

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Internal Revenue Service

DLN: 93491134003116

OMB No 1545-0052

Open to Public Inspection

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	caier	idar year 2015, or tax y	ear beginning 01-0)1-2015	, and	a enaing 1	.2-31-2015			
	e of foun MSEY FA	ndation MILY FOUNDATION TRUST					entification numb	er		
					_	27-4314234				
		street (or P O box number if mail is r DRY LANE	not delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	s)		
17.	+5 MALLO	ORT DAINE			L	(615) 371-8881				
		state or province, country, and ZIP or TN 37027	r foreign postal code	1		C If exemption	application is pendin	g, check here 🕨 🦵		
G Ch	eck all	that apply Initial return	Initial return of a f	ormer public charity		D 1. Foreign o	rganizations, check h	ere 🕨 🗀		
		☐Final return ☐Address chang	A mended return Name change			2. Foreign o	rganizations meeting	the 85%		
H C h	eck typ	pe of organization 🔽 Section	501(c)(3) exempt privat	e foundation		E If private for	ck here and attach co undation status was f	mputation erminated		
Se	ction 4	947(a)(1) nonexempt charitab	le trust 「Other taxabl	e private foundation		under sectio	n 507(b)(1)(A), chec	k here		
		t value of all assets at end om Part II, col. (c),	JAccounting method Other (specify)	J y Casn Accrua	'		ation is in a 60-mont n 507(b)(1)(B), chec	. —		
		\$ 1,506,844	(Part I, column (d) must	be on cash basıs.)		411451 555415	(2)(2)(2),	,		
Pa	rt I	Analysis of Revenue a		Revenue and				Disbursements		
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see		expenses per (a) books	N∈ (b)	et investment income	Adjusted net (c) income	for charitable purposes		
	_	instructions))		(a) books				(d) (cash basis only)		
	1	Contributions, gifts, grants, e	•	555.000						
	,	schedule)		556,000						
	2	Check ► ☐ If the foundation Sch B	is not required to attach							
	3	Interest on savings and temp	orary cach investments	8,831		8,831				
	4	Dividends and interest from s	•	0,031		0,031				
	5a	Gross rents								
	b	Net rental income or (loss)								
Φ	6a	Net gain or (loss) from sale of	fassets not on line 10							
Revenue	ь	Gross sales price for all asse	ts on line 6a							
	7	Capital gain net income (from	Part IV, line 2)			0				
	8	Net short-term capital gain .		·						
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	ь	Less Cost of goods sold								
	С	Gross profit or (loss) (attach	schedule)							
	11	O ther income (attach schedu	le)							
	12	Total.Add lines 1 through 11		564,831		8,831				
	13	Compensation of officers, dire	ectors, trustees, etc							
	14	O ther employee salaries and	wages	64,667				64,667		
φ	15	Pension plans, employee ben								
Expenses	16a	Legal fees (attach schedule).								
¥	Ь	Accounting fees (attach sche	dule)	600				600		
	С	Other professional fees (attac	ch schedule)							
Administrative	17	Interest								
2	18	Taxes (attach schedule) (see	instructions)	3,934				3,934		
	19	Depreciation (attach schedul	e) and depletion	% 472						
들	20	Occupancy								
and #	21	Travel, conferences, and mee	-							
	22	Printing and publications		o 5 3				4.445		
E .	23	Other expenses (attach sche		1,415				1,415		
Operating	24	Total operating and administr		74 000		^		70.616		
ă O	25	Add lines 13 through 23		71,088		0		70,616		
_	25 26	Contributions, gifts, grants pa		552,750				552,750		
		Total expenses and disbursen 25	nents.Add lines 24 and	623,838		0		623,366		
	27	Subtract line 26 from line 12		== 0-						
	a	Excess of revenue over exper		-59,007		0.021				
	b	Net investment income (if neg Adjusted net income(if negat	-			8,831				
	C	Adjusted net income(if negat						000 05 100		

