Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

, 2023, and ending Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 62-1497469 BATTLE OF NASHVILLE TRUST INC. Name and title of officer or person subject to tax JAMES D KAY JR COO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1,113,364. 1a Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b 2a b Total tax (Form 1120-POL, line 22) За Form 1120-POL check here 4a Form 990-PF check here ... Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here Form 4720 check here 7a Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) , (EIN)_ 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize LBMC, 39281 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. fficer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filling identification 62844162234 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. LAUREN ROBERTS 11/11/24 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA 302521 01-05-24

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Form **990**

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address BATTLE OF NASHVILLE TRUST INC. Name change 62-1497469 initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final |return/ 222 SECOND AVE. NORTH SUITE 340-M615-742-4800 termin ated G Gross receipts \$ 494. City or town, state or province, country, and ZIP or foreign postal code Amended 37201 NASHVILLE, TN H(a) Is this a group return Applica-F Name and address of principal officer: JAMES D KAY JR for subordinates? L pending 4700 LEALAND LANE, NASHVILLE, TN 37220 Yes H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.BATTLEOFNASHVILLETRUST.ORG H(c) Group exemption number J Website: K Form of organization: Corporation X Trust Association Other L Year of formation: 1992 M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: THE BATTLE OF NASHVILLE Activities & Governance PRESERVATION SOCIETY, INC. (BONPS) WAS FORMED IN 1992 BY A GROUP OF if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 259,737. 10,283. 8 Contributions and grants (Part VIII, line 1h) 2,467. 4,789. Program service revenue (Part VIII, line 2g) 487,977. 1,081,768. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 45,292. 16,524. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 795,473. 1,113,364. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. 500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,420, 85,045. 39,920. 85,045. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 755,553. 1,028,319. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 2,277,107. 1,248,788. 20 Total assets (Part X, line 16) O. 0. 21 Total liabilities (Part X, line 26) 1,248,788. 2.277. 107. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign JAMES D KAY JR, Here Type or print name and title Print/Type preparer's name Preparer's signature /24 P00744369 Paid LAUREN ROBERTS self-employed LBMC, PC Firm's EIN 62-1199757 Preparer Firm's name Firm's address P.O. BOX 1869 Use Only

BRENTWOOD, TN 37024-1869

Phone no. (615)377-4600

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

		40 to www.ns.go	V/1 0111100	oo tot the latest information.			
Electroni	ic filing (e-file)	You can electronically file Form 8868 to	request up	to a 6-month extension of time to f	ile any of t	ne forms	
listed bel	ow except for F	orm 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts. A	n extension	
request fo	or Form 8870 n	nust be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elect	ronic filing	of Form	
8868, vis	it www.irs.gov/	e-file-providers/e-file-for-charities-and-non-	profits.				
Caution:	If you are going	to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE for	oayment
instructio	ns.						
All corpo	rations required	to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	, and trusts	
must use	Form 7004 to	request an extension of time to file incom	e tax retur	าร.			
Part I - Id	dentification						
Type or	Name of ex	empt organization, employer, or other filer	, see instru	ictions.	Taxpayer	identification numl	oer (TIN)
Print							
File by the	BATTLE	OF NASHVILLE TRUST I	INC.			62-149746	59
due date for		eet, and room or suite no. If a P.O. box, s					
filing your return, See	222 SE	COND AVE. NORTH SUITE	<u>:, 340</u>	-M			
instructions.	City, town o	r post office, state, and ZIP code. For a fo	oreign addı	ess, see instructions.			
		LLE, TN 37201			,		
Enter the	Return Code f	or the return that this application is for (file	e a separa	e application for each return)			., 01
Applicati	ion Is For		Return	Application Is For			Return
			Code				Code
Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09							
Form 4720 (individual) 03 Form 5227 10							
Form 990-PF 04 Form 6069 1							
Form 990	D-T (sec. 401(a)	or 408(a) trust)	05	Form 8870			12
Form 990-T (trust other than above) 06 Form 5330 (individual)							13
Form 990	D-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	41-A		08				
 After year 	ou enter your F	eturn Code, complete either Part II or Par	rt III. Part II	l, including signature, is applicable o	only for an	extension of	
time to fi	le Form 5330.						
If this a	application is fo	r an extension of time to file Form 5330, y	ou must e	nter the following information,			
Pla	an Name						
Pla	an Number						
Pla	an Year Ending	(MM/DD/YYYY)					
Part II - A	utomatic Exte	<u>nsion of Time To File for Exempt Orgar</u>	izations (s	see instructions)			
The b	ooks are in the	care of JAMES D KAY JR				······································	
			E – N <i>i</i>	ASHVILLE, TN 37220			
		5-742-4800		Fax No.			
If the	organization do	es not have an office or place of busines	s in the Un	ited States, check this box			
If this		Return, enter the organization's four-digit					
box		part of the group, check this box					
1 lre	equest an autoi	natic 6-month extension of time until $$	OVEMB.	ER 15 ,20_24 ,to fi	e the exen	npt organization ref	urn for
the		named above. The extension is for the org	anization's	return for:			
X		ar 20 <u>23</u> or					
	tax year be	ginning	, 20	, and ending		,2	.00
2 f t	he tax year ent	ered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retu	rn	
		ccounting period					
3a If t	his application	is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	e tentative tax, less			_
-		e credits. See instructions.			3a	\$	0.
b lft	this application	is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and			
es	timated tax pay	ments made. Include any prior year over	oayment al	lowed as a credit.	3b	\$	0.
c Ba	alance due. Su	btract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by	1		
us	ing EFTPS (Ele	ctronic Federal Tax Payment System). Se	e instructio	ons.	3с	\$	0.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			**
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 47
15		15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u> </u>	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''		
,,,	1c and 8a? If "Yes," complete Schedule G, Part II	18	[x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	·š		_
	complete Schedule G, Part III	19	Ì	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
33200	3 12-21-23		990	(2023)
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Form	990 (2023) BATTLE OF NASHVILLE TRUST INC. 62-149	7469	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	,		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	- 20	 	
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	· 21		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b	├	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٥,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	· •	†	
30		. 38	x	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	1 47	<u></u>
	Check if Schedule O contains a response or note to any line in this Part V			T
		0	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	• • • • • • • • • • • • • • • • • • • •	<u> </u>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			N.S.F

Form 990 (2023)

(gambling) winnings to prize winners?

