

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



Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2009

OMB No 1545-0052

For	caler	dar year 2009, or tax yea	r beginning		, and ending		
G	heck	all that apply:	Initial return	X Initial return of a fo	rmer public charity	Final return	1
			Amended return	Address chang	je 🔲	Name change	
	the	•				A Employer identification	number
ا در	abel	se, BAPTIST HE	אז.דאם אחפסד	ጥል፣. ጥዩ፤፤ሮጥ		52-2362225	.
Uli	print		O box number if mail is not de		Room/suite	B Telephone number	
0	r type		OTTE AVENUE		320	(615)284-2	653
	Spe	TOTO CIMELE		<u></u>	520	C If exemption application is p	
Inst	ructio	NASHVILLE,				D 1. Foreign organizations	_
H (heck		X Section 501(c)(3) ex	emnt private foundation		2. Foreign organizations me check here and attach co	eeting the 85% test,
$\ddot{\Box}$	_	ction 4947(a)(1) nonexem		Other taxable private founda	tion		
I E		rket value of all assets at e	i	`	X Accrual	E If private foundation sta under section 507(b)(1)	
		Part II, col (c), line 16)	· —	her (specify)		F If the foundation is in a	• •
>				mn (d) must be on cash b	pasis)	under section 507(b)(1	
	ırt I	Analysis of Revenue an	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		The total of amounts in colur necessarily equal the amount	mns (b), (c), and (d) may not ts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grant	s, etc., received			N/A	
	2	Check If the foundation					
	3	Interest on savings and tempo cash investments	orary				
	4	Dividends and interest fro		1,931,592.	1,931,592.		STATEMENT 1
	5a	Gross rents		`			
	Ь	Net rental income or (loss)					
ø	6a	Net gain or (loss) from sale of a		-2,475,568.			
Š	b	Gross sales price for all assets on line 6a	6,903,274.				
Revenue	7	Capital gain net income (from f	Part IV, line 2)		0.		
<u>—</u>	8	Net short-term capital gain	n				
	9	Income modifications Gross sales less returns					
	10a	and allowances	46,863.				STATEMENT 2
	l	Less Cost of goods sold	28,966.	17 007			
	l	Gross profit or (loss)		17,897. 65,285.	0.		STATEMENT 3
	11	Other income	h 44	-460,794.	1,931,592.		STATEMENT 3
	12	Total. Add lines 1 through Compensation of officers, dire	-	454,061.	0.		454,061.
	14	Other employee salaries a		65,722.	0.		65,722.
	15	Pension plans, employee	-	87,358.	0.		72,295.
es		Legal fees	STMT 4	16,228.	0.		11,369.
Expenses	Ь	Accounting tesECE	TMTE T	15,962.	7,981.		7,981.
쫎	C	Other professional fees	STMC 5	144,501.	144,501.		0.
	17	Inteles NOV 9		237,127.	0.		186,292.
ratı	18	Taxes NUV 2	2 201g TMP 7	73,630.	0.		27,152.
nist	19	Depreciation and depletion		22,459.	0.		
Ē	20	Occupanc OGDE	VIIT	88,417.	0.		81,371.
ĕ	21	Travel, conferences, and		1,479.	0.		1,479.
anc	22	Printing and publications		11,012.	0.		11,012.
ing	23	Other expenses	STMT 8	172,202.	597.		148,945.
Operating and Administrative	24	Total operating and adm		1 200 150	152 050		1 065 650
å		expenses. Add lines 13 th		1,390,158.	153,079.	·	1,067,679.
•	1	Contributions, gifts, grant	•	2,982,224.		-	2,902,803.
	26	Total expenses and disb	ursements.	4 272 202	152 070		2 070 400
		Add lines 24 and 25	40.	4,372,382.	153,079.		3,970,482.
	27	Subtract line 26 from line		_1 022 17E			
	Ι.	Excess of revenue over expens		-4,833,176.	1,778,513.		
	l	Net investment income (if no Adjusted net income (if no			1,110,313.	N/A	<u> </u>
9235 02-0	01			Act Notice, see the instruct	tions.		Form 990-PF (2009)
UU	- 10						

E		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5,581,490.	8,681,005.	8,681,005.
	2	Savings and temporary cash investments	•		
		Accounts receivable ► 32,352.			
	ľ	Less: allowance for doubtful accounts		32,352.	32,352.
	١,	Pledges receivable		- 02,0021	32,332.
	"				
	_	Less; allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable		·	
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use	22.065	40 550	40.750
Assets	9	Prepaid expenses and deferred charges	33,267.	18,752.	18,752.
٩	10a	Investments - U.S. and state government obligations		·-	
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	92,509,403.	108,926,948.	108,926,948.
	14	Land, buildings, and equipment: basis ► 160, 721.			~
		Less accumulated depreciation 147,108.	27,182.	13,613.	13,613.
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	98,151,342.	117,672,670.	117,672,670.
	17	Accounts payable and accrued expenses	126,611.	93,065.	1
	18	Grants payable	2,233,439.	2,387,244.	
S	19	Deferred revenue			i
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			1
	22	Other liabilities (describe STATEMENT 11)	5,112,562.	4,696,863.	1
	23	Total liabilities (add lines 17 through 22)	7,472,612.	7,177,172.	
		Foundations that follow SFAS 117, check here			*
		and complete lines 24 through 26 and lines 30 and 31.			1
ő	24	Unrestricted	90,678,730.	110,495,498.	
lan	25	Temporarily restricted		_	
Ва	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	·		,
Ret	30	Total net assets or fund balances	90,678,730.	110,495,498.	
_	31	Total liabilities and net assets/fund balances	98,151,342.	117,672,670.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_			20		
		net assets or fund balances at beginning of year - Part II, column (a), line it agree with end-of-year figure reported on prior year's return)	JU		90,678,730.
		rangue with end-or-year figure reported on prior year's return) amount from Part I, line 27a		1 2	-4,833,176.
		rincreases not included in line 2 (itemize) UNREALIZED	CATN ON THE		24,649,944.
		ines 1, 2, and 3	CTITIL OIL THAND	4	110,495,498.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	110,495,498.
_					Form 990-PF (2009)

	TIST HEALING HO						<u>5</u>	<u>2-236</u>	<u> 2225</u>	_ Page 3
Part IV Capital Gains a	and Losses for Tax on I	Investmen	t Income							
 (a) List and descr 2-story brick wa 	ribe the kind(s) of property sold (e. rehouse; or common stock, 200 sl	.g., real estate, hs. MLC Co.)		(b)	How ac - Purc - Dona	cquired hase ation	(c) Date ((mo., d		(d) Dat (mo., da	
1a SALE OF PUBLIC	LY TRADED SECUR	ITIES				P	VARI	ous	VARIO	วับร
b			-							
C										
d										
e				Ц,					<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus :		
a 56,903,274.		5	9,378,84	2.				_	2,475	,568.
b										
C										
d										_
e										
Complete only for assets showin	g gain in column (h) and owned by					(I) Gains (C	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (j), if any			CO		ot less that (from col. (
a									2,475	,568.
b										
C										
d										
е										
2 Capital gain net income or (net ca	pital loss) { If gain, also enti-	er ın Part I, line 0- ın Part I, line	7 27	}	2				2,475	,568.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	and (6);								
If gain, also enter in Part I, line 8,	, ,	• •						•-		
If (loss), enter -0- in Part I, line 8		B. J. T.	(7 (1	Д	3			N/A	•	
Part V Qualification U						nent in	come			
(For optional use by domestic private	foundations subject to the section	i 4940(a) tax oi	n net investment in	come	ı.)				N/A	
If section 4940(d)(2) applies, leave th	nis part blank.									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·								\square_{λ}	—
Was the foundation liable for the sect			•	100,					Yes	∟∐ No
If "Yes," the foundation does not quali	ach column for each year; see inst			10						
(a)		il detions before	I I I I I I I I I I I I I I I I I I I	_					(0)	
Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying di	stributions	Net value of nor	(c) nchar		use assets	,	Distrit	(d) oution ratio vided by col.	(c))
2008	ig iii)						-	(coi. (b) aiv	nucu by coi.	(0))
2007							-		·	
2006										
2005										
2004			 							
	<u> </u>		1							
2 Total of line 1, column (d)							2			
3 Average distribution ratio for the 5	5-year base period - divide the tota	l on line 2 by 5,	, or by the number	of ye	ars					
the foundation has been in exister	nce if less than 5 years						3			
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X	K, line 5					4			
5 Multiply line 4 by line 3							5			
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6			
7 Add lines 5 and 6	· · · ·						7			
										 -
8 Enter qualifying distributions from If line 8 is equal to or greater than	n Part XII, line 4 Tine 7, check the box in Part VI, lin	ne 1h and com	niete that nart usin	n a 19	% tav :	rate	8			
See the Part VI instructions.	THE 7, GREEK BIE DOX BI PART VI, III	ie iu, anu com	Piete mat hart usin	ya 1'	/0 LdX I					

