	ın							0		
K.	9	Income modifications		1 0	<u> </u>							
Š		I Gross sales less returns and		0								
		D Less Cost of goods sole C Gross profit or (loss) (att		<u>U</u>		0				1		
	11	Other income (attach sci		l <del>e</del> )		0			0	0		
	12	Total. Add lines 1 through	•			2,000,000			0			
_	140	Compensation of officers	directors	this General		<u>2,000,000</u> ס				<u> </u>		
	13 14 15 16 a	Other employee salaries	and wanes	WORKER STANE	₽	1						
Ì	15 15	Pension plans, employee	1 7		70							
:	16 a	Legal fees (attach sched		MAY 1 9 20	1 18	0	<del></del>	_	0	0		0
_	-ı P	Accounting fees (attach	schedule)		ES.	0			0	0		0
	<u> </u>	Other professional fees (	attach sche	ghte) DEVI II	# <u>#</u>	0			0	0		0
]	<b>E</b> 17	Interest		GARN, U								
	2 18	Taxes (attach schedule) (see	page 14 of the	e instructions)		0			0	. 0		0
	19	Depreciation (attach sch	edule) and o	depletion		0			0	0		
-	ē 20	Occupancy										
-	21	Travel, conferences, and	_								<b> </b>	
!	22	Printing and publications							_			
	23	Other expenses (attach	-			0			С	0		0
;	<b>E</b> 24	Total operating and ad	ministrativo	e expenses.	1	^			_	,		,
	25 25	Add lines 13 through 23	te paid			<u> </u>	<u> </u>		0	0		<u>C</u>
Č	Operating and Administrative 17 18 19 20 21 22 23 24 25 26	Contributions, gifts, gran  Total expenses and disburs		lines 24 and 25	<u> </u>		<del></del>			ļ	<del>                                     </del>	
_	<u> </u>	<del></del>		mics 24 allu 25	1	0				0	<del> </del>	
	27	Subtract line 26 from line		ia humare e e te		2,000,000	1					
		a Excess of revenue over exp b Net investment income			<u> </u>	2,000,000	<del></del>	_	C			
		c Adjusted net income (			<del></del>					<u> </u>		-
_	`	o Adjusted Het Hitchille (II	negative, e		<u>L.                                    </u>		<u> </u>			0	<u> </u>	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
(e)	النحد	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing .		2,000,000	2,000,000	
	2	Savings and temporary cash investments .				
	3	Accounts receivable   0				
		Less allowance for doubtful accounts	o	0	0	
	4	Pledges receivable   0				
		Less allowance for doubtful accounts	0	0	0	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see page 15 of the			_	
	_	instructions)	. 0	0	0	
	7	Other notes and loans receivable (attach schedule)				
Assets	_	Less allowance for doubtful accounts	<u> </u>	0	0	
<b>SS</b>	8	Inventories for sale or use				
Ä	9	Prepaid expenses and deferred charges .				
	_	Investments—U.S. and state government obligations (attach schedule)	0	0	0	
		nvestments—corporate stock (attach schedule)	0	. 0	0	
		Investments—corporate bonds (attach schedule)	0	0	0	
	11	Investments—land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)	0	0	0	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	0	0	0	
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)	0	0	0	
	15	Other assets (describe	0	0	0	
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	0_	2,000,000	2,000,000	
ဖွ	17	Accounts payable and accrued expenses .			-	
	18	Grants payable				
itie	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0		
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)	0	0	j	
_	22	Other liabilities (describe )	0	0		
	23	Total liabilities (add lines 17 through 22)	0	0	ৰ	
		Foundations that follow SFAS 117, check here .				
nces		and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted .				
ala a	25	Temporarily restricted .				
ä	26	Permanently restricted .				
2		Foundations that do not follow SFAS 117, check here				
显		and complete lines 27 through 31.				
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds		0		
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds		2,000,000		
As	30	Total net assets or fund balances (see page 17 of the				
et	]	instructions)	0	2,000,000		
Z	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	0	2,000,000		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	-			
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
	end-o	of-year figure reported on prior year's return)		. 1	0	
2	Enter	amount from Part I, line 27a		2	2,000,000	
3	Other	r increases not included in line 2 (itemize)		3	0	
4	Add li	ines 1, 2, and 3		4	2,000,000	
5	Decre	eases not included in line 2 (itemize) ▶		5	0	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	2 000 000	

