Form	990-T ·	E	Exempt Orga	nizatio	on Bus	sine	ss Income T	ax Returr	۱ <u> </u>	OMB No 1545-0687
	-		-				ction 6033(e))		_	0045
	•	For ca	lendar year 2015 or other tax y	_					<u>.6</u>	2015
Depa	rtment of the Treasury	1	•				s available at www.irs.g		- 1-	pen to Public Inspection for
Interr	nal Revenue Service	▶	Do not enter SSN number					<u>ation is a 501(c)(3)</u>	. 50	01(c)(3) Organizations Only yer identification number
A L	Check box if address changed		Name of organization (L			·	and see instructions.)		(Emplo instruc	yees' trust, see tions)
_	xempt under section	Print	TENNESSEE I	_	<u>2-1584777 </u>					
لايا	<u></u> 501(c)(3)	or Type	Number, street, and roor							ed business activity codes structions)
	408(e)220(e)	',,,,	221 FOURTH							
	408A		City or town, state or pro		ry, and ZIP c 7219	r foreig	n postal code		5311	120
	ook value of all assets end of year	F Grou	p exemption number (See	instructions.)	<u> </u>				
2	<u>,001,918.</u>		k organization type 🕨		c) corporatio		501(c) trust	401(a) trust		Other trust
<u>H D</u>	escribe the organization	n's prim	ary unrelated business act	ivity. 🕨 Bi	UILDIN	IG R	ENTAL			
	-	-	poration a subsidiary in an			nt-subs	idiary controlled group?	▶	Yes	X No
<u></u>	"Yes," enter the name	<u>and iden</u>	tifying number of the pare	nt corporatio						
			ALLAN F. RAM		EXEC.	DI			<u>615</u>)	
Pa	art I Unrelate	d Trac	de or Business Inc	come			(A) Income	(B) Expense:	S	(C) Net
<u>≥</u> Ya	Gross receipts or sal			1		i i			1	
N P				c Balance		1c				
ე2	Cost of goods sold (. ,			2				
≎ ₹ 3	Gross profit. Subtrac					3				
- T	Capital gain net incor					4a				
æ b			Part II, line 17) (attach Forr	n 4797)		4b				
-	Capital loss deductio					4c			+	
5	• • •		lips and S corporations (at	tach stateme	ent)	5				
多 6	Rent income (Schedi		(0.1.1.5)			6	165 100	260.0	70	٥٢ ٥٢
	Unrelated debt-finance				(O.I. 5)	7_	165,123.	260,9	1/9.	-95,856.
S B			and rents from controlled			8		-		
9 نست			on 501(c)(7), (9), or (17) o	organization ((Schedule G)					
10	Exploited exempt act					10	 			
11 12	Advertising income (Other income (See in		· ·			12				
13	Total. Combine line					13	165,123.	260,9	79	-95,856.
			ot Taken Elsewhe	re (See ins	structions fo				7 2 01	
			utions, deductions mus							
14	Compensation of of	ficers, de	rectors, and trustees (Sch	edule K)					14	
15	Salaries and wages								15	
16	Repairs and mainte				, 7				16	
17	Bad debts		I REC	EIVE	1_1				17	
18	Interest (attach sch	edule)	, , , , , , , , , , , , , , , , , , ,		S				18	<u>-</u>
19	Taxes and licenses	,	MAR	17 201	7 50-8				19	_
20	Charitable contribut	ions (Se	e instrucțions for limitation		læ[20	
21	Depreciation (attach	Form 4	562)	- Al (17		21			
22	Less depreciation c	laimed o	n Schedule A and elsewhe	eten return			22a		22b	
23	Depletion								23	
24	Contributions to de	ferred co	mpensation plans						24	
25	Employee benefit p	rograms							25	
26	Excess exempt exp	enses (S	chedule I)						26	
27	Excess readership (costs (Sc	chedule J)						27	
28	Other deductions (a		•						28	
29	Total deductions								29	0.
30			income before net operatir	_	ction. Subtra	ct line 2			30	-95,856.
31			n (limited to the amount or				SEE STAT	EMENT 1	31	<u> </u>
32			income before specific ded				30		32	<u>-95,856.</u>
33	•		ly \$1,000, but see line 33 i						33	1,000.