Farm ON DE (2000) DE DE TOTAL MANAGEMENT MAN	m	E0 006	2225		
Form 990-PF (2009) BAPTIST HEALING HOSPITAL TRUS Part VI Excise Tax Based on Investment Income (Section 494)		52-2362			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and d		340 - 366	III3ti u	Ctioi	13)
Date of ruling or determination letter: (attach copy of letter if ne b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	3	5 5	70.
	and enter 1%			5,5	70.
of Part I, line 27b	P/ of Part I line 12 and (b)				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49		2			ö.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. C	others enter -0-)	3	3	5 5	70.
3 Add lines 1 and 2	Others enter (C.)	4		, ,	0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. The based as investment income. Subtract line A from line 3, life are or less, enter 0.	Officis enter -0-)	5	3	5 5	70.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		3		, , ,	70.
6 Credits/Payments:	6a 60,000.				
a 2009 estimated tax payments and 2008 overpayment credited to 2009					
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d	_	6	n n	00.
7 Total credits and payments. Add lines 6a through 6d	and and	7	- 0		$\frac{88}{8}$
8 Enter any penalty for underpayment of estimated tax Check here if Form 2220 is atta	acned	8			00.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	*	9		<u>/ </u>	42.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	24 242 54 + 15	10		4,2	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax	24,242. Refunded ▶	11			0.
Part VII-A Statements Regarding Activities	talahan ay dadah asahan aha ay sahan asa		Т	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participate or intervene	ın	10	162	X
any political campaign?	anno (ann implementament for definition)?		1a 1b		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpo		ad a	10		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	na copies of any materials publishe	a or	1		
distributed by the foundation in connection with the activities			10		x ~
c Did the foundation file Form 1120-POL for this year?			10		<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the (1) On the foundation. > \$ 0 • (2) On foundation manager					
e Enter the reimbursement (if any) paid by the foundation during the year for political expending managers > \$	ulture tax imposed on roundation				1
managers ► \$ 0 • 2 Has the foundation engaged in any activities that have not previously been reported to the	IDC2		2		x -
	inor		-		
If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing	unetrument articles of incorporation is	·F			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		1	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the ye			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	541 :	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	2	-1,	5		х
If "Yes," attach the statement required by General Instruction T.			+		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied (either.				
By language in the governing instrument, or	oluloi.				
By state legislation that effectively amends the governing instrument so that no mandato	ony directions that conflict with the state	law			
remain in the governing instrument?	ory circulations that commet with the state	, 1411	6	Х	l
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
If "Yes," complete Part II, col (c), and Part XV			H		
8a Enter the states to which the foundation reports or with which it is registered (see instructi	enns)				ĺ
TN					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				1
of each state as required by General Instruction G? If "No," attach explanation	Conordi (or dodigitato)		8b	Х	1
9 Is the foundation claiming status as a private operating foundation within the meaning of s	section 4942(i)(3) or 4942(i)(5) for cale	ndar			T
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"	*** *		9		x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scher			10		X

orm	990-PF (2009) BAPTIST HEALING HOSPITAL TRUST 5	2-2362	225		Page 5
Pa	irt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	[13	X	
	Website address ► WWW.HEALINGHOSPITAL.ORG				
14	The books are in care of ▶ MATT DEEB Telephone no. ▶			<u> 265</u>	3
		IP+4 ▶ 37	203		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
		15	N.	/A	
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ		Yes	No
1a	During the year did the foundation (either directly or indirectly):]	j		,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No	- 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		- 1		
	a disqualified person?	X No	ŀ		:
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No	ŀ		1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No	ŀ		1
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
		X No			i
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after				
		X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				'
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b		-
	Organizations relying on a current notice regarding disaster assistance check here				
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				:
٠	before the first day of the tax year beginning in 2009?		16	1	\mathbf{x}^{\perp}
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ŀ	-"-		
_	defined in section 4942(j)(3) or 4942(j)(5)):			1	
•	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			-	į
4		X No		1	
	ff "Yes," list the years ▶ , , ,	ا ۱۹۵ نخک			
٨.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
Ú	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				1
		N/A	2b	l	· '
	statement - see instructions.)	11/12	20		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
9-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ		
3a		X No	İ		
	• •	ا ۱۷۵ لیما		j	
0	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		ļ		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	use			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	NT/A	_		
	Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b		-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	, }	4a		_ <u>X</u> _
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	at			3,7
	had not been removed from jeonardy before the first day of the tax year beginning in 2009?	- 1	4h l		X

Form 990-PF (2009) BAPTIST HEALING HOSPITAL			52-2362.	225	Page	6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)			
5a During the year did the foundation pay or incur any amount to:					ŀ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y₁	es 🗶 No	- 1		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire					
any voter registration drive?		Y	es 🗶 No 📗			,
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🗶 No 📗			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No	>	ľ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourooses, or f	or				
the prevention of cruelty to children or animals?			es X No	}		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the excentions described i			1		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riogalationo	N/A	5b	-	
Organizations relying on a current notice regarding disaster assistance check h	•			 +		_
		unad				ł
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?		[/A	es 📖 No 📗		İ	;
If "Yes," attach the statement required by Regulations section 53 4945	* *				j	,
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		- FET			:
a personal benefit contract?		Ye	es 🗶 No		_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>L</u>	6b	X	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y€	es 🗶 No 📙			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A						_
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	У			
Faid Employees, and Contractors						_
1 List all officers, directors, trustees, foundation managers and their	compensation.				- · · · · · · · · · · · · · · · · · · ·	
4 Maria and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation) (e	 Expense count, othe) ar
(a) Name and address	to position	enter -0-)	and deferred compensation	a	illowances	,,
				1		_
SEE STATEMENT 12		454,061.	0.	.	0	
						_
· · · · · · · · · · · · · · · · · · ·						
				+		_
				+		—
			~			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If non-	enter "NONE "		1		_
2 Compensation of tive highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	1	e) Expense	_
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	count, othe	er
	devoted to position	, ,	compensation	a	llowances	_
NONE				1		
						_
						_
		† · · · · · · · · · · · · · · · · · · ·		1		_
				1		
Total number of other employees paid over \$50,000	····		<u> </u>			0
<u></u>						

Form **990-PF** (2009)

	Paid Employees, and Contractors (continued)		
3 Fiv	ve highest-paid independent contractors for professional services. If none, er		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	NONE		
			-
Total	number of others receiving over \$50,000 for professional services		• (
	t IX-A Summary of Direct Charitable Activities		
	he foundation's four largest direct charitable activities during the tax year. Include relevant st ber of organizations and other beneficiaries served, conferences convened, research papers ;		Expenses
1	N/A		
· —			
2			
3			
³			
3			
4			
4			
34	t IX-B Summary of Program-Related Investments		
4	t IX-B Summary of Program-Related Investments ribe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount

Form **990-PF** (2009)

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	is, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	<u>100,58</u> 4,883.
	Average of monthly cash balances	1b	8,001,328.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	108,586,211.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	108,586,211.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,628,793.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	106,957,418.
6	Minimum investment return. Enter 5% of line 5	6	5,347,871.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certai	n
1	Minimum investment return from Part X, line 6	1	5,347,871.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 35, 570.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	35,570.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,570. 5,312,301.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,312,301.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,312,301.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,970,482.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,970,482.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,970,482.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies	for the section

Form **990-PF** (2009)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	•	•		
line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:	·			
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
dFrom 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract			·	······································
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004			"	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.			-	
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9.				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			<u> </u>	<u> </u>
<u></u>				Form 990-PF (2009)

<u>`</u>		SPITAL TRUS		32-23	04225 Fage 10
Part XIV Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	•	▶ └┬	10000000	140(1)(5)
b Check box to indicate whether the found		ng toundation described in		4942(j)(3) or 49)42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(a) 2009	(0) 2000	(6) 2007	(0) 2000	(6) 10(2)
investment return from Part X for					
each year listed				<u> </u>	
b 85% of line 2a				 	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not			· · · · · · · · · · · · · · · · · · ·	† 	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				 	······································
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	· · · · · · · · · · · · · · · · · · ·				
Part XV Supplementary Info			f the foundation	n had \$5,000 or me	ore in assets
at any time during the	he year-see the i	instructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who			or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has	a 10% or greater interes	SL			
NONE					
2 Information Regarding Contributi		• • • •	_		
				not accept unsolicited requ	
the foundation makes gifts, grants, etc. (······································			ompiete items za, o, c, and	
a The name, address, and telephone numb	er of the person to who	m applications should be	addressed:		
SEE STATEMENT 13					
b The form in which applications should b	e submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines:					
v Any submission obadimes.					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	

	(
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	_			
′				
,				
CDD CMAMDAMM 14				
Total SEE STATEMENT 14			<u> </u> 3a	2902803.
b Approved for future payment				23020031
				}
				i
		İ		
		1		
		1		
Total SEE STATEMENT 15	<u>,L,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>		▶ 3b	2058624.
923611 02-02-10	-		F	orm 990-PF (2009)