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	·
	1	Cash—non-interest-bearing	(a) Book Value 9,999	(b) Book Value 10,000	(c) Fair Market Value 10,000
	2	Savings and temporary cash investments	1,553,080	1,494,544	1,494,544
		-	1,555,000	1,434,344	1,494,544
	3	Accounts receivable Less allowance for doubtful accounts			
	_				
	4	Pledges receivable			
	_	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨3,974			
		Less accumulated depreciation (attach schedule) 🟲1,674	2,772	2,300	2,300
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			_
	15	Other assets (describe 🟲)			_
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	1,565,851	1,506,844	1,506,844
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ę.	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a e	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities(add lines 17 through 22)		0	
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
H		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ą	29	Retained earnings, accumulated income, endowment, or other funds	1,565,851	1,506,844	
Net	30	Total net assets or fund balances(see instructions)	1,565,851	1,506,844	
2	31	Total liabilities and net assets/fund balances(see instructions)	1,565,851	1,506,844	
Da	rt III		, , <u>l</u>	, ,	
			(a) line 20 (milet	roo	
1		Total net assets or fund balances at beginning of year—Part II, column (with end-of-year figure reported on prior year's return)	•		1 565 051
2		Enter amount from Part I, line 27a		 	1,565,851 -59,007
2		· · · · · · · · · · · · · · · · · · ·		2	-39,007
		Other increases not included in line 2 (itemize)			1 506 044
4		Add lines 1, 2, and 3		4	1,506,844
5		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—Pa			1 506 044
6		in otal net assets of fund paralices at end of year (line 4 millus line 5)—Pr	arcii, colullill (D), III	ne 30 . 6	1,506,844

	e the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs	•	How acquired P—Purchase (b) D—Donation	Date acquir	ed Date sold r) (d) (mo , day, yr)
1a					
b					
С					
d					
e					
(e) Gross sales price	Depreciation allowed (f) (or allowable)	II.	or other basis expense of sale		aın or (loss) us (f) mınus (g)
a					
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and owne	ed by the foundation	on 12/31/69	Gains (C	Col (h) gain minus
	Adjusted basis		ess of col (ı)		not less than -0-) or
(i) F M V as of 12/31/69	(j) as of 12/31/69	(k) over	col (j), if any	(I) Losse	es (from col (h))
а					
b					
С					
d					
e					
If gain, also enter in in Part I, line 8 .	Part I, line 8, column (c) (see instru	ctions) If (loss), er	nter - 0 -	3 and an analysis	
f section 4940(d)(2) applies,	·				
	ne section 4942 tax on the distributa not qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
1 Enter the appropriate amo	ount in each column for each year, se	ee instructions befo	re making any en	tries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	ıtable-use assets	Distribu	(d) ution ratio ded by col (c))
2014	496,049		1,703,573		000 291182
2013	548,192		1,683,233		000 325678
2012	534,009		1,773,988		000 301022
2011	392,052		1,842,972		000 212728
2010			1,611,819	_ 1	
3 Average distribution	nn (d).	vide the total on line	e 2 by 5, or by	2	001 130610
	the foundation has been in existence of noncharitable-use assets for 2015			3	000 226122
		·	<u> </u>	4	
	e 3		<u> </u>	5	
	estment income (1% of Part I, line 2)			6	
			-	7	
	ributions from Part XII, line 4		<u>L</u>	8	
If line 8 is equal to o the Part VI instruction	or greater than line 7 , check the box i ons	ın Part VI, lıne 1b, a	and complete that	: part using a 1%	tax rate See