34		s taxable	e income Subtract line 33	from line 32	. If line 33 is	greater	than line 32, enter the sn	naller of zero or		05 050
500	line 32						 		34	-95,856.
01-0	701 16-16 LHA For Pa	perwork	Reduction Act Notice, se	e instruction	S.		201			Form 990-T (2015

Form 990-T (2015)		584777	Page 2
Part III	Tax Computation		
35 Orga	nizations Taxable as Corporations. See instructions for tax computation.		
Conti	rolled group members (sections 1561 and 1563) check here See instructions and:		
a Enter	r your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	\$ (2) \\$ (3) \\$		
, , ,	r organization's share of: (1) Additional 5% tax (not more than \$11,750)	1 1	
	Additional 3% tax (not more than \$100,000)		
• •	me tax on the amount on line 34	▶ 35c	0.
	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
	y tax. See instructions	37	 -
_	native minimum tax	38	
	I. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
	Tax and Payments	1 33	
	ign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	\dashv \mid	
	r credits (see instructions)		
	eral business credit. Attach Form 3800	\dashv \mid	
	it for prior year minimum tax (attach Form 8801 or 8827)	- .,	
	l credits. Add lines 40a through 40d	40e	
	tract line 40e from line 39	41	0.
	r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu		
	I tax. Add lines 41 and 42	43	0.
•	nents: A 2014 overpayment credited to 2015		
	5 estimated tax payments 44b		
	deposited with Form 8868		
d Forei	ign organizations: Tax paid or withheld at source (see instructions)	_	
e Back	cup withholding (see instructions)		
f Credi	it for small employer health insurance <u>premiums</u> (Attach Form 8941)		
g Other	r credits and payments: Form 2439		
	Form 4136 Other Total ▶ 44g		
45 Total	1 payments. Add lines 44a through 44g	45	
46 Estim	nated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	46	
47 Tax o	due. If line 45 is less than the total of lines 43 and 46, enter amount owed	▶ 47	0.
48 Over	rpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	▶ 48	0.
	r the amount of line 48 you want: Credited to 2016 estimated tax	▶ 49	
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
1 At any tim	ne during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financia	al account (bank,	Yes No
	s, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and	Financial	1 1
Accounts	s. If YES, enter the name of the foreign country here 🕨		_ <u> </u>
2 During the if YES, see	s. If YES, enter the name of the foreign country here tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Instructions for other forms the organization may have to file		X
3 Enter the	amount of tax-exempt interest received or accrued during the tax year ▶ \$		
Schedule	A - Cost of Goods Sold. Enter method of inventory valuation ► N/A		
1 Inventory	y at beginning of year 1 6 Inventory at end of year	6	
2 Purchase	2 7 Cost of goods sold Subtract line 6		
3 Cost of la	abor 3 from line 5. Enter here and in Part I, line 2	7	
4a Additional	section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with respect to	<u> </u>	Yes No
	sts (attach schedule) 4b property produced or acquired for resale) apply to)	
	dd lines 1 through 4b 5 the organization?		
U	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	y knowledge and belief	, it is true,
Sign ^{cc}	orrect, and or plete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discus	s this return th
Here	1/1/1 N EXEC DIR	the preparer shown	
	Signature of officer Date Title	instructions)?	`
	Print/Type preparer's name Preparer's signatuge Date Check	ıf PTIN	,
D-:-I	WILLIAM M. self-emplo	- ['	
Paid	THE CARALD IT When A Whitelf I (Mr 2/2017)	•	54446
Preparer	S A CARD DIGGG C THOUSAN TIG		396621
Use Only	5200 MARYLAND WAY, SUITE 300		
	Firm's address BRENTWOOD, TN 37027 Phone no	. (615)66	1-7878
523711 01-06-16			n 990-T (2015)

Form 990-T (2015) TENNESSE Schedule C - Rent Income					/ Lease	62-158 d With Real Pro		
Description of property			-					
(5)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the prent for personal property is more than 50 but not more than 50	ore than	(b) From rea of rent fo the	al and personal proper or personal property ex rent is based on profit	rty (if the percei xceeds 50% or t or income)	ntage		connected with the income in add 2(b) (attach schedule)	
(1)						-		
(2)								
(3)								
(4)			 					
(c) Total income. Add totals of column	0 . s 2(a) and 2(b). En	Total ter				(b) Total deductions.		
here and on page 1, Part I, line 6, column Schedule E - Unrelated De	nn (A)	<u> </u>			0.	Enter here and on page 1, Part I, line 6, column (B)	▶ 0.	