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code		
a	_		+ +		
b	<u> </u>		+		
c	_		+ +		
d	_		+-+	+	
e	-		+		
g Fees and contracts from government agencies	— -		+ 1		
Membership dues and assessments			1		
Interest on savings and temporary cash			+ +		
investments					
Dividends and interest from securities			14	1,931,592.	
Net rental income or (loss) from real estate:			+		
a Debt-financed property			1		
b Not debt-financed property					
Net rental income or (loss) from personal			 	· · · · · · · · · · · · · · · · · · ·	
property					
Other investment income			1	1	
Gain or (loss) from sales of assets other			1 1		
than inventory			18	-2,475,568.	
Net income or (loss) from special events			\top		
Gross profit or (loss) from sales of inventory			0.5	17,897.	
Other revenue:					•
a MISCELLANEOUS REVENUE			01	65,285.	
b		-			
C					
d					
e				1.00	
Subtotal. Add columns (b), (d), and (e)			<u>. </u>	-460,794.	460 50
Total. Add line 12, columns (b), (d), and (e)				13	-460,79
ee worksheet in line 13 instructions to verify calculations	s)			<u> </u>	
Part XVI-B Relationship of Activitie	es to the Acco	mplishment of E	Exempt	Purposes	
	income is reported in	column (e) of Part XVI	-A contribi	ited importantly to the accomp	lishment of
ine No Explain below how each activity for which	than by providing fun	de for each nurnoses)		stod importantily to the decemp	
ine No. Explain below how each activity for which the foundation's exempt purposes (other to	6	us for such purposes).			
ine No. Explain below how each activity for which the foundation's exempt purposes (other to		as for such purposes).			
ine No. Explain below how each activity for which the foundation's exempt purposes (other to		us for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other t		as for such purposes).		4.4	
Explain below how each activity for which the foundation's exempt purposes (other to the foundation's exempt purposes (other to the foundation's exempt purposes)		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation).		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation).		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation).		as for such purposes).			
ine No. Explain below how each activity for which the foundation's exempt purposes (other to the foundation is exempt purposes).		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation's exempt purposes)		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation).		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation).		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation's exempt purposes)		as for such purposes).			
Explain below how each activity for which the foundation's exempt purposes (other to the foundation's exempt purposes)					

For	m 990-l	- ()				ITAL TRUST		52-236			ige 13
P	art X				nsfers To a	and Transactions	and Relatio	nships With Noncha	ritabl	е	
_	5.111	Exempt C			(1) (1)			504(-) -(_	V	NI-
1						ng with any other organization		section 501(c) of	-	Yes	NO
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?											
a Transfers from the reporting foundation to a noncharitable exempt organization of:									1a(1)	:	x
(1) Cash (2) Other assets									1a(2)		$\frac{\Lambda}{X}$
h		transactions:							14(2)		
Ü		Sales of assets to a noi	ncharitat	le exempt organiza	ation				15(1)		х
	٠,	Purchases of assets fro							1b(2)		X
		Rental of facilities, equi		•	or garrication				1b(3)	_	X
	٠,,	Reimbursement arrang							1b(4)		X
		oans or loan guarante.							1b(5)		Х
		Performance of service		mbership or fundra	ising solicitatio	ons			1b(6)		X
C	Sharı	ng of facilities, equipm	nent, mai	ling lists, other ass	ets, or paid em	ployees			1c		X
d	If the	answer to any of the a	above is "	Yes," complete the	following sche	edule. Column (b) should al	ways show the fa	air market value of the goods, o	ther as:	sets,	
							ie in any transac	tion or sharing arrangement, s	how in		
		nn (d) the value of the					1				
(a)	Line no	(b) Amount invol	ved	(c) Name o		e exempt organization	(d) Descri	ption of transfers, transactions, and	sharing a	rangeme	nts
					N/A		1				
							_				
								.			
							 				
				 							
						_					
				-							
_		<u> </u>					<u> </u>				
2a		•		•	•	or more tax-exempt organ	zations describe	ed	٦.,	T] No
		ction 501(c) of the Coc s," complete the follow	•	•	(3)) or in seci	110N 527 7		L	Yes	ı	סאו ר
	11 16		ne of orga			(b) Type of organization		(c) Description of relations	air		
			N/A	-		1,7,21		., .	•		
_											
						·					
						ompanying schedules and stater all information of which prepare		est of my knowledge and belief, it is	true, com	ect,	,
	and con		arer (other	· A A A	0	_					
اه	_	Cecrue	سد	مع محلا د	<u> </u>	11-15-10		IDENT & CEO			
Sign Here	Sı	gnature of officer or tr	rustee	0		Date	Title	I Chack if	r's identi	waa aya	nher
gu	ر د ج	Preparer's	7		16	^	Date	self-	a STURNIL	ying nun	1761
Š	Paid Preparer's Use Only	signature	- A mm	IMDRE BL	VCK MOD		Higho	employed >			
	Paid epare Ise On			IMORE BLA BOX 186		GÂN & CAIN,	F.C.	EIN ▶			
	ᇫ	if self-employed), address, and ZIP code	RREM	TWOOD, TI	, VI 37021	1869		Phone no. (615)377	-46	იი
_		1 1	~*****	11100D, 11	. 9/021			11 110110 110. (013	, , , ,	3.0	

(615)377-4600 Form **990-PF** (2009)

Baptist Healing Hospital Trust 52-2362225

990PF Attachment, Page 1, Line 10a, 10b, 10c

Type of Products Sold	Gross Sales	COGS	Gross Profit
CD / Video Sales	4,580	13,002	(8,422)
Book Sales	42,283	15,964	26,319
	46,863	28,966	17,897

Baptist Healing Hospital Trust 52-2362225

Attachment to Part I, Line 19

				Acc Depr				Acc. Depr
Asset #	Asset Description	Date of		@	Depreciation		FYE	@
		Acquisition	Lost	01/01/09	Method	Useful Life		12/31/09
20	File Cabinet	2/1/2004	447 99		-	5 Years	7 26	447 99
21	File Cabinet	2/1/2001	447 99		Straight line	5 Years	7 26	447 99
36	Phone Equipment	1/25/2004	400 00	396 87	Straight line	5 Years	3 13	400 00
37	TV Cart	4/22/2001	374 60	352 56	· ·	5 Years	22 04	374 60
38	TV/VCR	4/19/2001	469 75	442 40	Straight line	5 Years	27 36	469 75
41	CEO's Office - Bookcase - 30" x 15" x 6'	6/17/2001	738.94	671 44	Straight line	5 Years	67 50	738.94
19	Board Room Table - eight 72 x 30 table tops, 16 wood drum bases	(4171200)	10.007.79	0.000.51	Stanight line	5 Voor	017 19	10,006.63
42	Decel December 2 Paul Character Condenses and Asses Cat. of 26 Laborat	6/17/2001	10.000 03	9.089.51	Straight line	5 Years	917 12	10,000.03
(2)	Board Room - 2 Full Storage Credenzas w/ two Sets of 36 Lateral	6.117.1200.1	2 110 04	3 023 01	Stearcht line	5 Years	285 95	3,118 86
43	Files Storage Cabinets	6/17/2004	3,118 86	2,832 91	Straight line	o reals	200 90	9.110 00
44	CFO's Office - 36" Diameter Round Conference Table, wood drum- base	6/17/2004	987 28	907.07	Straight line	5 Years	90 21	987 28
44 45	Lounge Area - Dakar Coffee table, 30" diameter, 17" tall	6/17/2001	502 16		Straight line	5 Years	46.00	502 16
45	-	0/11/2001	302 10	450 17	on argument	o rears	40.00	J02 10
46	Program Director's Office - Full Storage Credenza w/ 2 Sets of 36 Lateral Liles	6/17/2001	2,101 15	1 009 50	Straight line	5 Years	192 56	2,101 15
40	Program Director's Office - Closed Storage Hutch 36" High Unit	0/11/2001	2,101 13	1,700 .77	Straight inic	o icais	172 00	4,101 13
47	has 19.5" of Clearance	6/17/2004	1.196 66	1.096.73	Straight line	5 Years	109 93	1 196 66
48	Lounge Area - 4 x Vasarı Chair	6/17/2001	2,610 31		Straight line	5 Years	239 02	261031
-10	Reception Area - Closed Storage Hutch 36" High Unit has 19 5" of	0/11/2001	2.010 .71	2,011 00	Straight into	o icuis	237 02	201001
	Clearance 60" Hutch Tackboard for 36" High Non-Pigeon-Hole							
49	Hutch	6/17/2001	1.266.05	1 149 95	Straight line	5 Years	116 10	1.266 05
50	Reception Area - Credenza Shell w/ Full Modesty Panel	6/17/2004	713.37	648 01	Straight line	5 Years	65 36	713 37
5l	Reception Area - Modular Lateral File 29" width	6/17/2001	721.89		Straight line	5 Years	66 26	721 89
.,,	Reception fred Mondain Baterial Free 27 William	0,11,1=001	121.07	000001	orangin nino	o reals	00 20	121 07
52	Board Room - 30 Harrington, Swivel, Mid-back, Loop Arm Chairs	6/17/2004	21,273 19	19.322 98	Straight line	5 Years	1.950.21	21,273 19
53	CEO's Office - Upholstered Three Seat Sofa w/ Loose Seat Cushion	6/17/2001	3,060.43	2 780 05	Straight line	5 Years	280 39	306043
54	CEO's Office - 2 High-Backed Open Arm Guest Chair w/ Plain Seat	6/17/2001	3,661 25	3.328.32	Straight line	5 Years	335 93	3 661 25
	CEO's Office - Open Cabinet w/ 2 Lateral Files & 2 Adjustable							
55	Shelves	6/17/2001	1,602 65	1.455.70	Straight line	5 Years	146 96	1,602 65
57	Refrigerator/Freezer	6/3/2004	1.314 99	1 233 10	Straight line	5 Years	111 89	1.314.99
50	CLOV Affice - C. Sula Chair and Lully Habalastared Back & Saut	01212001	1,716 46	1 516 29	Straight line	5 Years	200.13	1.716 46
59	CLO's Office - 4 Sule Chair w/ Fully Upholestered Back & Seat	8/3/2001			.,			2.006 78
61 63	8 bookcases from Topdeq (\$1.645.53) + Facility Planners installat Office Furniture for Accountant's office - Exec Desk (\$495) Side Ch		2 006 78 \$1 371 60		Straight line	5 Years 5 Years	233 93	1.303 02
62	· · ·				Straight line Straight line	5 Years	274.32 108 96	131 30
67 40	File Cabinet Polycom SoundStaion2 Expandable Conference Phone		\$ 545 00 628 07	322 34				628 07
68 60	Program Officer - Bell Laptop and docking station	02/23/06 02/01/06	2,146 98	602 03 2.087 40		3 Years	26 05 59 58	2,116 98
69 70	CtO - Dell Laptop	02/28/06	1 634 00	1.565 96	•	3 Years	68 05	1 634 00
70 71	Dell Computer ServerServer	05/29/06		1.939 77		3 Years	277 23	2,217 00
72	Sony DCR-DVD105 DVD Handycani Camcorder eith 20x optical zoom	5/29/2006	438 39			5 Years	87 72	317.99
73	kitchen & Stools for kitchen		\$ 1.658 00		Straight line	5 Years	331.56	1.188 09
13	MICHEL & STOOLS TOL MICHELL	0/2/2000	9 1.000 00	0.00 0.0	on aight mic	0 16419	JJ1.JU	1.100 07