	990-PF (2015) *t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e)	or 4948—s	ee pag	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		, 01 15 10 5	\		the mot	Tuctio		
14	and enter "N/A" on line 1	-							
	Date of ruling or determination letter			\					
	(attach copy of letter if necessary-see instructions)								
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V	, check		J	1				177
	here Fand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organize	ations	enter 4% of						
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	ers					
2	enter -0-)	naacion	is only out	-13	2				
3	Add lines 1 and 2				3				177
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ındatıor	ns only Oth	ers	4				
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3 If zero or less, 6	antar - C	١_		5				177
	Credits/Payments	enter -c	,	•	5				
6 a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1						
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed.			•	9				177
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount				10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e. or loc	al legislatio	on or d	ıd			Yes	No
	It participate or intervene in any political campaign?						1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for	politica	Ipurposes	see Ir	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and co	pues of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.								
c	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) impo	sed du	rıng the yea	r					
	(1) On the foundation 🕨 \$ (2) On foundation managers	F \$ _							
e	Enter the reimbursement (if any) paid by the foundation during the year for pol	litical e	xpenditure 1	tax ımp	osed				
	on foundation managers 🕨 \$								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in $\boldsymbol{\theta}$	ıts gove	erning instru	ıment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed	copy of the c	hanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more of	during t	he year?.				4a	\sqcup	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\sqcup	
5	Was there a liquidation, termination, dissolution, or substantial contraction du	uring th	e year?				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945)sa	itisfied eithe	er					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so the 	hat no r	nandatory d	ıroctıo	nc				
							6	Vaa	
7	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year and Part XV.				, COI. (C),	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (structions)					. 63	
Ga	TN	(200 III)	, ci accioiis)						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9	90-PF	to the Attor	nev					
_	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the				(յ)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s		_						
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	," attacl	h a schedule	lıstıng	their n	ames			
	and addresses.						10		No

Pai	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►MARK FLOYD Telephone no ►(615)371	-8881	
	Located at ▶ 1749 MALLORY LANE BRENTWOOD TN ZIP+4 ▶ 37027			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
13	and enter the amount of tax-exempt interest received or accrued during the year	• •	- ,	
				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مه ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes \(\subseteq \text{ No} \)			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
b	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
·	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		ككم	
	if the foundation had excess business holdings in 2015.)	3b	 	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ككم	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

Pa	Statements Rega	arding Activities for	Which Form 4/20	may be Required (Con	tinued)
5a	During the year did the foundatio	n pay or incur any amoun	it to		
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e legislation (section 49	45(e)) [?]	✓ No
	(2) Influence the outcome of any	specific public election	(see section 4955), or to	carry	
	on, directly or indirectly, any	voter registration drive?		T Yes 「	✓ No
	(3) Provide a grant to an individu	ıal for travel, study, or ot	her sımılar purposes?	☐ Yes 「	✓ No
	(4) Provide a grant to an organiza	atıon other than a charıta	ible, etc , organization de	escribed	
	ın section 4945(d)(4)(A)? (s	ee instructions)		T Yes 「	✓ No
	(5) Provide for any purpose other	r than religious, charitabl	e, scientific, literary, or		
	educational purposes, or for t	the prevention of cruelty	to children or animals?.		✓ No
b	If any answer is "Yes" to 5a(1)-	(5), dıd any of the transac	tions fail to qualify unde	r the exceptions described in	
	Regulations section 53 4945 or	ın a current notice regard	dıng dısaster assıstance	(see instructions)?	5b
	Organizations relying on a currer	nt notice regarding disast	er assistance check her	e	
C	If the answer is "Yes" to question	n 5a(4), does the foundat	tion claim exemption fror	n the	
	tax because it maintained expend	diture responsibility for t	he grant?	T Yes 「	No No
	If "Yes," attach the statement requ	ured by Regulations section	on 53.4945–5(d).		
6a	Did the foundation, during the yea	ar, receive any funds, dir	ectly or indirectly, to pay	premiums on	
	a personal benefit contract?				✓ No
b	Did the foundation, during the yea	ar, pay premiums, directl	y or indirectly, on a pers	onal benefit contract?	. 6b No
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, w	was the foundation a part	y to a prohibited tax she	lter transaction? Tyes [✓ No
ь	If yes, did the foundation receive	any proceeds or have ar	ny net income attributabl	e to the transaction?	. 7b
Da	PT VIII	t Officers, Director	s, Trustees, Founda	ation Managers, Highly	Paid Employees,
	and Contractors				
	List all officers, directors, trustee	s, foundation managers a	and their compensation (T
		Title, and average	(c) Compensation(If	(d) Contributions to	Expense account,
	(a) Name and address	hours per week (b) devoted to position	not paid, enter -0-)	employee benefit plans	(e) other allowances
			-	and deferred compensation	
	D L RAMSEY III	TRUSTEE	0		
	9 MALLORY LANE NTWOOD,TN 37027	001 00			
	ON RAMSEY	TRUSTEE	0		
	9 MALLORY LANE	001 00	Ĭ		
	NTWOOD,TN 37027				
DENI	SE WHITTEMORE	EX DIR	0		
174	9 MALLORY LANE	030 00			
	NTWOOD,TN 37027				
_2	Compensation of five highest-paid	d employees (other than	those included on line 1-		nter "NONE."
	(a)	Title, and aver		Contributions to employee benefit	Expense account,
Naı	me and address of each employee more than \$50,000	paid hours per we (b) devoted to pos		plans and deferred	
	more than \$50,000	(b) devoted to pos	TCIOII	(d) compensation	
Tota	I number of other employees paid	over\$50,000			