Schedule E - Unrelated De	bt-rinanced	income (se	e instructions)	- -		0 0 1 1 1 1 1 1		
4			2. Gross in or allocabl	le to debt-	<u></u>	3. Deductions directly con to debt-finance traight line depreciation		
Description of debt-financed property			financed	property		(attach schedule) ATEMENT 2	(attach schedule) STATEMENT 3	
(1) TENNESSEE BAR CI	ENTER		165,123			38,927		
(2)					ļ			
_(3)								
_(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to property (attach schedule) debt-financed propert (attach schedule)		by column 5			7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
STATEMENT 4			1.0	0 000		165 100	260.070	
(1) 2,169,997	• 1	243,613				165,123	. 260,979.	
(2)				%				
_(3)				%				
	<u> </u>	<u></u> _		<u>%</u>			 	
						er here and on page 1, rt I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				•	-	165,123	. 260,979.	
_Total dividends-received deductions							0.	
Schedule F - Interest, Ann	uities, Royal					izations (see inst	ructions)	
.		Exer	npt Controlled C	rganization	15	7.		
Name of controlled organization	Employer ide		t unrelated income s) (see instructions)			5. Part of column 4 the included in the controll organization's gross inc	ing connected with income	
(1)								
(2)								
_(3)								
(4)								
Nonexempt Controlled Organizatio	ns							
7. Taxable Income 8	Net unrelated incom (see instructions		Total of specified pay made	yments 1	in the contri	olumn 9 that is included olling organization's assincome	Deductions directly connected with income in column 10	
(1)	<u>.</u>							
(2)								
(3)								
1								
_(4)						umns 5 and 10	Add columns 8 and 11	
				1		nd on page 1, Part I, 3, column (A)	Enter here and on page 1, Part I, line 8, column (B)	
~						_	•	
Totals	-					0.	Form 990-T (2015)	
523721 01-08-16							FOLD 990-1 (ZU15)	

Form 990-1 (2015) TENNE	<u>SSEE LEG</u>	AL CC	<u>MMMUN.</u>	ITY P	OUNDATION			04-	1304//	/ Page
Schedule G - Investm	ent Income structions)	of a Se	ction 5	01(c)(7)), (9), or (17) Or	ganizati	on			
	scription of income			:	2. Amount of income	3. Dedu directly co (attach so	nnected		Set-asides ach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(attach sc	aleddie)			(cor 5 plus cor 4)
(1)								-		
(2)	"							_		
(3)										
					Inter here and on page 1,			<u> </u>		Enter here and on page 1.
					Part I, line 9, column (A)					Part I, line 9, column (B)
Totals				>	0.					0.
Schedule I - Exploite	d Exempt Ad tructions)	ctivity Ir	ncome,	Other	Than Advertisi	ng Inco	me			
	T				4. Net income (loss)		-			7 -
4	2. Gross		 Expensions directly conn 		from unrelated trade or	5 Gross		6	. Expenses	7. Excess exempt expenses (column
Description of exploited activity	unrelated busi	ness	with product	ction	business (column 2 minus column 3) If a	from activism is not un	related	at	tributable to column 5	6 minus column 5, but not more than
, ,	trade or busin	ness	business in		gain, compute cols 5 through 7	business	income		COMMITTO	column 4)
	 									
(1)								╁		_
(2)								⊹		
(3)								ļ		
(4)								1		
	Enter here an page 1, Par		Enter here a page 1, Pa							Enter here and on page 1.
	line 10, col		line 10, col							Part II, line 26
Totals	>	0.		0.					_	0.
Schedule J - Advertis	sing Income	(see inst	ructions)							
Part I Income From	n Periodicals	Repor	ted on	a Cons	olidated Basis					
					4. Advertising gain					7. Excess readership
1 Name of payadiant		Gross ertising		Orect	or (loss) (col 2 minus		culation	6	Readership	costs (column 6 minus
1. Name of periodical		come	advertis	sing costs	col 3) If a gain, comput cols 5 through 7	e inc	ome	i	costs	column 5, but not more than column 4)
(1)								 		
(1)					=			 		
(2)			+		-	-				
(3)			-		-	 		 		
(4)								1		
								1		
Totals (carry to Part II, line (5))	•	0.	<u> </u>	0.						0.