BATTLE OF NASHVILLE TRUST INC.

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	102		age o
	Continued)		Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	
2d	filed for the calendar year ending with or within the year covered by this return 2a 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	11.12.4	
	, , , , , , , , , , , , , , , , , , , ,			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	:		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter:			
a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:	7		
a				leni.
	Gross income from other sources. (Do not net amounts due or paid to other sources against	7		
IJ				
22	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	. Laide et	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	T	1
a	Note: See the instructions for additional information the organization must report on Schedule O.	100	100	
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
IJ	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
		140	1	Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments are reported by the filed a Form 720 to report these payments? If "Vee " best if filed a Form 720 to report these payments are reported by the filed a Form 720 to report these payments are reported by the filed a Form 720 to report the filed a Form 720 to repo	14a	1	+
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	+	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		x
	excess parachute payment(s) during the year?	15	1 -	+^-
	If "Yes," see the instructions and file Form 4720, Schedule N.	ille illi		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	19,700	X
	If "Yes," complete Form 4720, Schedule O.	1.4570	and the	Tarillia.
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	1 - 2027 -	1 5/42 167
	lf "Yes," complete Form 6069.	143-15	1 4 4	<u>dreiù</u>

332005 12-21-23

62-1497469 BATTLE OF NASHVILLE TRUST INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 22 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? b Each committee with authority to act on behalf of the governing body? Х d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a 1<u>5b</u> b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website ____ Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

37220

JAMES D KAY JR - 615-742-4800

4700 LEALAND LANE, NASHVILLE,

Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related o	orgai	niza	tion	com	pen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			_ (c	2)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi	tion nore	than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unle	ss per	son is	s both r/trust	an	compensation	compensation	amount of
	week		70, 01		, 00.0			from the	from related organizations	other compensation
	(list any hours for	individual trustee or director				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		эже	Highest compensated employee		1099-NEC)	·	and related
	below	vidual	tution	je j	Key employee	lest c	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) JAMES KAY JR	7.00									_
C00			Ĺ,	X				0.	0.	0.
(2) JOHN ALLYN	0.50							_	_	
BOARD MEMBER		Х						0.	0.	0.
(3) CLAY BAILEY	0.50						ĺ			_
BOARD MEMBER		X					_	0.	0.	0.
(4) JOHN BANKS	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) SIDNEY MCALISTER	0.50					ļ				_
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(6) BOBBY WHITSON	5.00									
PRESIDENT				X				0.	0.	0.
(7) JIM ATKINSON, M.D.	2.00		Ì				Į			
SECRETARY				X				0.	0.	0.
(8) PRESTON BAIN	5.00									
TREASURER				X				0.	0.	0.
(9) PHILLIP DUER	0.50									
BOARD MEMBER		X						0.	0.	0.
(10) TOM LAWRENCE	0.50									
BOARD MEMBER		X						0.	0.	0.
(11) PETE MCALISTER	0.50									
BOARD MEMBER		X						0.	0.	0.
(12) ELLEN DUER MCCLANAHAN	0.50									
BOARD MEMBER		X	<u> </u>		<u> </u>	<u> </u>	<u></u>	0.	0.	0.
(13) BILL OZIER	0.50									
BOARD MEMBER		X		<u> </u>				0.	0.	0.
(14) JAMES A BLAIR	0.50									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(15) MALCOLM LILES	0.50									
BOARD MEMBER		X			_	_	1	0.	0.	0.
(16) DWIGHT PITTMAN	0.50]			-					
BOARD MEMBER		X				1	_	0.	0.	0.
(17) SAMUEL ANDERSON	0.50	4								
BOARD MEMBER		X	<u>L</u>		<u></u>			0.	0.	0.

332007 12-21-23

Form 990 (2023)

Page 7

Part VII Section A. Officers, Directors, Trus	tees, Key Emr	loy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos heck i	ition) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week (list anv		CG AII	uau	10010	170 48	100,	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee		1	sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	rruste	al trus		986	шрег		1099-NEC)	10001120)	and related
	below	ndividual trustee or director	nstitutional trustee	 	key employee	est co oyee	ᇣ			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) ROBERT CHILTON	0.50									
BOARD MEMBER		X						0.	0	0.
(19) R BRANDON HULETTE	0.50									
BOARD MEMBER		X						0.	0	. 0.
(20) JIMMY PICKLE	0.50									
BOARD MEMBER		Х	1					0.	0	. 0.
(21) KEVIN RODDEY	0.50		П							
BOARD MEMBER		X					l	0.	0	. 0.
(22) SAM WHITSON	0.50	Π	T							
BOARD MEMBER		x						0.	0	. 0.
		1								
		1								
,					T					
		1								
N		T	T							
		1								
1b Subtotal	<u></u>	ــــــــــــــــــــــــــــــــــــــ					-	0.	0	. 0.
c Total from continuation sheets to Part V								0.	0	
d Total (add lines 1b and 1c)								0.	0	
2 Total number of individuals (including but r								eceived more than \$100.	000 of reportable	
compensation from the organization	.01	,000	1,000		~~.	-,				0
odinpondatori nom tro organization										Yes No
3 Did the organization list any former officer	director trust	ee	kev i	emp	love	e o	r hic	thest compensated emp	lovee on	
line 1a? If "Yes," complete Schedule J for s					•		_		•	
4 For any individual listed on line 1a, is the si										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes." con	•				-			=		5 X
Section B. Independent Contractors	iipiete Scriedui	60	IUI S	исп	pers	SUII	*****			
Complete this table for your five highest co	mnensated in	dene	ende	ent c	ontr	racto	rs t	hat received more than 5	\$100.000 of compen	sation from
the organization. Report compensation for										
(A)	trio odiciradi y	oui	onai	119 1	71211	0, 11	1 23 111	(B)		(C)
Name and business	address	N	ON:	E				Description of	services	Compensation
	·······									
2 Total number of independent contractors (including but r	not li	imite	d to	tho	se li	ster	l above) who received m	ore than	
\$100,000 of compensation from the organ		.5. 11	.,,,,,,			0	J			
Transport of the first the organ										Form 990 (2023)