Baptist Healing Hospital Trust 52-2362225

Attachment to Part I. Line 19

Asset #	Asset Description	Date of Acquisition	Cost	\cc Depr @ 01/01/09	Depreciation Method	tiseful Life	FYE	Acc. Depr @ 12/31/09
74	Phone System Control Unit	1/30/2007	1 750 00	685 50	Straight line	5 Years	350 04	1,035 54
	Executive Asst - Dell Optiplex Small Form Factor Pentium 4							
75	641/3 20 GHz, 2M, 800 FSB	03/30/07	804 05	480 31	Straight line	3 Years	268 08	$748\ 39$
76	500GB External Harddrive	01/01/07	385 00	224 49	Straight line	3 Years	128.28	352 77
	Program Associate's Computer - Dell Precision 390 Convertible							
77	MiniTower, PC Processor L6300 1 86GHz, 2MB L2 DC/VT	06/01/07	1,661 66	877 01	Straight line	3 Years	553 92	1,430 96
	Senior V P's Computer - Dell Precision 390 Convertible MiniTower,							
78	PC Processor L6300-1-86GHz, 2MB L2 DC/VT	06/01/07	1 699 63	896 99	Straight line	3 Years	566 52	1,463 51
79	Whirlpool Gold Dishwasher	6/27/2007	504 99	155 77	Straight line	5 Years	101.04	256 81
80	File Cabinet - Program Associates Office	7/25/2007	519 00	151 38	Straight line	5 Years	103 80	255.18
81	File Cabinet - Program Associates Office	7/25/2007	519 00	151 38	Straight line	5 Years	103.80	255 18
82	Cabinet/Stand for Exec Asst Office	11/23/2007	274 35	61 70	Straight line	5 Years	54 84	116 51
83	Brother Multi-function printer/ fax/ copier - Exec Asst's desk	11/28/07	331.00	124 07	Straight line	3 Years	91.90	215.97
81	Dell Vostro 200, intel core2 duo CPU - 2 33GHz, 1333FSB, 4MB L2	12/28/07	1.511 99	525 00	Straight line	3 Years	504 00	1.029 00
85	Quickbooks Pro 2008 3-user Direct - V.P Finance's office	12/28/07	474 95	247.38	Straight line	2 Years	227 57	474.95
86	Phone Headset - Calisto Pro - Senior V P.'s Office	12/26/2007	279 95	58.38	Straight line	5 Years	56 01	114 42
87	Palm Treo 755P EVDO Handset - President/ CLO	1/2/2008	382 36	76 44	Straight line	5 Years	76 44	152 88
88	GHTS software with web interface	03/01/08	16,740 00	6 975.00	Straight line	2 Years	8.370 00	15 345 00
89	Bookcase, six-shelf - V P Finance's office	2/22/2008	260.00	45 47	Straight line	5 Years	51.96	97 43
90	Lile Cabinet - V.P Finance's office	4/10/2008	437 00	65 52	Straight line	5 Years	87 36	15288
91	GHTS customizer software	05/10/08	3,945 00	1.315 04	Straight line	2 Years	1,972 56	3,287 60
92	Network Back-up Brive	10/13/08	317 19	26 43	Straight line	3 Years	105 72	132 15
93	Vostro 420 Tower - V P - Linance	04/24/09	788 00		Straight line	3 Years	186 07	186 07
91	Vostro 120 Tower - V.P Programs & Grants	01/24/09	788 00	-	Straight line	3 Years	186.07	186 07
95	Aerox 7665 Copier - Purchase of Copier that Trust Leased for 3 year	7/1/2009	4.649 00	-	Straight line	2 Years	1 162 26	1 162 26
96	HP P2035N Laser Jet P	08/01/09	277.07	-	Straight line	3 Years	38.50	38 50
97	Murater MFX-1450D Scanner/Copier/Fax Machine - Executive Assi	10/19/2009	1.617 00	-	Straight line	5 Years	67.38	67 38
98	Windows 2003 Server Standard	01/10/09	768 23	-	Straight line	2 Years	288 09	288 09
		•	113,095 84				22.458.18	99,481 32

FORM 990-PF DIVIDENDS AND	AND INTEREST FROM SECURITIES		STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME INTEREST INCOME	1,892,000.	0.	1,892,000.
TOTAL TO FM 990-PF, PART I, LN 4	1,931,592.	0.	1,931,592.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT	2
INCOME			· · · · · · · ·	
1. GROSS RECEIPTS 2. RETURNS AND ALLOWAY 3. LINE 1 LESS LINE 2	NCES	46,863	46,80	63
	(LINE 15)	28,966	17,89	— 97
6. OTHER INCOME 7. GROSS INCOME (ADD I	LINES 5 AND 6)		17,8	97
COST OF GOODS SOLD				—
8. INVENTORY AT BEGIND 9. MERCHANDISE PURCHAS 10. COST OF LABOR 11. MATERIALS AND SUPPI 12. OTHER COSTS	SED	28,966		
13. ADD LINES 8 THROUGH 14. INVENTORY AT END OF			28,96	5 6 —
	(LINE 13 LESS LINE 14)		28,90	56

FORM 990-PF	OTHER I	NCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS REVENUE		65,285.	0.	
TOTAL TO FORM 990-PF, PART I,	LINE 11	65,285.	0.	
FORM 990-PF	LEGAL	FEES	S	STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	16,228.	0	•	11,369.
TO FM 990-PF, PG 1, LN 16A	16,228.	0	•	11,369.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	15,962.	7,981	•	7,981.
TO FORM 990-PF, PG 1, LN 16B	15,962.	7,981	•	7,981.
FORM 990-PF (OTHER PROFES	SIONAL FEES	2	STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	144,501.	144,501	•	0.
TO FORM 990-PF, PG 1, LN 16C	144,501.	144,501	•	0.
=		: 	= ==	= ==

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES OTHER TAXES	35,524. 38,106.	0.		27,152.	
TO FORM 990-PF, PG 1, LN 18	73,630.	0.		27,152	
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE EXPENSE INSURANCE GIFTS & AWARDS DUES & SUBSCRIPTIONS CONTRACT SERVICE MISCELLANEOUS EVENTS & SEMINARS CONSULTING FEES TECHNOLOGY SUPPORT SERVICES POSTAGE BANK FEES	28,824. 31,128. 2,802. 2,026. 4,871. 26,040. 18,259. 34,568. 17,964. 5,123. 597.	0. 0. 0. 0. 0. 0. 0. 0. 597.		24,987. 12,376. 2,802. 2,026. 4,800. 26,040. 18,259. 34,568. 17,964. 5,123.	
TO FORM 990-PF, PG 1, LN 23	172,202.	597.		148,945.	

SUPPLEMENTAL INFORMATION:

FORM 990-PF, PART XV, LINE 2C - SUBMISSION DEADLINES:

THERE ARE TWO DEADLINES FOR EACH GRANT CYCLE (PRELIMINARY PROPOSAL AND FULL PROPOSAL) AND THE DATES VARY BY YEAR. FOR THE SPRING GRANT CYCLE THE PRELIMINARY APPLICATION DEADLINE IS TYPICALLY IN EARLY FEBRUARY AND THE FULL PROPOSAL DEADLINE IS TYPICALLY EARLY MARCH. FOR THE FALL GRANT CYCLE THE PRELIMINARY APPLICATION DEADLINE IS TYPICALLY IN LATE JULY OR EARLY AUGUST AND THE FULL PROPOSAL DEADLINE IS TYPICALLY LATE AUGUST OR EARLY SEPTEMBER. THE TRUST HAS A GRANT CATEGORY CALLED CRITICAL NEEDS WHICH ARE ACCEPTED ON A ROLLING BASIS. CRITICAL NEEDS GRANT REQUESTS ARE TIME

SENSITIVE IN NATURE AND TYPICALLY REQUIRE A RAPID FUNDING DECISION AND THEREFORE THERE ARE NO DEADLINES FOR THESE GRANTS. CRITICAL NEEDS GRANT APPLICANTS MUST COMPLETE AN APPLICATION WHICH CAN ALSO BE FOUND ON THE TRUST WEBSITE.