Form 990-PF (2015)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	5	<u>▶</u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it	relevant statistical information such as the numb	er of
organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		0
2		
3		
4		
Part IX-B Summary of Program-Related Investments	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
		—
Total. Add lines 1 through 3		•
		- I

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instructions	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	О
b	A verage of monthly cash balances	1b	1,203,649
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,203,649
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,203,649
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions) 📆	4	18,055
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,185,594
6	Minimum investment return. Enter 5% of line 5	6	59,280
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	59,280
2a	Tax on investment income for 2015 from Part VI, line 5 2a 177		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	177
3	Distributable amount before adjustments Subtract line 2c from line 1	3	59,103
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	59,103
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	59,103
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 🕏	1a	623,366
	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	623,366
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 instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	623,366
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Ind	come (see instru	ictions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015 fron	n Part VI line 7	сограз	rears prior to 2014	2014	2013	59,103
	Undistributed income, if any, as of						
a							
а							
b		20					
3	Excess distributions carryover, if a	iny, to 2015					
a	From 2010	297,304					
D	From 2011	445,485					
	From 2012	464,250					
	From 2014	411,125					
	Total of lines 3a through e	· ·	1,618,164				
	Qualifying distributions for 2015 fro		_,,				
-		523,366					
-	Applied to 2014, but not more than						
	Applied to undistributed income of						
	(Election required—see instructions	s)					
С	Treated as distributions out of corp required—see instructions)						
d	Applied to 2015 distributable amou	unt					59,103
е	Remaining amount distributed out of	of corpus	564,263				
5	Excess distributions carryover app	olied to 2015					
	(If an amount appears in column (d), same amount must be shown in						
6	Enter the net total of each column	as					
_	indicated below:	uhtus at lan a E	2,182,427				
	Corpus Add lines 3f, 4c, and 4e Si		2,102,427				
b	Prior years' undistributed income S line 4b from line 2b						
_	Enter the amount of prior years' und						
	income for which a notice of deficie						
	been issued, or on which the sectio	,					
	tax has been previously assessed.						
d	Subtract line 6c from line 6b Taxa						
	—see instructions						
е	Undistributed income for 2014 Su 4a from line 2a Taxable amount—s						
	instructions						
f	Undistributed income for 2016 Sul	btract		-			
	lines 4d and 5 from line 1 This amo						0
	be distributed in 2015						0
7	A mounts treated as distributions o						
	corpus to satisfy requirements imp section $170(b)(1)(F)$ or $4942(g)(3)$						
	be required - see instructions)						
8	Excess distributions carryover from						
	applied on line 5 or line 7 (see insti	ructions)					
9	Excess distributions carryover to 20		2,182,427				
	Subtract lines 7 and 8 from line 6a		2,102,427				
	Analysis of line 9	207 204					
	Excess from 2011	297,304 445,485					
	Excess from 2012 Excess from 2013	464,250					
d		411,125					
	Excess from 2015	564,263					
	EVCC33 HOIH FOTA	55.,255					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 552,750 **b** Approved for future payment