<u> </u>		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
रु र	1 a	a Federated campaigns1a					
ran	k	Membership dues1b					
2,3	c	Fundraising events 1c					
镁岩	c	d Related organizations 1d					
S,	e	e Government grants (contributions) 1e					
Ö	f	f All other contributions, gifts, grants, and					
百		similar amounts not included above 1f	10,283.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g Noncash contributions included in lines 1a-1f	3,000.				
<u>8</u>	<u> </u>	n Total. Add lines 1a-1f		10,283.			
			Business Code				
မ္က	2 a	a MISCELLANEOUS	4,789.	4,789.			
ا کِز	k	b					
Sag	(c					
Program Service Revenue	(d					
ğΨ	6	e					
4	f	f All other program service revenue					
		g Total. Add lines 2a-2f		4,789.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		31,448.			31,448.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a 16,524.					
	ı	b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 16,524.					
		` ' 	,	16,524.	16,524.		
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	1431145.				
	1	b Less: cost or other basis					
ıue		and sales expenses 7b	380,825.				
Уeг		c Gain or (loss)	1050320.				
Other Revenue		d Net gain or (loss)	1	1,050,320.	1,050,320.		
her	8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a				lastronin	
		b Less: direct expenses <u>8b</u>	<u> </u>			n i sil dagiday, daba	
	1	c Net income or (loss) from fundraising events	T		1.00	i Provincija venika i provincija provincija provincija provincija provincija provincija provincija provincija pr	
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a	·				
		b Less: direct expenses 9b					
	ı	c Net income or (loss) from gaming activities	T	504,3475.3507.454978543737.37			
	10	a Gross sales of inventory, less returns					
		and allowances10a					
		b Less: cost of goods sold 10k					
		c Net income or (loss) from sales of inventory	To	 		reas a consequence of a	E SANTONINESSE PRESENTA
S			Business Code		er alder Get Paul Mei eur		
90r	11			1			1
<u>a</u>		b		 			
Miscellaneous]	c					
Mis]	d All other revenue	L				
	<u> </u>	e Total. Add lines 11a-11d		4 442 274	1 001 622	a processor de la compansión de la compa	21 440
	12	Total revenue. See instructions		1,113,364	1,071,633	. 0	. 31,448.

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		:		•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10,993.	10,993.		
С	Accounting	5,350.	5,350.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			., , , ,	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	151.	151.		
13	Office expenses				
14	Information technology	575.	575.		
15	Royalties				
16	Occupancy	····			
. 17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,029.	16,029.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,113.	21,113.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DEDATE AND AND ANTIQUENTANTOE	22,418.	22,418.		
b	UTILITIES	3,285.	3,285.		
c	SUPPLIES	3,087.	3,087.		
d	TAXES	1,338.	1,338.		
-	All other expenses	706.	706.		
25	Total functional expenses. Add lines 1 through 24e	85,045.	85,045.	0.	0.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

62-1497469 Page 11 BATTLE OF NASHVILLE TRUST INC. Form 990 (2023) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 2,085,464. Cash - non-interest-bearing 801,668. 1 Savings and temporary cash investments 2 58,220. 51,427. Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a' Land, buildings, and equipment: cost or other 101,165. basis. Complete Part VI of Schedule D _____ 10a 21,113.388,900. 80,052. b Less: accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 60,164. Other assets. See Part IV, line 11 15 15 2,277,107. 1,248,788 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue _____ 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,248,788 2,277,107. 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Form 990 (2023)

2,277,107.

29

30

32

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

1,248,788.

1,248,788

29

30

31

Form	990 (2023) BATTLE OF NASHVILLE TRUST INC.	62-14	97469	Pag	_{le} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			,	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,113		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,04	
3	Revenue less expenses, Subtract line 2 from line 1	3	1,028		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,248	,78	38.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,277	7,10	<u> </u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.		1,60	903
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		i

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

BATTLE OF NASHVILLE TRUST INC.

Employer identification number

			TITE TROST I				2-145/405					
Part I	Reason for Public C	Charity Status. (All organizations must co	mplete thi	s part.) Se	e instructions.						
The organ	ization is not a private founda	ation because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)							
1 🔲	A church, convention of chu	arches, or association	n of churches described i	n section	170(b)(1	(A)(i).						
2	A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).)								
3	A hospital or a cooperative l		•		b)(1)(A)(iii).						
4	A medical research organiza	, .					the hospital's name.					
•	city, and state:		,			The Many	•					
5	An organization operated fo	r the benefit of a coll	ege or university owned	or operate	d by a go	vernmental unit describe	d in					
J	section 170(b)(1)(A)(iv). (C		ogo or anivorsity owned	o. oporaco	a by a go	offinional and accomp	4 11.					
6	A federal, state, or local gov		antal unit described in .	action 17	0/6)/4)/6)/	.A						
6 L 7 X	- · · · · · · · · · · · · · · · · · · ·	_					ublic described in					
7 <u>X</u>	An organization that normal		mai part of its support ire	Jili a gove	mmemai (init or irotti the general p	ublic described in					
	section 170(b)(1)(A)(vi). (Co		dVAV. 1. (Onwell-to Doub	11.5								
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
9	-			•		=	-					
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
	university:											
10	An organization that normal	•	• •				=					
	activities related to its exem	npt functions, subject	t to certain exceptions; a	nd (2) no r	nore than	33 1/3% of its support fr	om gross investment					
	income and unrelated busin	iess taxable income	(less section 511 tax) from	n busines	ses acquir	ed by the organization a	fter June 30, 1975.					
	See section 509(a)(2). (Cor	mplete Part III.)										
11	An organization organized a	and operated exclusi	vely to test for public safe	ety.See s	ection 50	9(a)(4).						
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	is of, or to carry out the p	purposes of one or					
	more publicly supported org	ganizations describe	d in section 509(a)(1) or	section 5	509(a)(2).	See section 509(a)(3). C	Check the box on					
	lines 12a through 12d that	describes the type of	f supporting organization	and comp	olete lines	12e, 12f, and 12g.						
a	Type I. A supporting orga	anization operated, si	upervised, or controlled b	y its supp	orted orga	anization(s), typically by o	giving					
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting					
	organization. You must o	complete Part IV, Se	ctions A and B.									
b [Type II. A supporting org	•		ion with its	supporte	d organization(s), by hav	ing					
	control or management o	,										
	organization(s). You mus											
с Г	Type III functionally inte	-		n connect	ion with, a	nd functionally integrate	d with.					
-	its supported organization	•					,					
d [Type III non-functionally		•				ration(s)					
u	that is not functionally int	•	· · ·									
	requirement (see instructi	-		•			101000					
												
e L_	Check this box if the orga					Type i, Type ii, Type iii						
	functionally integrated, or						1					
	ter the number of supported o	•	d average at large (a)	• • • • • • • • • • • • • • • • • • • •		***************************************						
g Pro	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other					
	organization	(11) 2.11	(described on lines 1-10	(iv) is the orga in your governi		support (see instructions)	support (see instructions)					
			above (see instructions))	Yes	No							
							,					
		•										
						:						
	,											
Total												