Part II Income From				a Sepa	i rate Basis (For e	each perio	dical liste	ed in Pa	ırt II, fill ın	
columns 2 through	gh 7 on a line-by	-line basis	;)		- ₁			т		-
	2	Gross	3	Direct	4. Advertising gain or (loss) (col 2 minus	5.0	culation	6	Readership	7. Excess readership costs (column 6 minus
1 Name of periodical		ertising icome		sing costs	col 3) If a gain, comput		ome	0.	costs	column 5, but not more
	"				cols 5 through 7					than column 4)
(1)										
(2)										
(3)								1		
(4)										
Totals from Part I		0 .		0 .			_	-		0.
TOTALS HOM FAILT		nere and on		ere and on	•					Enter here and
	page	1, Part I,	page	1, Part I, , col (B)						on page 1, Part II, line 27
	ine	11, col (A)								
Totals, Part II (lines 1-5)	<u> </u>	0		0	• • Tourne 1					0
Schedule K - Compe	ensation of C	micers,	Direct	ors, an	a irustees (see	instruction				
					2 Tutto		 Percentime deve 			pensation attributable irelated business
1	. Name				2. Title		busin		to un	i ciated business
(1)								%		
(2)								%		
(3)				ν.				%		
								- <u></u> %		
(4)	1 Dort II line 14									0
Total Enter here and on page	i, mait II, iiile 14					-				5 OOO T (001)

FORM 990-T	NET	OPERATING	LOSS I	DEDUCTI	ON	STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE			OSS IAINING	AVAILABLE THIS YEAR	-
06/30/01	130,952.	46.	835.		84,117.	84,11	<u> </u>
06/30/02	54,220.	40,	0.		54,220.	54,220	
06/30/08	43,490.		0.		43,490.	43,49	
06/30/09	212,325.		0.		212,325.	212,32	
06/30/10	213,276.		0.		213,276.	213,270	5.
06/30/11	178,871.		0.		178,871.	178,87	L.
06/30/12	190,796.		0.		190,796.	190,79	
06/30/13	191,705.		0.		191,705.	191,70	
06/30/14	194,584.		0.		194,584.	194,58	
06/30/15	170,347.		0.		170,347.	170,34	7.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		1	,533,731.	1,533,73	L .
FORM 990-T	SCHEDULE	E - DEPRECI	ATION	DEDUCT	ION	STATEMENT	2
DESCRIPTION	ſ			IVITY MBER	AMOUNT	TOTAL	
DEPRECIATIO	J.	- SUBTOTAL		1	38,927.	38,9	27.
TOTAL OF FO	RM 990-T, SCHEDUL	E E, COLUMN	3(A)			38,9	27.
FORM 990-T	SCHEDU	LE E - OTHE	R DEDI	JCTIONS		STATEMENT	3
DESCRIPTION	Ī	-		IVITY MBER	AMOUNT	TOTAL	
PROPERTY TA MANAGEMENT OPERATING E PROPERTY IN INTEREST FRANCHISE T	EXPENSE EXPENSES ISURANCE	CUDEOMAT		1	18,459. 8,700. 146,639. 14,098. 32,550. 1,606.	•	= 0
		- SUBTOTAL	_	1		222,0	o 4
TOTAL OF FO	RM 990-T, SCHEDUL	E E, COLUMN	3(B)			222,0	52

FORM 990-T		QUISITION DEBTOR DESTOR DEBTOR			STATEMENT	4
DESCRIPTION			VITY BER	AMOUNT	TOTAL	
AVERAGE ACQUISIS		UBTOTAL -	1	2,169,997.	2,169,99	7.
TOTAL OF FORM 99	90-T, SCHEDULE E	, COLUMN 4			2,169,99	7.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY							
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL					
AVERAGE ADJUSTED BASIS IN BUILDING - SUBTOTAL	- 1	1,243,613.	1,243,61	13.				
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		1,243,61					