FORM 990-PF, PART XI, LINE 6 & PART XIII, LINE 1(D):

AS OF JANUARY 1, 2009, THE TRUST CONVERTED TO A PRIVATE FOUNDATION, AND ITS START-UP PERIOD FOR MAKING "QUALIFYING DISTRIBUTIONS" PURSUANT TO CODE SECTION 4942 WILL BEGIN JANUARY 1, 2010. THE TRUST INTENDS TO BEGIN MAKING QUALIFYING DISTRIBUTIONS DURING THE START-UP PERIOD, WHICH WILL EXTEND FROM JANUARY 1, 2010 THROUGH DECEMBER 31, 2013, IN ACCORDANCE WITH THE PROVISIONS OF TREAS. REG. SECTION 53.4942(A)-3(B)(4). IN 2014 AND FOR ALL SUBSEQUENT YEARS THEREAFTER, THE TRUST WILL MAKE THE FULL, REQUIRED OUALIFYING DISTRIBUTIONS ON AN ANNUAL BASIS.

START-UP PERIOD MINIMUM AMOUNTS ARE AS FOLLOWS:

12/31/2010 - TWENTY PERCENT OF DISTRIBUTABLE AMOUNT

12/31/2011 - FORTY PERCENT OF DISTRIBUTABLE AMOUNT

12/31/2012 - SIXTY PERCENT OF DISTRIBUTABLE AMOUNT

12/31/2013 - EIGHTY PERCENT OF DISTRIBUTABLE AMOUNT

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 10
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS HEDGE FUNDS PRIVATE CAPITAL / PARTNERSHIPS		FMV FMV FMV	76,694,950. 21,235,441. 10,996,557.	76,694,950. 21,235,441. 10,996,557.
TOTAL TO FORM 990-PF, PART II,	LINE :	13	108,926,948.	108,926,948.
FORM 990-PF	OTHER	LIABILITIES		STATEMENT 11
DESCRIPTION			BOY AMOUNT	EOY AMOUNT
BWPH EQUIPMENT LEASE BWPH PROPERTY LIABILITY BWPH BRIDGE LIABILITY BWPH CURRENT PORTION		-	520,392. 1,789,915. 2,386,556. 415,699.	338,200. 1,682,055. 2,242,743. 433,865.
TOTAL TO FORM 990-PF, PART II,	LINE	22	5,112,562.	4,696,863.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 12
TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. LARRY CHURCHILL 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
DR. H. EUGENE COTEY 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
KIRBY DAVIS, JR. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
LARRY DAVIS 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
H. DEAN DICKEY 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
ROY ELAM, M.D. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	COMMUNITY MEMB	ER - NON-VO'	ring 0.	0.
CHRIS FERRELL 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
REV. MARY K. FRISKICS-WARREN 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
KEITH HAGAN, M.D. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	COMMUNITY MEMB	ER - NON-VO	ring 0.	0.
ADDIE HAMILTON, RN 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
JAMES G HOLLEMAN 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	TREASURER	0.	0.	0.

BAPTIST HEALING HOSPITAL TRUST			52-23	62225
SCOTT JENKINS 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	VICE CHAIRPERSON 1.00	0.	0.	0.
RUTH E. JOHNSON 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
D. ED MOODY, JR. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
VIRGIL H. MOORE, JR. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	CHAIRPERSON 1.00	0.	0.	0.
CRAIG REED 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	COMMUNITY MEMBER		0.	0.
EUGENE REGEN, M.D. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
REV. BRETT ROBBE 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
JASON ROGERS 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203		0.	0.	0.
KENNETH L. ROSS, SR. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
MS. BILLYE SANDERS 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	BOARD MEMBER 1.00	0.	0.	0.
CATHERINE STALLWORTH, M.D. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203		0.	0.	0.
JOHN G. THOMPSON, JR., M.D. 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203		0.	0.	0.
ERIE CHAPMAN 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	PRESIDENT & CEO 40.00	191,901.	0.	0.

. BAPTIST HEALING HOSPITAL TRUST			52-	2362225
CATHY SELF SI 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	ENIOR VP 40.00	105,560.	0.	0.
KRISTEN KEELY-DINGER 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	P OF PROGRAMS 40.00	& GRANTS 75,600.	0.	0.
MATTHEW DEEB 1919 CHARLOTTE AVENUE, SUITE 320 NASHVILLE, TN 37203	P OF FINANCE 40.00	81,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PAGE	ART VIII	454,061.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 13 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MS. KRISTEN KEELY-DINGER 1919 CHARLOTTE AVE, SUITE 320 NASHVILLE, TN 37203

TELEPHONE NUMBER

615-284-8271

FORM AND CONTENT OF APPLICATIONS

APPLICANTS ARE REQUIRED TO SUBMIT GRANT APPLICATIONS THROUGH THE TRUST'S ONLINE APPLICATION PROCESS WHICH IS ONLY AVAILABLE THROUGH THE TRUST'S WEBSITE WWW.BAPTISTHEALINGTRUST.ORG. THEREFORE, THERE IS NO PAPER APPLICATION FORM. THE REQUIRED GRANT APPLICATION COMPONENTS FOR EACH GRANT TYPE ARE LISTED ON THE TRUST'S WEBSITE.

ANY SUBMISSION DEADLINES

THE TRUST HAS TWO GRANT CYCLES EACH YEAR: SPRING AND FALL. SEE FOOTNOTES FOR ADDITIONAL INFO.

RESTRICTIONS AND LIMITATIONS ON AWARDS

APPLICANTS MUST MEET THE FOLLOWING CRIETERIA:

- *ORGANIZATION WITH A 501(C)(3) STATUS
- *ORGANIZATION IN OPERATION AS A 501(C)(3) AT LEAST ONE YEAR BY THE TIME OF THE FULL PROPOSAL DEADLINE
- *ORGANIZATION SERVES AT LEAST ONE OF THE FORTY COUNTIES IN MIDDLE TENNESSEE (SEE OUR WEBSITE FOR COUNTY LIST)
- *ORGANIZATION INCREASES ACCESS TO COMPASSIONATE HEALTH SERVICES FOR THE **VULNERABLE.**

FORM 990-PF

STATEMENT 14

	DURING THE YEAR		EMENI 14
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ELDERS FIRST ADULT DAY SERVICES ASSOCIATION P.O. BOX 332966 MURFREESBORO, TN 37133	TO BE EXPAND ACCESS TO	501(C)(3)	4,500.
REFUGE CENTER FOR COUNSELING INC 106 MISSION CT. SUITE 302 FRANKLIN, TN 37067	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	6,239.
CHARIS HEALTH CENTER 9695 LEBANON ROAD, SUITE 320 MT. JULIET, TN 37122	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	10,000.
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	27,525.
PROJECT RETURN, INC. 1200 DIVISION STREET, SUITE 200 NASHVILLE, TN 37203-4000	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	13,904.
HANDS ON NASHVILLE 209 10TH AVENUE SOUTH, CUMMINS STATION SUITE 318 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	2,500.
WILLIAMSON COUNTY CASA INC 101 FORREST CROSSING BLVD., SUITE 108A FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE	501(C)(3)	14,400.

GRANTS AND CONTRIBUTIONS

HEALTHCARE FOR

VULNERABLE POPULATIONS

. BAPTIST HEALING HOSPITAL TRUST			52-2362225
NASHVILLE DRUG COURT FOUNDATION INC . 1300 DIVISION STREET, SUITE 107 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,125.
PUTNAM COUNTY RURAL HEALTH CLINIC, INC. P.O. BOX 175 BAXTER, TN 38544	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,172.
TENNESSEE RESPITE COALITION 19 MUSIC SQUARE WEST, SUITE J NASHVILLE, TN 37203		501(C)(3)	28,600.
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 BYPASS WEST, SUITE 5 WESTMORELAND, TN 37186		501(C)(3)	25,269.
CHILD ADVOCACY CENTER FOR THE 23RD JUDICIAL DISTRICT P.O. BOX 468, 6 COURT SQUARE CHARLOTTE, TN 37036	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,625.
SALVUS CENTER 107 IMPERIAL BOULEVARD, SUITE 3 HENDERSONVILLE, TN 37075	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	22,500.
SPORTS 4 ALL FOUNDATION 5827 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	18,732.
DICKSON COUNTY COMMUNITY CLINIC 111 HIGHWAY 70 EAST, SUITE 202 WEST DICKSON, TN 37055	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	13,750.
CASA OF MAURY COUNTY, INC. 22 PUBLIC SQUARE, STE 2 COLUMBIA, TN 38401	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	9,700.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
FENTRESS COUNTY CHILDREN'S CENTER 340 WEST CENTRAL AVE, P.O. BOX 1079 JAMESTOWN, TN 38556	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	43,500.
BIG BROTHERS BIG SISTERS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE, SUITE 130 NASHVILLE, TN 37203	TO BE EXPAND ACCESS TO	501(C)(3)	38,024.
TENNESSEE KIDNEY FOUNDATION 2120 CRESTMOOR ROAD NASHVILLE, TN 37215	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
KID'S PLACE CHILD ADVOCACY CENTER 202 DELLER STREET LAWRENCEBURG, TN 38464	TO BE EXPAND ACCESS TO	501(C)(3)	9,940.
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE. NASHVILLE, TN 37203		501(C)(3)	17,823.
CATHOLIC CHARITIES OF TENNESSEE, INC. 10 S. 6TH STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	19,489.
NURSES FOR NEWBORNS FOUNDATION 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	11,784.
THE NEXT DOOR P.O. BOX 23336 NASHVILLE, TN 37202	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	33,600.
MANNA INC 415 4TH AVENUE SOUTH, UNIT B NASHVILLE, TN 37202	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	36,312.