332021 12-21-23

Schedule A (Form 990) 2023 BATTLE OF NASHVILLE TRUST INC. 62-1497
| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	i Delli O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
	tion A. Public Support	T					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Ì		0.61 000	10 202	271 505
	include any "unusual grants.")				261,222.	10,283.	271,505.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				0.61 0.00	10 202	271 505
	Total. Add lines 1 through 3				261,222.	10,283.	271,505.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						001 505
	Public support. Subtract line 5 from line 4.						271,505.
Sec	ction B. Total Support	1			T		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		*****		261,222.	10,283.	271,505.
8	Gross income from interest,						
	dividends, payments received on	ļ					
	securities loans, rents, royalties,						
	and income from similar sources				49,295.	47,972.	97,267.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						368,772.
12						12	4,789.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Per	centage			T	
	Public support percentage for 2023 (14	73.62 %
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	84.12 %
16	a 33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
178	a 10% -facts-and-circumstances tes	t - 2023. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fac-	ts-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	-	•	* '.'	_		
ı	o 10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t	the facts-and-circun	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	-
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box a	ınd see instruction	s
						Schedule A	(Form 990) 2023

Schedule A (Form 990) 2023 BATTLE OF NASHVILLE TRUST INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
						 	
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		1				
	amount on line 13 for the year						
	Add lines 7a and 7b	300 A DE 1 PAGE 18 TELLE 18 DE 19	S. Vivitor Chairman Hall Chair and				
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support	т	T		T	T	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			:			
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for t	he organization's f	irst second third	fourth, or fifth tax	vear as a section	501(c)(3) organizatio	n.
	check this box and stop here	•			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	•••••	***************************************		
				column (A)		15	%
	Public support percentage for 2023 (
16	Public support percentage from 202					16	%
Sec	ction D. Computation of Inve					T	
17	Investment income percentage for 2			line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	difies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2022. If the	e organization did	not check a box o	on line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	janization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check t	his box and see in	structions	
							(Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? | f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	1244	
1		
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3b 3c	2 10 Y	
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10a		

Schedule A (Form 990) 2023



www.LBMC.com

NOVEMBER 11, 2024

BATTLE OF NASHVILLE TRUST INC. C/O JAMES D KAY JR 222 SECOND AVE. NORTH SUITE 340-M NASHVILLE, TN 37201

DEAR JIM,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

YONATHAN COOKE

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING DECEMBER 31, 2023

PREPARED FOR:

BATTLE OF NASHVILLE TRUST INC. C/O JAMES D KAY JR 222 SECOND AVE. NORTH SUITE 340-M NASHVILLE, TN 37201

PREPARED BY:

LBMC, PC P.O. BOX 1869 BRENTWOOD, TN 37024-1869

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 2023, and ending Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 62-1497469 BATTLE OF NASHVILLE TRUST INC. JAMES D KAY JR Name and title of officer or person subject to tax COO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here ... 2a b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here За 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9**b** 9а Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 39281 X lauthorize LBMC, to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return, If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 62844162234 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/11/24 LAUREN ROBERTS ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BATTLE OF NASHVILLE TRUST INC. 62-1497469 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 222 SECOND AVE. NORTH SUITE 340 - M615-742-4800 termin-ated 494,189. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende NASHVILLE, TN 37201 H(a) Is this a group return Applica-F Name and address of principal officer: JAMES D KAY JR for subordinates? _____ 4700 LEALAND LANE, NASHVILLE, TN H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.BATTLEOFNASHVILLETRUST.ORG J Website: H(c) Group exemption number Corporation X Trust Association L Year of formation: 1992 M State of legal domicile: TN K Form of organization; Part I Summary Briefly describe the organization's mission or most significant activities: THE BATTLE OF NASHVILLE Activities & Governance PRESERVATION SOCIETY, INC. (BONPS) WAS FORMED IN 1992 BY A GROUP OF if the organization discontinued its operations or disposed of more than 25% of its net assets. 22 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 5 6 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. Prior Year **Current Year** 259,737. 10,283. 8 Contributions and grants (Part VIII, line 1h) 4,789. Program service revenue (Part VIII, line 2g) 2,467. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 487,977. 1,081,768. 45,292. 16,524. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 795,473. 1,113,364. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 500. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 39,420. 85,045. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 39,920. 85,045. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 755,553. 1,028,319. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 1,248,788. 2,277,107. 20 Total assets (Part X, line 16) Ō. 0. 21 Total liabilities (Part X, line 26) 1,248,788. 2,277,107. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JAMES D KAY JR, Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature 11/11 P00744369 Paid LAUREN ROBERTS /24 self-employed LBMC, PC Firm's EIN 62-1199757 Preparer Firm's name

BRENTWOOD, TN 37024-1869

Firm's address P.O. BOX 1869

Use Only

Phone no. (615)377-4600

Form **8868**

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or Print BATTLE OF NASHVILLE TRUST INC. 62-1497469 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your 222 SECOND AVE. NORTH SUITE, 340-M return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN37201 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 80 · After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JAMES D KAY JR 4700 LEALAND LANE - NASHVILLE, TN 37220 Telephone No. 615-742-4800 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 23 or ____ , 20 _____ , and ending _ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

	,		Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	-			Х
^	Schedule D, Part III	8		-21
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٠,,
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 	
Ü	·	106		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	<u> </u>	X
13			-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├──	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			177
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	and the control of th	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			"""
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	The second secon	1 1		