Form 990-l						Page 12
	-A Analysis of Income-Produc			<u> </u>		(e)
Enter gross	s amounts unless otherwise indicated	Unrelated bu	(b)	Excluded by section (c)	(d)	Related or exempt function income
1 Progran	n service revenue	Business code	• •	Exclusion code	A mount	(See Instructions)
е						
	and contracts from government agencies					
3 Interes	rship dues and assessments st on savings and temporary cash ments			14	8,831	
	nds and interest from securities ital income or (loss) from real estate					
a Debt-	financed property ebt-financed property					
6 Net rer	ntal income or (loss) from personal					
	nvestment income					
	ory					
	profit or (loss) from sales of inventory					
	revenue a					
с						
е						
13 Total.A	al Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify (1	8,831 13	8,831
Part XVI			plishment of I	Exempt Purpos	es	
Line No. ▼	Explain below how each activity for whithe accomplishment of the foundation's instructions)					
11	N/A					

Part XVII	Information Re Noncharitable				actio	ns and Relations	ships With			
	ganızatıon dırectly or ın	dırectly enga	age in any of	the following wit					,	N.
	• •	r than section	n 501(c)(3)	organızatıons) o	r ın sec	tion 527, relating to	political		res	NO
organizati		dation to a no	oncharitable	avampt arganiz	stion of					
	·							1a(1)		No
								-		
b Other tran					• • •			14(1)		
		ıtable exemp	ot organizatio	n				1b(1)		No
								-		No
										No
								1b(4)		No
								1b(5)		No
								1b(6)		No
c Sharing of	f facılıtıes, equipment, n	naılıng lısts, e	other assets	, or paid employ	ees			1c		No
									e	
ili aliy ciai	isaction of Sharing and	iligellielit, siii	ow in column	(u) the value of	the go	ous, other assets, or	Services receive	su		
(a) Line No	(b) Amount involved	(c) Name of n	oncharitable ex	empt organization	(d)	Description of transfers,	transactions, and sha	arıng arrang	ement	ts
2a Is the four	ndation directly or indir	ectly affiliate	d with or rel	ated to one or r	nore tax	y-exempt organizatio	ns			
								.┌Yes	▽	Νo
b If "Yes," o	complete the following s	chedule								
	(a) Name of organization		(1	b) Type of organiza	tion	(c)	Description of relati	onship		
				t, and complete	Declar	ation of preparer (oti	ner than taxpaye	r) is base	d on	all
Sign	****	 ,		12016 05 00		****	May t	he IRS disc	uss the	s
Here 1				2016-05-09	_ \				show	n
	Signature of officer or tr	ustee		Date		Title	below			
	ı		I						esi N	0
	Print/Type preparer's		Preparer's S	Signature		Date 2016-05-09		PILIN		
	RICHARD W BETTS	5			2016-05-09			<u>L</u>		
Daid	Firm's name ▶						Firm's EIN 🕨		_	
Paid Proparer	BETTS & RUBIO PLL	С								
Preparer Use Only	Firm's address ▶						Phone no		_	
ooc omy		A code (other than section 501 (c)(3) organizations) or in section 527, relating to political porting foundation to a noncharitable exempt organization of to a noncharitable exempt organization. 1a(1) No 1a(2) No 1a(3) No 1a(3) No 1a(3) No 1a(3) No 1a(3) No 1a(4)								