F	2		2	2	_	2	2	2	5
J	4	_	4	J	O	4	4	4	2

,			30 230223
95 WHITE BRIDGE ROAD, SUITE 312	TO BE EXPAND ACCESS TO	501(C)(3)	28,750.
AMERICAN RED CROSS - NASHVILLE CHAPTER 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,272.
1035 14TH AVENUE NORTH	TO BE EXPAND ACCESS TO	501(C)(3)	50,000.
UPPER CUMBERLAND ALLIANCE AGAINST DOMESTIC VIOLENCE, INC. P.O BOX 1180 COOKEVILLE, TN 38503	TO BE EXPAND ACCESS TO	501(C)(3)	21,256.
PENCIL FOUNDATION 421 GREAT CIRCLE RD, SUITE 100 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,748.
PREVENT CHILD ABUSE TENNESSEE 4751 TROUSDALE DRIVE, SUITE 201 NASHVILLE, TN 37220		501(C)(3)	50,664.
RECONCILIATION MINISTRIES INC. 702 51ST AVENUE NORTH NASHVILLE, TN 37209	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	7,350.
HAVEN OF HOPE, INC. P.O. BOX 1271 MANCHESTER, TN 37349-1271	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,351.
TENNESSEE TASK FORCE ON FAMILY VIOLENCE 2 INTERNATIONAL PLAZA DR., SUITE 425 NASHVILLE, TN 37217	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	29,387.

. BAPTIST HEALING HOSPITAL TRUST			52-2362225
ST. THOMAS HEALTH SERVICES FUND 4220 HARDING ROAD NASHVILLE, TN 37205		501(C)(3)	55,267.
UNITED CEREBRAL PALSY OF MIDDLE TENNESSEE, INC. 1200 9TH AVENUE NORTH, SUITE 110 NASHVILLE, TN 37208	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	18,750.
CUMBERLAND CRISIS PREGNANCY SUPPORT CENTER PO BOX 1037 HENDERSONVILLE, TN 37077	TO BE EXPAND ACCESS TO	501(C)(3)	20,000.
TENNESSEE - 100 VINE COURT	TO BE EXPAND ACCESS TO	501(C)(3)	11,079.
PARENTS REACHING OUT P.O. BOX 121806 NASHVILLE, TN 37212		501(C)(3)	6,599.
OUR KIDS, INC. 1804 HAYES STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,329.
EYE RESEARCH FOUNDATION 210 25TH AVE N, STE 910 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	8,750.
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	50,000.
TENNESSEE HEALTH CARE CAMPAIGN 1103 CHAPEL AVE. NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	16,250.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
CENTER FOR NONPROFIT MANAGEMENT 44 VANTAGE WAY, SUITE 230 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	41,400.
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND NASHVILLE, TN 37228		501(C)(3)	25,000.
MAGDALENE, INC. PO BOX 6330-B, VANDERBILT UNIVERSITY NASHVILLE, TN 37235	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,728.
METROPOLITAN NASHVILLE YOUNG MEN'S CHRISTIAN ASSOCIATION 1000 CHURCH STREET NASHVILLE, TN 37203	TO BE EXPAND ACCESS TO	501(C)(3)	92,500.
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	1,500.
VANDERBILT UNIVERSITY VANDERBILT UNIVERSITY MEDICAL CENTER, STATION 17 NASHVILLE, TN 37232	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	183,305.
MARTHA O'BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	27,540.
UPLANDS RETIREMENT VILLAGE P. O. BOX 168 PLEASANT HILL, TN 38578	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	16,077.
MEHARRY MEDICAL COLLEGE - 1005 DR. D.B. TODD JR. BLVD., DEPARTMENT OF PEDIATRICS NASHVILLE, TN 37208	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	33,250.

. BAPTIST HEALING HOSPITAL TRUST			52-2362225
LEAGUE FOR THE DEAF AND HARD OF HEARING. 415 4TH AVENUE SOUTH, SUITE A NASHVILLE, TN 37201	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	29,368.
FAMILY AND CHILDREN'S SERVICE 201 23RD AVENUE NORTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	37,021.
UNITED WAY OF METROPOLITAN NASHVILLE, INC 250 VENTURE CIRCLE NASHVILLE, TN 37228	TO BE EXPAND ACCESS TO	501(C)(3)	37,500.
NASHVILLE SYMPHONY ASSOCIATION 1 SYMPHONY PLACE NASHVILLE, TN 37201-2031	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	1,000.
SENIOR CITIZENS, INC. 174 RAINS AVENUE NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	19,568.
1200 FORREST PARK DRIVE	TO BE EXPAND ACCESS TO	501(C)(3)	1,000.
MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE 295 PLUS PARK BLVD., SUITE 201 NASHVILLE, TN 37217	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	38,280.
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
TENNESSEE CONFERENCE ON SOCIAL WELFARE 2008 EIGHTH AVENUE SOUTH NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,629.

. BAPTIST HEALING HOSPITAL TRUST			52-2362225
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET NASHVILLE, TN 37201	TO BE EXPAND ACCESS TO	501(C)(3)	17,804.
CAMPUS FOR HUMAN DEVELOPMENT P.O. BOX 25309 NASHVILLE, TN 37202-5300		501(C)(3)	25,000.
PROGRESS, INC. 319 EZELL PIKE NASHVILLE, TN 37217	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	13,659.
CI SERVICES P.O. BOX 281858 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	55,652.
WAVES, INC. P.O. BOX 1225 FRANKLIN, TN 37065	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	21,625.
OASIS CENTER, INC. 1704 CHARLOTTE PIKE, STE. 200 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,940.
ALIVE HOSPICE 1718 PATTERSON ST. NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	10,781.
UNITED NEIGHBORHOOD HEALTH SERVICES, INC. 617 S. 8TH STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	46,420.
CANNON COUNTY SENIOR CITIZENS CENTER 609 LEHMAN STREET, PO BOX 336 WOODBURY, TN 37190	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
RAPE AND SEXUAL ABUSE CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,119.
809 MORRISON STREET	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,350.
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC. 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	100.
CRISIS PREGNANCY SUPPORT CENTER 1810 HAYES STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,000.
GALLATIN C.A.R.E.S. 330 NORTH DURHAM AVE. GALLATIN, TN 37066	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	6,000.
CASA, INC. OF NASHVILLE AND DAVIDSON COUNTY 601 WOODLAND STREET NASHVILLE, TN 37206	TO BE EXPAND ACCESS TO	501(C)(3)	23,925.
EXCHANGE CLUB FAMILY CENTER INC. 139 THOMPSON LANE NASHVILLE, TN 37211	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	10,729.
NASHVILLE C.A.R.E.S., INC. 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	29,154.
SHELTER, INC. P.O.BOX 769 LAWRENCEBURG, TN 38464	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	19,655.