(a) List and describe the	nd Losses for Tax on Invented in the kind(s) of property sold (e.g., real est use, or common stock, 200 shs MLC C	ate,	(b) How acquired P—Purchase D—Donation	(c) Date a		(d) Date sold (mo , day, yr )
1a			ĺ			
b						
С				_		
d				-		
е	ή			_		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,	or other basis ense of sale			n or (loss) f) minus (g)
_a	· · · · · · · · · · · · · · · · · · ·		0			0
<u>b</u> 0	<del>                                     </del>		0			0
<u>c</u> (	<del></del>		0			0
<u>d</u> 0	0		<u>0</u>			0
Complete only for assets sho	wing gain in column (h) and owne	L	<u> </u>		0 (0-1	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i)		(k), but not	(h) gain minus less than -0-) <b>or</b> rom col (h))
a (	0		0			0
<b>b</b> (	0		0			0
С	0		0			0
d (	0		0			0
е (	) 0	<u> </u>	0			0
2 Capital gain net income of		also enter in Pa , enter -0- ın Pa		2		<u> </u>
	n or (loss) as defined in section , line 8, column (c) (see pages					
instructions). If (loss), enter			f (	3		C
	der Section 4940(e) for Re	educed Tax of	on Net Investm	ent Incon	ne	
	the section 4942 tax on the dis not qualify under section 4940		• •	the base	period?	Yes No
1 Enter the appropriate an	nount in each column for each	year; see page	e 18 of the instruc	tions befor	re makın	g any entries
(a)	(b)		(c)		Die	(d) tribution ratio
Base period years  Calendar year (or tax year beginning	n) Adjusted qualifying distribution	ons Net value	of nonchantable-use a	ssets		divided by col (c))
2009						0 000000
2008						0.000000
2007						0 000000
2006						0.000000
2005						0.000000
2 Total of line 1, column (d)		•		2		0.000000
	for the 5-year base period—di oundation has been in existen			y . <u>3</u>		0.000000
4 Enter the net value of nor	ncharitable-use assets for 2010	0 from Part X, I	ine 5	4		(
5 Multiply line 4 by line 3 .				5		
6 Enter 1% of net investment income (1% of Part I, line 27b)						(
7 Add lines 5 and 6				. 7		
8 Enter qualifying distribution	ons from Part XII, line 4			8		(
If line 8 is equal to or greathe Part VI instructions or	ater than line 7, check the box	ın Part VI, line	1b, and complete	that part u	using a 1	1% tax rate See

By state legislation that effectively amends the governing instrument so that no mandatory directions

8 a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney

General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

that conflict with the state law remain in the governing instrument?