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
127 WORLD WIDE PO BOX 6127 RALEIGH,NC 27628		PC	GENERAL FUND	1,000
BAREFOOT REPUBLIC PO BOX 40365 NASHVILLE,TN 37204		PC	GENERAL FUND	2,000
BLOOD WATER PO BOX 60381 NASHVILLE,TN 37206		PC	GENERAL FUND	5,000
BOOKEM 161 RAINS AVENUE NASHVILLE,TN 372035330		PC	GENERAL FUND	500
CALEB COMPANY MINISTRIES 3511 REFUGE TRAIL THOMPSONS STATION,TN 37179		PC	GENERAL FUND	1,000
CHRISTIAN LEADERSHIP CONCEPTS PO BOX 3645 BRENTWOOD,TN 372043645		PC	GENERAL FUND	5,000
CHRISTMAS VILLAGE PO BOX 158826 NASHVILLE,TN 37215		PC	GENERAL FUND	1,250
CROSSPOINT CHURCH 299 COWAN ST NASHVILLE,TN 37213		PC	GENERAL FUND	5,000
ESTILL SPRINGS FIRE DEPARTMENT 306 SOUTH MAIN ST ESTILL SPRINGS,TN 37330		PC	GENERAL FUND	2,000
FAMILY FOUNDATION FUND PO BOX 292724 NASHVILLE,TN 37229		PC	GENERAL FUND	12,000
FCA 1060 W BUSCH BLVD SUITE 104 TAMPA,FL 33612		PC	GENERAL FUND	1,000
FOP NUMBER 41 1331 W MAIN ST FRANKLIN,TN 37064		PC	GENERAL FUND	2,000
FRANKTOWN OPEN HEARTS PO BOX 611 FRANKLIN,TN 37065		PC	GENERAL FUND	5,000
HANDS AND FEET PROJECT PO BOX 682105 FRANKLIN,TN 37068		PC	GENERAL FUND	2,000
MEN OF VALOR 1410 DONELSON PIKE SUITE B-1 NASHVILLE,TN 37217		PC	GENERAL FUND	10,000
Total				552,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MERCY CHILDREN'S CLINIC 1113 MURFREESBORO RD FRANKLIN,TN 37065		PC	GENERAL FUND	25,000
MERCY MINISTRIES PO BOX 111060 NASHVILLE,TN 37222		PC	GENERAL FUND	101,500
NARROWGATE PO BOX 267 DUCK RIVER,TN 384540267		PC	GENERAL FUND	10,000
NASHVILLE RESCUE MISSION 639 LAFAYETTE ST NASHVILLE,TN 37203		PC	GENERAL FUND	25,500
NEW SONG CHRISTIAN FELLOWSHIP 316 SOUTHGATE CT BRENTWOOD,TN 37027		PC	GENERAL FUND	500
OLANCHO AID FOUNDATION PO BOX 15 ROCKLAND,MA 02370		PC	GENERAL FUND	7,000
OPERATION NEW UNIFORM 8825 PERIMETER PARK BLVD SUITE 503 JACKSONVILLE,FL 32216		PC	GENERAL FUND	500
PEUTHER CHAPEL 842 DC CANEY RIDGE RD CLINTWOOD,VA 24228		PC	GENERAL FUND	3,000
SAFE WORLD NEXUS PO Box 301 BRISTOL,TN 37621		PC	GENERAL FUND	10,000
SALVATION ARMY BERRY STREET 611 STOCKELL ST NASHVILLE,TN 37207		PC	GENERAL FUND	15,000
SECOND HARVEST FOOD BANK 331 GREAT CIRCLE DR NASHVILLE,TN 37228		PC	GENERAL FUND	5,000
SILOAM FAMILY HEALTH CENTER 820 GAYLE LANE NASHVILLE,TN 37204		PC	GENERAL FUND	20,000
SPECIAL KIDS 202 ARNETTE ST MURFREESBORO,TN 37130		PC	GENERAL FUND	10,000
STAR 12325 MALLARD BAY DRIVE KNOXVILLE,TN 37922		PC	GENERAL FUND	500
TENNESSEE RIGHT TO LIFE PO BOX 110765 NASHVILLE,TN 37222		PC	GENERAL FUND	5,000
Total			▶ 3a	552,750