. BAPTIST HEALING HOSPITAL TRUST			52-2362225
DOMESTIC VIOLENCE PROGRAM 826 MEMORIAL BLVD SUITE 205, PO BOX 2652 MURFREESBORO, TN 37133	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,506.
PARK CENTER 801 12TH AVENUE SOUTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	21,000.
THE EXCHANGE CLUB HOLLAND J. STEPHENS CENTER FOR THE PREVENTION OF CHILD AB - 307 A WEST BROAD STREET LIVINGSTON, TN 38570	TO BE EXPAND ACCESS TO COMPASSIONATE	501(C)(3)	28,400.
MAURY COUNTY CENTER AGAINST DOMESTIC VIOLENCE P.O. BOX 1961 COLUMBIA, TN 38402-1961	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.
FRIENDS IN GENERAL, INC. 1818 ALBION STREET NASHVILLE, TN 37208		501(C)(3)	7,111.
TENNESSEE DISABILITY COALITION 955 WOODLAND STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	31,500.
TONY RICE CENTER, INC. 1300 RAILROAD AVENUE SHELBYVILLE, TN 37160	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	4,229.
URBAN HOUSING SOLUTIONS 411 MURFREESBORO PIKE NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,325.
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE 3833 CLEGHORN AVE NASHVILLE, TN 37215-2519	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	6,500.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
RUTHERFORD COUNTY PRIMARY CARE CLINIC . 1453 A HOPE WAY MURFREESBORO, TN 37129	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,436.
THE NASHVILLE CHILD ADVOCACY CENTER 1264 FOSTER AVENUE NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,000.
COLUMBIA CARES 319-D WEST 7TH STREET COLUMBIA, TN 38401	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	4,500.
CAREGIVER RELIEF PROGRAM OF BEDFORD COUNTY 500 ELM ST, P.O. BOX 584 SHELBYVILLE, TN 37162	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
INTERFAITH DENTAL CLINIC OF NASHVILLE 1721 PATTERSON STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	53,750.
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVENUE SOUTH NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	23,812.
TENNESSEE VOICES FOR CHILDREN 701 BRADFORD AVENUE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	13,750.
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	24,611.
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE. NASHVILLE, TN 37201	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	28,176.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
PO BOX 280356 NASHVILLE, TN	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	36,250.
OPERATION STAND DOWN 1125 12TH AVE SOUTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,220.
CENTERSTONE COMMUNITY MENTAL HEALTH CENTERS, INC. 1101 6TH AVENUE NORTH NASHVILLE, TN 37211	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	46,100.
TENNESSEE CHAPTER OF CHILD ADVOCACY CENTER, INC 1266 FOSTER AVENUE NASHVILLE, TN 37210		501(C)(3)	25,000.
SPECIAL KIDS, INC. 202 ARNETTE STREET MURFREESBORO, TN 37130	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	11,125.
CENTER FOR FAMILY DEVELOPMENT 100 EAST SIDE SQUARE SHELBYVILLE, TN 37160	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	67,072.
LAND TRUST FOR TENNESSEE INC. 209 10TH AVENUE SOUTH, #530 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	500.
WILLIAMSON COUNTY CHILD ADVOCACY CENTER 101 FORREST CROSSING BLVD., STE. 106 FRANKLIN, TN 37064	TO BE EXPAND ACCESS TO	501(C)(3)	12,238.
MERCY HEALTH SERVICES 1113 MURFREESBORO ROAD, SUITE 319 FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,750.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
BRIGHTSTONE, INC. 140 SOUTHEAST PARKWAY COURT FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	62,900.
SUMNER CHILD ADVOCACY CENTER 315 W SMITH ST GALLATIN, TN 37066	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	7,500.
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	35,000.
LUKE 14:12 PO BOX 120864 NASHVILLE, TN 37212-0864	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,000.
MARY PARRISH CENTER FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE P.O. BOX 60009 NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	51,019.
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE NORTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	34,299.
MEN OF VALOR 1420 DONELSON PIKE, SUITE B-6 NASHVILLE, TN 37217	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	31,056.
ALCOHOL & DRUG COUNCIL OF MIDDLE TENNESSEE 1704 CHARLOTTE AVE NASHVILLE, TN 37203	TO BE EXPAND ACCESS TO	501(C)(3)	74,800.
NEW HOPE ACADEMY, INC. 1820 DOWNS BOULEVARD FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	46,805.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
MENDING HEARTS 929 43RD AVE. NO. NASHVILLE, TN 37209	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
PLANNED LIFETIME ASSISTANCE NETWORK OF TENNESSEE, INC. 901 SOUTH 5TH STREET NASHVILLE, TN 37213	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	13,669.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		2,902,803.

STATEMENT 15

FORM 990-PF

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALCOHOL & DRUG COUNCIL OF MIDDLE TENNESSEE 1704 CHARLOTTE AVE NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	16,000.
AMERICAN RED CROSS - NASHVILLE CHAPTER 2201 CHARLOTTE AVENUE NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,272.
BIG BROTHERS BIG SISTERS OF MIDDLE TENNESSEE . 1704 CHARLOTTE AVENUE, SUITE 130 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	22,500.
CAMPUS FOR HUMAN DEVELOPMENT P.O. BOX 25309 NASHVILLE, TN 37202-5300	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.
CAREGIVER RELIEF PROGRAM OF BEDFORD COUNTY 500 ELM ST, P.O. BOX 584 SHELBYVILLE, TN 37162	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	5,000.
CATHOLIC CHARITIES OF TENNESSEE, INC. 10 s. 6TH STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	19,489.
CHARIS HEALTH CENTER 9695 LEBANON ROAD, SUITE 320 MT. JULIET, TN 37122	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.

GRANTS AND CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

BAPTIST HEALING HOSPITAL TRUST			52-2362225
CUMBERLAND CRISIS PREGNANCY SUPPORT CENTER PO BOX 1037 HENDERSONVILLE, TN 37077	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	20,000.
ELDERS FIRST ADULT DAY SERVICES ASSOCIATION P.O. BOX 332966 MURFREESBORO, TN 37133	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	4,500.
EYE RESEARCH FOUNDATION 210 25TH AVE N, STE 910 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	3,750.
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE NORTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	21,457.
FIRST STEPS, INC. 4414 GRANNY WHITE PIKE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 BYPASS WEST, SUITE 5 WESTMORELAND, TN 37186	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,769.
INTERFAITH DENTAL CLINIC OF NASHVILLE 1721 PATTERSON STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	24,920.
KID'S PLACE CHILD ADVOCACY CENTER 202 DELLER STREET LAWRENCEBURG, TN 38464	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	9,940.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
LEAGUE FOR THE DEAF AND HARD OF HEARING 415 4TH AVENUE SOUTH, SUITE A NASHVILLE, TN 37201	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	14,090.
MAGDALENE, INC. PO BOX 6330-B, VANDERBILT UNIVERSITY NASHVILLE, TN 37235	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	10,000.
MARTHA O'BRYAN CENTER, INC. 711 SOUTH SEVENTH STREET NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	27,540.
MARY PARRISH CENTER FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE P.O. BOX 60009 NASHVILLE, TN 37206	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	18,450.
MCMINNVILLE - WARREN COUNTY SENIOR CENTER 809 MORRISON STREET MCMINNVILLE, TN 37110	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,050.
MENDING HEARTS 929 43RD AVE. NO. NASHVILLE, TN 37209	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.
MERCY HEALTH SERVICES 1113 MURFREESBORO ROAD, SUITE 319 FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,750.
NASHVILLE DRUG COURT FOUNDATION INC 1300 DIVISION STREET, SUITE 107 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,125.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
TENNESSEE KIDNEY FOUNDATION 2120 CRESTMOOR ROAD NASHVILLE, TN 37215	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
NURSES FOR NEWBORNS FOUNDATION 50 VANTAGE WAY, SUITE 101 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	11,784.
OUR KIDS, INC. 1804 HAYES STREET NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,329.
PARK CENTER 801 12TH AVENUE SOUTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,500.
PASTORAL COUNSELING AND CONSULTATION CENTERS OF TENNESSEE - 100 VINE COURT NASHVILLE, TN 37205	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	11,079.
NATIONAL SOCIETY TO PREVENT BLINDNESS 95 WHITE BRIDGE ROAD, SUITE 312 NASHVILLE, TN 37205	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
PREVENT CHILD ABUSE TENNESSEE 4751 TROUSDALE DRIVE, SUITE 201 NASHVILLE, TN 37220	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	12,500.
RUTHERFORD COUNTY PRIMARY CARE CLINIC 1453 A HOPE WAY MURFREESBORO, TN 37129	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	17,500.
REFUGE CENTER FOR COUNSELING INC 106 MISSION CT. SUITE 302 FRANKLIN, TN 37067	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	6,239.

A DADELIE UDALING HOGDIENI EDUGE			50 0360005
BAPTIST HEALING HOSPITAL TRUST			52-2362225
RAPE AND SEXUAL ABUSE CENTER 101 FRENCH LANDING DRIVE NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	20,119.
SPECIAL KIDS, INC. 202 ARNETTE STREET MURFREESBORO, TN 37130	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	11,125.
SUMNER CHILD ADVOCACY CENTER 315 W SMITH ST GALLATIN, TN 37066	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	7,500.
TENNESSEE VOICES FOR CHILDREN 701 BRADFORD AVENUE NASHVILLE, TN 37204		501(C)(3)	13,750.
THE EXCHANGE CLUB HOLLAND J. STEPHENS CENTER FOR THE PREVENTION OF CHILD AB - 307 A WEST BROAD STREET LIVINGSTON, TN 38570	TO BE EXPAND ACCESS TO COMPASSIONATE	501(C)(3)	16,400.
UNITED CEREBRAL PALSY OF MIDDLE TENNESSEE, INC. 1200 9TH AVENUE NORTH, SUITE 110 NASHVILLE, TN 37208	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	18,750.
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	27,525.
VANDERBILT UNIVERSITY - CENTER FOR BIOMEDICAL ETHICS & SOCIETY, 2525 WEST END AVE., SUITE 400, VANDE NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR	501(C)(3)	100,000.

COMPASSIONATE HEALTHCARE FOR

NONE

CENTER FOR FAMILY DEVELOPMENT

100 EAST SIDE SQUARE

SHELBYVILLE, TN 37160

VULNERABLE POPULATIONS

TO BE EXPAND ACCESS TO

VULNERABLE POPULATIONS

12,788.