If "Yes," complete Part XIV

their names and addresses

8b

10

Х

Х

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Х

4a

4b

Form 99	0-PF'(2010) RAMSEY FAMILY FOUNDAT	TON TRUST			27-431423	4 F	age 6					
Part	VII-B Statements Regarding Activitie	es for Which Forn	n 4720 May Be R	equired (continued)								
5a D	uring the year did the foundation pay or incur any	amount to										
(	1) Carry on propaganda, or otherwise attempt to	o influence legislation (	(section 4945(e))?	Yes [	X No		<u> </u>					
(	2) Influence the outcome of any specific public	election (see section 4	955), or to carry	r	_							
	on, directly or indirectly, any voter registration	n drive?		Yes _	X No							
(	3) Provide a grant to an individual for travel, stu	dy, or other similar pui	poses?	Yes	X No							
(	4) Provide a grant to an organization other than	a charitable, etc., orga	anization described									
-	in section 509(a)(1), (2), or (3), or section 49-	40(d)(2)? (see page 22	of the instructions)	Yes	X No							
(	5) Provide for any purpose other than religious,	charitable, scientific, l	iterary, or			1						
	educational purposes, or for the prevention of	of cruelty to children or	anımals?	Yes	X No							
b If	any answer is "Yes" to 5a(1)–(5), did any of the t	transactions fail to qua	lify under the exception	ons described in	_   _							
R	egulations section 53 4945 or in a current notice	regarding disaster ass	stance (see page 22	of the instructions)?	51	N/A						
0	rganizations relying on a current notice regarding	disaster assistance c	heck here	▶		1	1					
c If	the answer is "Yes" to question 5a(4), does the f	oundation claim exemp	otion from the			ļ						
ta	x because it maintained expenditure responsibilit	ty for the grant?	•	Yes	No	İ						
lf	"Yes," attach the statement required by Regulation	ons section 53 4945–5	i(d)									
<b>6a</b> D	d the foundation, during the year, receive any fui	nds, directly or indirect	ly, to pay		_							
рі	emiums on a personal benefit contract?			Yes	X No							
	d the foundation, during the year, pay premiums	, directly or indirectly, o	on a personal benefit	contract?	6	<b>b</b>	<u>X</u>					
lf	If "Yes" to 6b, file Form 8870											
7a A	any time during the tax year, was the foundation	n a party to a prohibited	tax shelter transactı	on? Yes	X No		<u> </u>					
	"Yes," did the foundation receive any proceeds of	•			7	-						
Par	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,											
	and Contractors											
<u>1 L</u>	ist all officers, directors, trustees, found	<del></del>			he instructi	ons).						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	otho	ense acco						
DAV	DL RAMSEY, III	TRUSTEE	-0-)	and deferred compensatio	<u>n</u>							
	ING RICHARDS CT. FRANKLIN TN 3706	1 00	0		o		c					
0101	INTO INTO DE CONTROL TIVO DE CONTROL DE CONT	100	1		1							
		.00	ol o		o		C					
		00	o c		0		C					
		.00	) <u> </u>		0		C					
2 C	ompensation of five highest-paid emplo	yees (other than th	ose included on l	ine 1—see page 23 of	the instruc	tions).						
If	none, enter "NONE."											
		(b) Title, and aver	age	(d) Contributions to employee benefit	1	ense acco	ount.					
(a) N	ame and address of each employee paid more than \$50,		1 ''	on plans and deferred		allowanc						
		devoted to positi	on	compensation	_							
NON	<u>-</u> T											
				1								
				· ·		<del></del>						
Total	number of other employees paid over \$50,				<b>&gt;</b>							

Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (s	ee nage 23 of the instructions). If none enter	"NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(4) Type of contract	(o) compensor
		0
	3	
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services	<u></u>	* 1/8
Part IX-A Summary of Direct Charitable Activities		
		<u>.</u>
List the foundation's four largest direct charitable activities during the tax year. Include releva the number of organizations and other beneficiaries served, conferences convened, research	Expenses	
······································	<u> </u>	
1 THE FOUNDATION'S PURPOSE IS TO SUPPORT CHARITABLE OF	RGANIZATIONS.	
2		
4		
3		
<b>~</b>		
4		
		•
Part IX-B Summary of Program-Related Investments (see	e page 24 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1		
2		
All other program-related investments See page 24 of the instructions		
3		
		ſ
Total. Add lines 1 through 3		

qualifies for the section 4940(e) reduction of tax in those years

Par	t X Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	ations,
	see page 24 of the instructions )		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	· <del></del>
b	Average of monthly cash balances	1b	1,636,364
C	Fair market value of all other assets (see page 25 of the instructions)	1c	. <u> </u>
d	Total (add lines 1a, b, and c)	1d	1,636,364
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d .	3	1,636,364
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25		
	of the instructions)	4	24,545
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,611,819
6	Minimum investment return. Enter 5% of line 5	6	2,650
Par	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,650
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,650
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,650
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,650
Part	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
_	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	dation	