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		Х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	270		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	N., 411	<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):	25.37		10 syde L
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		,	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	- 100		
b	The first the fi	긔		J.S.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u> 1c</u>	000	(0000
33200	4 12-21-23	rorn	コンゴリ	(2023)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0		374	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	- · · · · · · · · · · · · · · · · · · ·		3a		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Co		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			řeli
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			1
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c_	4.4	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		<u>7h</u>	AF U.S.	11.57
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		PER C	
_			8	51. A. P.	10000000
9	Sponsoring organizations maintaining donor advised funds.		\$50.55	N. STOR	37
a			9a		X
b			9b		1
10	Section 501(c)(7) organizations. Enter:	ا مد			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1.833		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	المدا			
	Gross income from members or shareholders	11a			
Ð	Gross income from other sources. (Do not net amounts due or paid to other sources against	al with			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a	1,17,14.5	1374.15
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		104		1.15
h	Enter the amount of reserves the organization is required to maintain by the states in which the		1 55% F		
D	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a		1001	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				†
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.		1	100	T
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	W2562	Х
	If "Yes," complete Form 4720, Schedule O.		10	ji	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17	1	
	If "Yes," complete Form 6069.	***************************************		3,555	
	11 165, Complete Form 0005.		Forn	990	/2022

62-1497469 BATTLE OF NASHVILLE TRUST INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

7	List the states with which a copy of this Form 990 is required to be filed	NON:
,	LISURE STATES WITH WHICH A CODY OF THIS FORTH 990 IS REQUIRED TO DE HIEU	TACTA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JAMES D KAY JR - 615-742-4800

4700 LEALAND LANE, NASHVILLE, TN 37220

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			_ (c	;)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi reck r	nore '	than c	ne	Reportable	Reportable	Estimated
	hours per					s both r/trust		compensation	compensation from related	amount of other
	week (list any							from the	organizations	compensation
	hours for	direct				- I		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	d trus	nal tr		loyee	omp:		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES KAY JR	7.00	Ē	Ĕ	0ţ	Ϋ́	王与	요			
COO	7.00			х				0.	0.	0.
(2) JOHN ALLYN	0.50									
BOARD MEMBER		х			ļ			0.	0.	0.
(3) CLAY BAILEY	0.50									
BOARD MEMBER		X						0.	0.	0.
(4) JOHN BANKS	0.50	T	<u> </u>							
BOARD MEMBER		Х						0.	0.	0.
(5) SIDNEY MCALISTER	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) BOBBY WHITSON	5.00									
PRESIDENT				X				0.	0.	0.
(7) JIM ATKINSON, M.D.	2.00								_	
SECRETARY		<u> </u>	<u> </u>	X		<u> </u>	_	0.	0.	0.
(8) PRESTON BAIN	5.00									
TREASURER			_	X		 		0.	0.	0.
(9) PHILLIP DUER	0.50	۱								
BOARD MEMBER		X	<u> </u>		<u> </u>	┼		0.	0.	0.
(10) TOM LAWRENCE	0.50	٠,,		ļ				0.	0.	0.
BOARD MEMBER (11) PETE MCALISTER	0.50	X	-	┢	╁	┼	-	U •	0.	U •
BOARD MEMBER	0.50	X						0.	0.	0.
(12) ELLEN DUER MCCLANAHAN	0.50	1^	┼─	 	┼─	\vdash	-	ļ	0.	
BOARD MEMBER	0.30	x		١				0.	0.	0.
(13) BILL OZIER	0.50	12	\vdash	├	 	╁┈	 			,
BOARD MEMBER	0.50	x						0.	0.	0.
(14) JAMES A BLAIR	0.50	+	+-	-	†	+		<u> </u>		
BOARD MEMBER		\mathbf{x}					ŀ	0.	0.	0.
(15) MALCOLM LILES	0.50		1		1	\top	Π			
BOARD MEMBER		x		1				0.	0.	0.
(16) DWIGHT PITTMAN	0.50			1	T		Π			
BOARD MEMBER		x			L		L	0.	0.	0.
(17) SAMUEL ANDERSON	0.50	Ī								
BOARD MEMBER		٦x	1					0.	0.	0.

332007 12-21-23

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	<u>ahes</u>	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0	•			(D)	(E)	(F)
Name and title	Average	(do	not ch	Posi heck r	nore	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per	son i	s both	an	compensation	compensation	amount of
	week		T T	uau	16010	1/6 45	.00)	from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	nstitutional trustee		99	шреп		1099-NEC)	100011120)	and related
	below	dual t	nitiona	1	oldin	st co	16	100011207		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) ROBERT CHILTON	0.50									
BOARD MEMBER		х						0.	0.	0.
(19) R BRANDON HULETTE	0.50				Г	Т				
BOARD MEMBER		x						0.	0.	0.
(20) JIMMY PICKLE	0.50					<u> </u>				
BOARD MEMBER	- 0,000	x						0.	0.	0.
(21) KEVIN RODDEY	0.50	 				T	_			
BOARD MEMBER		\mathbf{x}						0.	0.	0.
(22) SAM WHITSON	0.50	125			-	-	-			<u></u>
BOARD MEMBER	0.50	\mathbf{x}						0.	0.	0.
BOARD REMBER		<u> </u>	┼	-	-			0.	<u> </u>	•
		1	1	1						
	ļ	╁╌	 		┢	╁	-			
		┨					1			
		┼	┼-		├	╀	-			
		-								
	-	╄	\vdash	-	-	-	-			
	<u> </u>	_								
	<u> </u>	<u></u>	.L	L		<u> </u>	<u> </u>			
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part V	II, Section A					• • • • • •		0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable	_
compensation from the organization										0
										Yes No
3 Did the organization list any former officer	, director, trust	tee,	key e	emp	loye	e, o	r hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for s	such individual							,,,,,,		3 X
4 For any individual listed on line 1a, is the st	um of reportab	le c	omp	ensa	ation	and	ioti	ner compensation from t	he organization	
and related organizations greater than \$15	0,000? If "Yes	, " cc	ompl	ete :	Sch	edul	e J i	for such individual		4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	
rendered to the organization? If "Yes." con	nplete Schedu	le J	for si	uch	pers	son				5 X
Section B. Independent Contractors										
Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of compens	ation from
the organization. Report compensation for										
(A)								(B)		(C)
Name and business	address	N	ON!	E				Description of	services	Compensation
										, , , , , , , , , , , , , , , , , , ,
<u> </u>										·
O Total number of independent and action in	including but	act !	imit-	d +-	th-	no 11	ctcc	I ahove) who received -	ore than	
2 Total number of independent contractors (-	IUL I	marke	u lU		0	o to C	above) who received if	ioro triari	
\$100,000 of compensation from the organ	IZAUUN					<u> </u>			1.03	Form 990 (2023)
										rorm 230 (2023)