501(C)(3)

BAPTIST HEALING HOSPITAL TRUST			52-2362225
RUTHERFORD COUNTY PRIMARY CARE CLINIC 1453 A HOPE WAY MURFREESBORO, TN 37129	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	4,925.
ALIVE HOSPICE 1718 PATTERSON ST. NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	26,561.
AUTISM SOCIETY OF AMERICA 955 WOODLAND STREET NASHVILLE, TN 37206		501(C)(3)	10,000.
CASA, INC. OF NASHVILLE AND DAVIDSON COUNTY 601 WOODLAND STREET NASHVILLE, TN 37206	TO BE EXPAND ACCESS TO	501(C)(3)	28,000.
CHILD ADVOCACY CENTER FOR THE 23RD JUDICIAL DISTRICT 6 COURT SQUARE, P.O. BOX 486 CHARLOTTE, TN 37036	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	16,250.
COLUMBIA CARES 319-D WEST 7TH STREET COLUMBIA, TN 38401	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	9,000.
COMPREHENSIVE CARE CENTER 1900 PATTERSON ST., SUITE 100 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	47,644.
DICKSON COUNTY COMMUNITY CLINIC 111 HIGHWAY 70 EAST, SUITE 202 WEST DICKSON, TN 37055	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.
DISCOVERY PLACE, INC. P.O. BOX 130 BURNS, TN 37029	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	20,000.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
DISMAS, INC. 1513 16TH AVENUE SOUTH NASHVILLE, TN 37212	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	23,834.
ST. THOMAS HEALTH SERVICES FUND 566 MAINSTREAM DRIVE, SUITE 150 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	45,000.
EXCHANGE CLUB FAMILY CENTER INC. 139 THOMPSON LANE NASHVILLE, TN 37211	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.
FAMILY AND CHILDREN'S SERVICE 201 23RD AVENUE NORTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	34,866.
MANNA INC 415 4TH AVENUE SOUTH, UNIT B NASHVILLE, TN 37201	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	34,472.
UPPER CUMBERLAND ALLIANCE AGAINST DOMESTIC VIOLENCE, INC. P.O BOX 1180 COOKEVILLE, TN 38503	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	21,256.
GRACE HEALTH CLINIC INC 100 COVEY DRIVE, SUITE 104-B FRANKLIN, TN 37067	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	15,000.
CI SERVICES P.O. BOX 281858 NASHVILLE, TN 37228	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	59,894.
LEGAL AID SOCIETY OF MIDDLE TENNESSEE AND THE CUMBERLANDS 300 DEADERICK STREET NASHVILLE, TN 37201	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	35,692.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
MEN OF VALOR 1420 DONELSON PIKE, SUITE B-6 NASHVILLE, TN 37217	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	36,000.
MONROE HARDING CHILDREN'S HOME 1120 GLENDALE LANE NASHVILLE, TN 37204		501(C)(3)	23,000.
THE NASHVILLE CHILD ADVOCACY CENTER 1264 FOSTER AVENUE NASHVILLE, TN 37210	TO BE EXPAND ACCESS TO	501(C)(3)	26,895.
OASIS CENTER, INC. 1704 CHARLOTTE PIKE, STE. 200 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	30,000.
OPERATION STAND DOWN 1125 12TH AVE SOUTH NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	34,478.
PARENTS REACHING OUT P.O. BOX 121806 NASHVILLE, TN 37212	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	14,250.
PARTNERS FOR HEALING 109 WEST BLACKWELL ST. TULLAHOMA, TN 37388	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	20,880.
RENEWAL HOUSE, INC. P.O. BOX 280356 NASHVILLE, TN 37228-0356	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	36,250.
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVENUE SOUTH NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	25,000.

" BAPTIST HEALING HOSPITAL TRUST			52-2362225
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVENUE SOUTH NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	15,000.
BAPTIST HEALTH CARE FOUNDATION - C/O TENNESSEE DISABILITY COALITION, 955 WOODLAND STREET NASHVILLE, TN 37206	TO BE EXPAND ACCESS TO	501(C)(3)	64,876.
SALVUS CENTER 107 IMPERIAL BOULEVARD, SUITE 3 HENDERSONVILLE, TN 37075		501(C)(3)	41,580.
VANDERBILT UNIVERSITY - 6134 MEDICAL CENTER EAST, VANDERBILT UNIVERSITY MEDICAL CENTER NASHVILLE, TN 37232		501(C)(3)	31,312.
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	55,000.
SPORTS 4 ALL FOUNDATION 5827 CHARLOTTE PIKE NASHVILLE, TN 37209		501(C)(3)	34,400.
ST. THOMAS HEALTH SERVICES FUND 4220 HARDING ROAD NASHVILLE, TN 37205	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	23,000.
CENTER FOR YOUTH ISSUES 1704 CHARLOTTE AVENUE, SUITE 200 NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	34,416.
TENNESSEE BAPTIST ADULT HOMES, INC. 5001 MARYLAND WAY, P. O. BOX 728 BRENTWOOD, TN 37024-0728	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	40,000.

BAPTIST HEALING HOSPITAL TRUST			52-2362225
THE NEXT DOOR P. O. BOX 23336 NASHVILLE, TN 37202	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	35,000.
URBAN HOUSING SOLUTIONS 411 MURFREESBORO PIKE NASHVILLE, TN 37210	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	40,000.
WILLIAMSON COUNTY CASA INC 101 FORREST CROSSING BLVD., SUITE 108A FRANKLIN, TN 37064	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	28,800.
WILLIAMSON COUNTY CHILD ADVOCACY CENTER 101 FORREST CROSSING BLVD., STE. 106 FRANKLIN, TN 37064	TO BE EXPAND ACCESS TO COMPASSIONATE	501(C)(3)	29,476.
NASHVILLE YOUNG WOMEN'S CHRISTIAN ASSOCIATION 1608 WOODMONT BOULEVARD NASHVILLE, TN 37215	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	40,000.
ALIVE HOSPICE 1718 PATTERSON ST. NASHVILLE, TN 37203	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	16,627.
FRIENDS IN GENERAL, INC. 1818 ALBION STREET NASHVILLE, TN 37208	NONE TO BE EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	501(C)(3)	35,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3B		2,058,624.

47

Form **8868**

(Rev. April 2009)

Department of the Treasury Informat Reserve Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check				\triangleright \mathbf{X}
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Do not complete Part II unless you have already been granted an automatic 3-month ext 			8868.	
Part I Automatic 3-Month Extension of Time. Only submit original (no	o copies needed)			
A corporation required to file Form 990 T and requesting an automatic 6-month extension Part I only	- check this box and comp	lete		> 🗆
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use to file income tax returns	Form 7004 to request an e	extensi	on of time	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-noted below (6 months for a corporation required to file Form 990-T). However, you canno (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group retur you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more downw.irs.gov/efile and click on e-file for Chanties & Nonprofits	t file Form 8868 electronica ns, or a composite or cons	ally if (* solidate) you want thed Form 990-	ie additional
Type or Name of Exempt Organization	E	Emplo	yer identifica	tion number
BAPTIST HEALING HOSPITAL TRUST		52	-236222	25 ·
Number, street, and room or suite no. If a P.O. box, see instructions 1919 CHARLOTTE AVENUE, NO. 320				
City, town or post office, state, and ZIP code. For a foreign address, see instru NASHVILLE, TN 37203	uctions			
Check type of return to be filed (file a separate application for each return)				
Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 990-PF Form 1041-A	Form 472 Form 522 Form 606 Form 887	7 9		
MATT DEEB • The books are in the care of ▶ 1919 CHARLOTTE AVE., SUITE	320 - NASHVII	LE,	TN 37	203
	615-284-2683			
 If the organization does not have an office or place of business in the United States, cf If this is for a Group Return, enter the organization's four digit Group Exemption Numb box If it is for part of the group, check this box 	er (GEN) If this			up, check this on will cover
1 I request an automatic 3-month (6 months for a corporation required to file Form 99) AUGUST 15, 2010			he extension	
2 If this tax year is for less than 12 months, check reason Initial return	Final return		hange in acc	ounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat	ive tax, less any			45 000
nonrefundable credits. See instructions	mated	3a	\$	45,000.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimate tax payments made. Include any prior year overpayment allowed as a credit.	mateu	3ь	s	60,000.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Pa	-			
See instructions	yment System)	3с	\$	0.
Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see	Form 8453-EO and Form 8	3879·E	O for paymen	t instructions



Form 8868 (Rev. 4-2009)

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

Form 8	3868 (Rev. 4-2009)			Page 2
• If v	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x		▶ X
	Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed		3868	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par		pies n	eeded).	
Туре	Name of Exempt Organization Employer identification numb			
print	BAPTIST HEALING HOSPITAL TRUST	5	2-2362	225
File by extended due date	Number, street, and room or suite no. If a PO box, see instructions	For IF	RS use only	
filing th return instruct	See City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041 A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= -	orm 5227 orm 6069	Form 8870
STOP	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 88	58.
Te	I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason. State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION FROM TIME ORDER TO FILE A COMPLETE AND ACCURATE RETURN.	 is is fo memb	r the whole ers the extended	accounting period
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the fentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	45,000.
þ	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		1	
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid	<u> </u>		60.000
	previously with Form 8868.	8b	\$	60,000.
С	Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		ĺ	•
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	<u> </u> \$	0.
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.				
Siona	ture Title	Date	•	
				1 8868 (Rev. 4-2009)