1		Distributable amount for 2010 fr	rom Part XI,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
_		line 7					2,650
2	_	Undistributed income, if any, as	of the end of 2010				
		Enter amount for 2009 only				0	
	D	Total for prior years 20,			0		<del></del>
3		Excess distributions carryover,	1 '				
		From 2005 .	0				
	D	From 2006	0				
	С	From 2007	0	1			
		From 2008	0				
		From 2009	<u>U</u>				
_	f	Total of lines 3a through e	. f D. d	0			
4		Qualifying distributions for 2010					
		XII, line 4	<u>0</u>		:		
		Applied to 2009, but not more to Applied to undistributed income				0	
		(Election required—see page 2)			0		
	c	Treated as distributions out of c	· ·				
	•	required—see page 26 of the in		0			
	d	Applied to 2010 distributable an	•	0			
		Remaining amount distributed of		0			
5	_	Excess distributions carryover a	•	0			
Ĭ		(If an amount appears in columnsame amount must be shown in	n (d), the				
6		Enter the net total of each colindicated below:	* * *				
	а	Corpus Add lines 3f, 4c, and 4c	e Subtract line 5	0			
	b	Prior years' undistributed incom	ne Subtract				
		line 4b from line 2b			0		
	С	Enter the amount of prior years	' undistributed				
		income for which a notice of de	ficiency has				
		been issued, or on which the se	ection 4942(a)				
		tax has been previously assess	ed				
	d	Subtract line 6c from line 6b Ta	axable				·
		amount-see page 27 of the in:	structions		0		
	е	Undistributed income for 2009	Subtract line				
		4a from line 2a Taxable amour	nt—see page 27 of the				
		instructions		<u></u>		0	
	f	Undistributed income for 2010	Subtract				
		lines 4d and 5 from line 1 This	amount must				
		be distributed in 2011					2,650
7		Amounts treated as distribution					
		corpus to satisfy requirements	•				
		section 170(b)(1)(F) or 4942(g)	(3) (see page 27 of				
_		the instructions)					
8		Excess distributions carryover f					
		not applied on line 5 or line 7 (s	see page 27 of the	_			
_		instructions)		0	<del></del>		
9		Excess distributions carryove					
40		Subtract lines 7 and 8 from line	юа	0			
10	_	Analysis of line 9	l o				
		Excess from 2006	0	4			
	-	Excess from 2007	0	4			
	ت بہ	Excess from 2008	-	4			
	a	Excess from 2009	0	4			

Form	990-PF (2010) RAMSEY FAMILY FOUNDA	TION TRUST			27-4314	4234 Page <b>10</b>
Par	t XIV Private Operating Foundations (s	ee page 27 of th	ne instructions ai	nd Part VII-A, qu	estion 9)	N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2010, ent			<b>•</b>		
b	Check box to indicate whether the foundation is a	private operating fou	indation described in	n section	4942(j)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for each year listed		(b) 2003	(0) 2000	(u) 2007	
_		0				0
	85% of line 2a	0	0	0	0	0
·	Qualifying distributions from Part XII, line 4 for each year listed					•
d	Amounts included in line 2c not used directly	0				0
•	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities				j	
_	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying					
_	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					<del></del>
	Part X, line 6 for each year listed	0				0
С	"Support" alternative test—enter					0
Ū	(1) Total support other than gross			:	i	
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					0
	(2) Support from general public			<u> </u>		0
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					0
	from an exempt organization					0
	(4) Gross investment income					<u>0</u>
Pai	t XV Supplementary Information (Co	nnlete this nart	only if the four	ndation had \$5	000 or more in	0
	assets at any time during the ye				ooo or more m	
1	Information Regarding Foundation Manag		o or the metrue		<u></u> -	<del></del>
-	List any managers of the foundation who have con		2% of the total contri	butions received by	the foundation	
	before the close of any tax year (but only if they ha	ive contributed more	than \$5,000) (See	section 507(d)(2))		
DA۱	/ID L. RAMSEY, III					
b	List any managers of the foundation who own 10%	or more of the stoc	k of a corporation (o	or an equally large po	ortion of the	
	ownership of a partnership or other entity) of which	the foundation has	a 10% or greater int	terest		
2	Information Regarding Contribution, Gran			-		
	Check here ► X if the foundation only makes					
	unsolicited requests for funds. If the foundation ma under other conditions, complete items 2a, b, c, ai		c (see page 28 of th	ne instructions) to inc	dividuals or organizat	tions
			ligations about he			
а	The name, address, and telephone number of the	person to whom app	nications should be	audressed		
b	The form in which applications should be submitte	d and information ar	nd materials they sh	ould include		
_	• •		-			
С	Any submission deadlines					
ابر	Any restrictions or limitations on awards, such as	by geographical area	as charitable fields	kinds of institutions	or other	
u	factors	o, goograpinoai alec	, onamasic ficids,			