			Check if Schedule O conta	ains a re	esponse c	or note to any lin	e in this Part VIII		************	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
		С	Fundraising events		1c					
			Related organizations		1d	-				
S,G			Government grants (contribution	Г	1e					
Sign		f	All other contributions, gifts, grant	ts, and						
but			similar amounts not included above	/e [1f	10,283.				
들의		g	Noncash contributions included in lines 1	1a-1f	1g \$	3,000.				
<u>8</u> 8		h	Total. Add lines 1a-1f				10,283.			
						Business Code				
e l	2	а	MISCELLANEOUS			459420	4,789.	4,789.		
ξ		b								
Sen		С								
Program Service Revenue		d								
go B		ę								,
ă		f	All other program service reve	nue						
\rightarrow		g	Total. Add lines 2a-2f				4,789.			
	3		Investment income (including							
		other similar amounts)				31,448.			31,448.	
	4		Income from investment of tax	x-exem _l	pt bond p	roceeds				
	5		Royalties	7						
- 1					Real	(ii) Personal				
	6	а	Gross rents 6a		16,524.					
		b	Less: rental expenses 6b		0.					
		С	Rental income or (loss) 6c	:	16,524.					
			' '				16,524.	16,524.		
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory 7a	4		1431145.				
		b	Less: cost or other basis							
Ę.			and sales expenses 7b			380,825.	 Control of the control of the control			
ve			Gain or (loss) 7c			1050320.	1 17 17 17 17 17 17 17 17 17 17 17 17 17			
Other Revenue			Net gain or (loss)			T	1,050,320.	1,050,320,		
the	8	а	Gross income from fundraising ev			1				
Ö			including \$							
			contributions reported on line	•						
			Part IV, line 18		<u>8a</u>					
										PARTIE HATEL AGE
			Net income or (loss) from fund			T				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses			<u> </u>				
	١		Net income or (loss) from gam	_	F	T				
	10	а	Gross sales of inventory, less							
		1.	and allowances							
			Less: cost of goods sold			기	I magnes of contentent size of Rich		A SECTION OF THE SECTION	The second second second
	\vdash	C	Net income or (loss) from sale	55 UI III\	veritory	Business Code				
ns	4.4	_				Duomosa Odde				
<u> </u>	11	a								
lar		b								
Miscellaneous Revenue	1	c C	All other revenue							
Ξ			Total. Add lines 11a-11d							
	10		Total revenue. See instructions				1,113,364	1,071,633	. 0	31,448.
-	12		TOTAL LEVELING. SEE HISH UCHOIIS					-,-,-,,	· L	

Sectio	n 501(c)(3) and 501(c)(4) organizations must composite Check if Schedule O contains a response			npiete column (A).	
		(A)	(B) Program service	(C)	(D) Fundraising
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations	1	5.120.1000		
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management	10 002	10 002		
	Legal	10,993.	10,993.		
	Accounting	5,350.	5,350.		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17			real articles, p. 1. 1.3 e.g.). Theofore ANDE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A), amount, list line 11g expenses on Sch 0.)	151.	151.		
	Advertising and promotion	TOT.	T J T •		
13	Office expenses	575.	575.		
	Information technology	3/3.	. J.J.		
	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,029.	16,029.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,113.	21,113.		
23	Insurance	· ·			
24	Other expenses. Itemize expenses not covered				
- *	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIR AND MAINTENANCE-	22,418.	22,418.		
b	UTILITIES	3,285.	3,285.		
С	SUPPLIES	3,087.	3,087.		
d	TAXES	1,338.	1,338.		
е	All other expenses	706.	706.		
25	Total functional expenses. Add lines 1 through 24e	85,045.	85,045.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	Į

		Check if Schedule O contains a response or no	10 10 011		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			801,668.	1	2,085,464.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			58,220.	3	51,427
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	ontributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pei	sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
ള	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ă	9	5 11				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	101,165.		T-ST	
	b	Less: accumulated depreciation	10b	21,113.	388,900.	10c	80,052
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	60,164
	16	Total assets. Add lines 1 through 15 (must eq			1,248,788.	16	2,277,107
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ej.		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line		•			
		of Schedule D			0.	25	0
	26	Total liabilities. Add lines 17 through 25		Processor 1		26	
Ś		Organizations that follow FASB ASC 958, ch	ieck nei	e 🔼			
ည	07	and complete lines 27, 28, 32, and 33.			1,248,788.	07	2,277,107
ala	27		1,240,700.	1	2,211,101		
D D	28	Net assets with donor restrictions		28			
Ę		Organizations that do not follow FASB ASC and complete lines 29 through 33.					
<u>.</u>			_				
ets	29	Capital stock or trust principal, or current fund				29	
\SS(30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,248,788.	31	2,277,107
Ž	32	Total net assets or fund balances Total liabilities and net assets/fund balances			1,248,788.	32	0 000 400
	33	TOTAL HADIBUES AND HEL 855615/10110 DAISNESS		***************************************	1 1/2=0,700.	1 33	Form 990 (202

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Х

За

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

62-1497469 BATTLE OF NASHVILLE TRUST INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes Nο above (see instructions))