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

If recipient is an individual,	Foundation	Purpose of grant or	A mount
7	recipient	Contribution	
	PC	GENERAL FUND	500
	PC	GENERAL FUND	25,000
	PC	GENERAL FUND	5,000
	PC	GENERAL FUND	500
	PC	GENERAL FUND	1,000
	PC	GENERAL FUND	200,000
	PC	GENERAL FUND	21,000
	PC	GENERAL FUND	1,000
	PC	GENERAL FUND	2,500
	PC	GENERAL FUND	500
	PC	GENERAL FUND	500
	PC	GENERAL FUND	500
	PC	GENERAL FUND	1,500
	show any relationship to any foundation manager	show any relationship to any foundation manager or substantial contributor PC PC PC PC PC PC PC PC PC P	show any relationship to any foundation manager or substantial contributor PC GENERAL FUND PC GENERAL FUND

TY 2015 Accounting Fees Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	600			600

DLN: 93491134003116

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Depreciation Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DESK AND CHAIR	2013-10-23	2,663	1,202	MACRS	0000000007 0000000000000	472			

TY 2015 General Explanation Attachment

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

TY 2015 Investments - Land Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE FIXTURES	3,974	1,674	2,300	2,300

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491134003116

TY 2015 Legal Fees Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1		2.1001110		- a. poses

TY 2015 Other Expenses Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	37			37
PROMOTIONAL EXP	40			40
PRINTING	49			49
TELEPHONE	977			977
INTERNET	312			312

TY 2015 Taxes Schedule

Name: RAMSEY FAMILY FOUNDATION TRUST

EIN: 27-4314234

Software ID: 15000290

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Income tax	255			255
PAYROLL TAXES	3,679			3,679

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491134003116

OMB No 1545-0047

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Employer identification number

RAMSE	EY FAMILY FOUNDAT	TION TRUST	27 4244224		
Organ	ization type (check o	ne)	27-4314234		
Filers	of:	Section:			
Form 9	90 or 990-EZ	☐ 501(c)() (enter number) organization	imber) organization		
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation	l.		
		□ 527 political organization			
Form 9	90-PF	▽ 501(c)(3) exempt private foundation			
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation			
□ 501(c)(3) taxable private foundation					
Gener ✓		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a			
Specia	al Rules				
Г	under sections 509(a received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supp)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part e contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that		
Γ	during the year, total of	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III	-		
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,0 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 nonexclusive religious, charitable, etc., contributions totaling \$5,000 or more during the year		outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively		

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of 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

Name of organization
RAMSEY FAMILY FOUNDATION TRUST

Employer identification number 27-4314234

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	_	
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
1	DAVE SHARON RAMSEY 513 KING RICHARDS COURT		Person Payroll	r r
	FRANKLIN, TN 37067	\$ 556,000	Noncash (Complete Part II f	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Г
		\$	Payroll	Г
			Noncash	
		(1)	(Complete Part II f contributions)	or noncasn
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Г
		\$	Payroll	Г
			Noncash (Complete Part II f	or noncash
(a)	(b)	(c)	contributions)	
No.	Name, address, and ZIP + 4	Total contributions	Type of con	tribution
			Person	_
		\$	Payroll Noncash	ı —
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Г
			Noncash (Complete Part II f	for noncash
			contributions)	

Name of organizati		Employer identification nu	ımber
KAMSEY FAMILY I	FOUNDATION TRUST	27-4314234	
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

chedule B (Form 990,	990-EZ, or 990-PF) (2015)		Page 4	
ame of organization AMSEY FAMILY FOUNDATION TRUST			Employer identification number 27-4314234	
total more line entry. of \$1,000 o	than \$1,000 for the year from any of	one contributor. Complete co III, enter the total of <i>exclusive</i> rmation once. See instruction	ribed in section 501(c)(7), (8), or (10) that solumns (a) through (e) and the following ely religious, charitable, etc., contributions is.) • \$	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. _				
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. =				
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. _				
-	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
. [-				
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee			
:				