Total .

Pa	Supplementary Information (contin	iued)			14254 Tage 11
3	Grants and Contributions Paid During t		for Future P	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Ontroducti	
a	Paid during the year				
	Total	<u> </u>			
b	Approved for future payment			▶ 3a	0

0

▶ 3b

		·			
Part XVI-A Analysis of Income-Producing Activ	1				<del></del>
Enter gross amounts unless otherwise indicated.	(a)	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a		0		0	· .
a h		0		0	
C	<b>†</b>	0		0	
d		0		0	
0		0		0	
4					
G. Coop and contracts from accomment accomme		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					-
5 Net rental income or (loss) from real estate			<u>-</u>	-	
a Debt-financed property					<del> </del>
b Not debt-financed property					
6 Net rental income or (loss) from personal property			]		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory				0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a		0		0	+
<b>b</b>	<del></del>	0		0	†
C		0		0	<del> </del>
d		0		0	
42 Cubbatal Add calumns (b) (d) and (a)		0		0	
12 Subtotal Add columns (b), (d), and (e)	<u> </u>		1	0	·
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calc	ulatione \			13	0
Part XVI-B Relationship of Activities to the Ac		of Evennt D			
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions.)	e is reported in col	umn (e) of Part X	VI-A contributed in		
	·-·				
				-	
			······································		
		- <del></del> -		<del>-</del>	

Preparer

**Use Only** 

► BETTS AND RUBIO, PLLC

Firm's address ► 2220 8TH AVE SOUTH, NASHVILLE, TN 37204

Par	t XVII		_	fers To and	Transactio	ns an	d Rela	ationshi	ps Wit	h Noncharit	able		
1	Did the	Exempt Organiza e organization directly of		ngage in any o	of the followin	a with s	any oth	er organi	zation (	described	ſ	Yes	No
	ın seci	tion 501(c) of the Code izations?											
а	Transf	fers from the reporting t	foundation to	a noncharitabl	e exempt ord	anizati	on of						
		ash									1a(1)		Х
	(2) O	ther assets									1a(2)		_X_
		transactions <sup>-</sup>											
		ales of assets to a nonc									1b(1)		X
		urchases of assets from					•				1b(2)		X
	• • • • • • • • • • • • • • • • • • • •									1b(3)	_	X	
		eimbursement arrangei bans or loan guarantee:							• •		1b(4) 1b(5)		x
		erformance of services								•	1b(6)	<del> </del>	X
		ng of facilities, equipme									1c		X
	If the a	answer to any of the ab of the goods, other ass in any transaction or sh	ove is "Yes," ets, or service	complete the t	following school	edule. ( undatio	Columr on If th	n (b) shou e foundat	uld alwa	ays show the feerved less that	n fair r	narke	t
4-1		<del>,                                      </del>											
(a)	Line no	(b) Amount involved	(c) Name o	f nonchantable ex	empt organizatioi	<u> </u>	(a) Desi	cription of tra	ansters, ti	ansactions, and s	naring ar	rangerr	ients
		0				-		<del></del>					
		0											
		0			<del>- ·</del>								
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		0		<u> </u>									
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		0											
_		0				-		<del></del>					
	descri	foundation directly or in ibed in section 501(c) of s," complete the following	ndirectly affilia of the Code (o	ther than secti					-	ions	Yes 🛚	] No	
		(a) Name of organization		(b)	Type of organizat	ion			(c) D	escription of relati	onship		
			<del></del>										
		·											
		<del></del>			*****							<del></del>	
Si He	ا ا	nder penalities of panury, I dec elilef, it is tode, coffect, and pon	nplete Declaration						mation o		as any k		
		Signature of officer or trusted		Drongeredo	uro	Date	• •	/ Data	<b>▼</b> Titl	e 	PTIN		
Pa	id enare	Print/Type preparer's na		Preparer's signate	lu Be	us a	)A	Date 5/11/2	011	Check I If self-employed	PIIN		