Schedule A (Form 990) 2023 BATTLE OF NASHVILLE TRUST INC. 62-1497

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						-
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	· '					
	include any "unusual grants.")				261,222.	10,283.	271,505 .
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge			·			
1	Total. Add lines 1 through 3				261,222.	10,283.	271,505.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	l /6						
6	Public support, Subtract line 5 from line 4.		Arak kowania sak				271,505.
	ction B. Total Support	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	territaria	<u> </u>	1 - Constitution of the Constitution	Lucia de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		X		261,222.	10,283.	271,505.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				49,295.	47,972.	97,267.
0	Net income from unrelated business						
Э	activities, whether or not the						
	business is regularly carried on			1			
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10		Patrana Tuo Patr				368,772.
	Gross receipts from related activities	<u> </u>	ons)		<u> </u>	12	4,789.
	First 5 years. If the Form 990 is for the					i01(c)(3)	
10	organization, check this box and sto						
Se	ction C. Computation of Publ						
	Public support percentage for 2023 (column (f))		14	73.62 %
	Public support percentage from 2022					15	84.12 %
	a 33 1/3% support test - 2023. If the					nore, check this bo	x and
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
•	and stop here. The organization qua						1 1
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the fac						
	meets the facts-and-circumstances to						i I
1	b 10% -facts-and-circumstances tes	t - 2022. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, or		
	more, and if the organization meets t	the facts-and-circuit	mstances test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ						
18		on did not check a	box on line 13. 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	
_10	THE TOURISMENT IT THE OF GARIERA						(Form 990) 2023

Schedule A (Form 990) 2023 BATTLE OF NASHVILLE TRUST INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,				·		
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that					ì	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				•		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,				1		
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is						
	regularly carried on						,
12	Other income. Do not include gain or loss from the sale of capital			}			
	assets (Explain in Part VI.)				ļ.,		
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	J			
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
	ction C. Computation of Publ			····		Г Г	
15	Public support percentage for 2023 (column (f))		15	%
16					***************************************	16	%
<u>Se</u>	ction D. Computation of Inves		······································			I	
17						17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2023. If the						7 is not
	more than 33 1/3%, check this box a	•	- '	· · · · · · · · · · · · · · · · · · ·			<u>.</u>
ı	o 33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins		
3320	23 12-21-23					Schedule A	(Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in Pa	rt VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1744		
•	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
Ū	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1_		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

	Type in North unbustionally integrated cootage, curpe in s	100/minada/	Current Year
Sec	tion D - Distributions		Current real
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	BATTLE OF	NASHVILLE	TRUST	INC.	62-1497469 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide , 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part l 8; and Part V, Sect	the explanations red 5a, 6, 9a, 9b, 9c, 11 IV, Section E, lines 1 ion E, lines 2, 5, and	quired by Part a, 11b, and 11 l c, 2a, 2b, 3a, l 6. Also comp	II, line 10; Part II, line c; Part IV, Section B and 3b; Part V, line blete this part for any	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, I; Part V, Section B, line 1e; Part V, additional information.
	(See instructions.)					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Name of the organization 62-1497469 BATTLE OF NASHVILLE TRUST INC.

Par			milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that gra	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for an	y other purpose conferr	
	impermissible private benefit?			
Par			s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreated	tion or education)	•	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribu	ution in the form of a co	inservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or t	erminated by the organ	lization during the tax
	year			
4	Number of states where property subject to conservation eas		dec benedian of	
5	Does the organization have a written policy regarding the per			Yes No
	violations, and enforcement of the conservation easements it	t noids?	d enforcing conservati	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, at	id enforcing conservati	or easements during the year
-	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, name	uning or violations, and or	nording deriber vacion of	acomonic during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(B)	(i)
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati	ion easements in its reve	nue and expense stater	ment and
9	balance sheet, and include, if applicable, the text of the footi	note to the organization's	financial statements the	nat describes the
	organization's accounting for conservation easements.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Tre	asures, or Other	Similar Assets.
ننتنينسا	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 98		enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenu	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, o	r research in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	easures, or other similar	assets for financial gain	
	the following amounts required to be reported under FASB			
а	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

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Sched	lule D (Form 990) 2023 BATTLE (OF NASHVILI	LE TRUS	T IN	C.			62-149		
Par	III Organizations Maintaining Co	ollections of Ar	t, Historic	al Trea	sures, or (Other	Simila	ır Assets	(continue	ed)
	Using the organization's acquisition, accessic collection items (check all that apply).	on, and other record	s, check any	of the fo	llowing that m	iake si	gnificant	use of its		
а	Public exhibition	d	Loar	or exch	ange program	Ì				
b	Scholarly research	e								
c	Preservation for future generations	_								
	Provide a description of the organization's co	llections and explain	n how they fu	urther the	organization	s exen	npt purpo	ose in Part	XIII.	
	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No_
Sec. 22. 12. 11.11	IV Escrow and Custodial Arrang								ne 9, or	
	reported an amount on Form 990, Par	-	J							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for conf	tributions	or other asse	ts not	included			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII									
		•	·						Amount	
С	Beginning balance						. 1c			
	Additions during the year						ا ما			
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par		the organization an	swered "Yes	on Form	m 990, Part IV	, line 1	0.			
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				7					
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, co	olumn (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held ar	nd administere	d for t	he			
	organization by:								\	res No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment fund	is.						
Pa	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, lir							
	Description of property	(a) Cost or basis (invest			or other (other)		Accumul: epreciation		(d) Book	value
12	Land				5,100.			Market 1	75	,100.
	Buildings									
	Leasehold improvements	.								
	Equipment									
	Other			2	6,065.		21,	113.	4	,952.
	I. Add lines 1a through 1e. (Column (d) must		t X. line 10c.							,052.

Schedule D (Form 990) 2023

	(Form 990) 2023	BATTLE		NASHV:
Part VII	Investments - 0	Other Securit	ies	
	Complete if the orga	anization answer	ed "Ye	es" on Form

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year n	narket value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	on Form 990, Part IV, lin		
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332053 09-28-23

332054 09-28-23

SCHEDULE I (Form 990)

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

Attach to Form 990.

2023 Open to Public Inspection

Schedule I (Form 990) 2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number 62-1497469 BATTLE OF NASHVILLE TRUST INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes No criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, (c) IRC section (if applicable) (g) Description of noncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of or government cash grant FMV, appraisal, other) assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA 332101 11-01-23

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023 BATTLE OF NA	SHVILLE TRUS	ST INC.			62-1497469	Page :
Part III Grants and Other Assistance to Domestic Indivi	duals. Complete if the ded.	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as:	sistance
						·
Part IV Supplemental Information. Provide the informati	on required in Part I, lin	ie 2; Part III, colum	n (b); and any other a	dditional information.		
				,		
			, ,			

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332102 11-01-23

Schedule I (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BATTLE OF NASHVILLE TRUST INC.

Employer identification number 62-1497469

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NASHVILLIANS WHO RECOGNIZED THAT THE LAST REMNANTS OF THE BATTLEFIELD
WERE QUICKLY DISAPPEARING, AND THAT THE BATTLE OF NASHVILLE WAS POORLY
UNDERSTOOD BY BOTH NASHVILLIANS AND VISITORS ALIKE. FOR A DETAILED
REVIEW OF THE OVERALL HISTORY OF BATTLEFIELD PRESERVATION IN NASHVILLE,
SEE ARTICLE BY JIM KAY: "BATTLEFIELD PRESERVATION IN NASHVILLE." FOR
WEBSITE SEE WWW.BATTLEOFNASHVILLETRUST.ORG FOR MORE INFO.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
VISITORS ALIKE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY REVIEWS A DRAFT OF FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 18:
AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

RM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreclation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PROGRAM SERVICES WALKING TRAIL	02/23/23	150DB	15.00	НУ	19E	23,065.			1 8 ,452.	4,613,			18,683.	231
2	ILLINOIS MONUMENT * 990 PAGE 10 TOTAL PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10	02/28/23	150DB	15.00	ну	19E	3,000. 26,065.			2,400. 20,852.	600. 5,213.	0,		2,430. 21,113.	3 26
	DEPR						26,065.			20,852.	5,213.	0.		21,113.	26
	CURRENT YEAR ACTIVITY BEGINNING BALANCE						0.			0.	0.	0.			
	acquisitions Dispositions/retired						26,065. 0.			20,852.	5,213. 0.	0. 0.			26
	ENDING BALANCE ENDING ACCUM DEPR						26,065.			20,852.	5,213.	0. 21,113,			26
	ENDING BOOK VALUE											4,952.			
iy W															

328111 04-01-23

(D) · Asset disposed

*ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

4562

Depreciation and Amortization

(Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attach to your tax return.

Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information.

62-1497469 FORM 990 PAGE 10 BATTLE OF NASHVILLE TRUST INC. Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,890,000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructio (a) Description of property (b) Cost (business use only) (c) Flected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 20,852. 14 <u>15</u> 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2023 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property 5-year property 7-year property 10-year property 5,213. 15 YRS. 150DB HY 261. 15-year property 20-year property S/L 25-year property 25 yrs. 27.5 yrs. MM S/L h Residential rental property MM 27.5 yrs. S/L MM S/L 39 yrs. i Nonresidential real property MM Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12-year 12 yrs. S/I b 30 yrs. MM 30-year S/L С 40 yrs. 40-year MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 21,113. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For	rm 4562 (2023)	ВАТТ	TLE OF N	ASH	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ואיי ז	IST I	NC.				62-1	1497	469 F	Page 2	
_	art V Listed Propert									used for					ugo z	
	entertainment,	recreation, or	amusement.)			•		·								
	Note: For any v 24b, columns (a	ehicle for wh a) through (c)	ich you are usi of Section A	ng the :	standard ection B	l mileag and Se	e rate or ction C i	dedu f annli	cting lease cable	expense	e, comp	lete onl	y 24a,			
			n and Other In					******		nits for p	assenge	er autom	obiles.)			
24:	a Do you have evidence to s	upport the bus	iness/investment	use clai	imed?	□ Y	es	No	24b if "Y	es," is the	e eviden	ce writte	en?	Yes	No	
	(a)	(b)	(c)		(d)		(e)		(f)	(9		(h		(i		
	Type of property	Date placed in	Business/ investment		Cost or		is for depre siness/inves		Recovery	Meti	nod/	Depre	ciation	Elec section		
	(list vehicles first)	service	use percentage	oth	ner basis	1,20	use only		period	Conve	ention	dedu	ction	CO		
25	Special depreciation allo	wance for qu	alified listed pr	operty	placed in	n servic	e during	the ta	x year and							
	used more than 50% in a	a qualified bu	siness use								25					
26	Property used more than	1 50% in a qu	alified busines	s use:												
			%													
			%	<u> </u>												
	· · · · · · · · · · · · · · · · · · ·		%						<u></u>							
<u>27</u>	Property used 50% or le	ss in a qualifi	ed business us	e:												
			%							S/L -						
			%							S/L -						
	······································	<u> </u>	%						<u> </u>	S/L -						
	Add amounts in column															
<u>29</u>	Add amounts in column	(i), line 26. E					on Use						29			
				(a) Vehicle 1		,	(b) Vehicle 2		(c)		(d)		(e)		(f)	
30	Total business/investment i		· · ·	Veni	cle 1	Ven	icle 2	V	ehicle 3	Vehic	cie 4	le 4 Vehicle 5		Vehicle 6		
24	year (don't include commutation of the commutation															
	Total other personal (no							-								
UZ	driven															
33	Total miles driven during															
-	Add lines 30 through 32															
34	Was the vehicle available			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?	•	-													
35	Was the vehicle used pr															
	than 5% owner or relate	d person?														
36	Is another vehicle availa	ble for perso	nai													
	use?				<u></u>	<u> </u>										
		Section C	- Questions fo	r Empl	oyers W	ho Pro	vide Veh	icles	for Use by	/Their E	mploye	es				
	nswer these questions to o			ception	to comp	oleting S	Section E	for ve	ehicles use	ed by em	ployees	who a	ren't			
-	ore than 5% owners or rela														1	
37	Do you maintain a writte employees?													Yes	No	
38	B Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of v	ehicles,	excep	t commuti	ng, by yo	our					
	employees? See the ins			• ,		icers, d	irectors,	or 1%	or more o	wners					-	
	Do you treat all use of v	-													ļ	
40	Do you provide more the															
	the use of the vehicles,														-	
41	Do you meet the require													·	I .	
	Note: If your answer to	07 00 00 4														

Note: 11 your answer to 37, 38, 39, 40, 07 41 is	1 Co, UOIT L	COMPICIO OCCION D'IOI UN	C COVERCO VEHICLES	•		Alak elik berilik					
Part VI Amortization											
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Gode section	(e) Amortizati period or perc		(f) Amortization for this year					
42 Amortization of costs that begins during your 2023 tax year:											
	1 : :										
	: :										
43 Amortization of costs that began before your 2	43										
44 Total. Add amounts in column (f). See the inst	44										