(615) 297-8502

Firm's EIN

Phone no

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

**Employer identification number** 

RAMSEY FAMILY FOUNDATION TRUST 27-4314234 Organization type (check one). Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more . • \$\_\_\_\_\_\_ during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

•					
Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I		
Name of org	anization		Employer identification number		
RAMSEY F	AMILY FOUNDATION TRUST		27-4314234		
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	DAVID L. AND SHARON RAMSEY 513 KING RICHARDS COURT FRANKLIN TN 37067 Foreign State or Province Foreign Country	\$ 2,000,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) nd ZIP + 4 Aggregate contributions			
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
3	Foreign State or Province Foreign Country	\$0	Person Payroli Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
5	Foreign State or Province	\$0	Person Payroll Noncash Complete Part II if there is		

Foreign Country

(a)

No.

6

(b)

Name, address, and ZIP + 4

Foreign State or Province

Foreign Country

Person

Payroll Noncash

a noncash contribution)

(c) Aggregate contributions (d) Type of contribution

(Complete Part II if there is

a noncash contribution)

Page	1	of	1	of Part II
------	---	----	---	------------

Name of organization

RAMSEY FAMILY FOLINDATION TRUS

Employer identification number

27-4314234 RAMSEY FAMILY FOUNDATION TRUST Part II Noncash Property (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Schedule B (F	orm 990, 990-EZ, or 990-PF) (2010)			Page 1 of 1 of Part III
Name of or	~			Employer identification number
RAMSEY F	FAMILY FOUNDATION TRUST  Exclusively religious, charitable, etc., i			
	aggregating more than \$1,000 for the year For organizations completing Part III, enter	r the total of e	xclusively religious, cha	ritable, etc.,
(a) No.	contributions of \$1,000 or less for the year	ır. (Enter this ıı	nformation once. See in	structions.) > \$ 0
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(a) T	ransfer of gift	
	Transferee's name, address, and	• •	_	ip of transferor to transferee
	Transferee's flame, address, and	EIF 1 4	Relationsh	ip of transferor to transferee
(a) No.	For Prov Country			W. W
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
-				
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of transferor to transferee
(a) Na	For Prov Country	<del></del>		1
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee
	For Prov Country			

27-	40	4	4	~	2	4
7/-	4	. 1	4	"	. ч	4

### RAMSEY FAMILY FOUNDATION TRUST

PART VII-A -SUBSTANTIAL CO	NTRIBUTORS DURING 2010:	
DAVID L. & SHARON RAMSE	Υ	
513 KING RICHARDS COUR		
FRANKLIN, TN 37067		

# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	ΔĮ	State	Zip Code	Foreign Country	Title	Average Hours
-	DAVID L. RAMSEY, III		513 KING RICHARDS CT	FRANKLIN	N.	TN 37067		TRUSTEE	-
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5									
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