



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) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.

Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

|                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>BAPTIST HEALING HOSPITAL TRUST                                                                                                                                                                                                                                               |  | A Employer identification number<br><br>52-2362225                                                                                                                           |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>2928 SIDCO DRIVE                                                                                                                                                                                               |  | B Telephone number (see instructions)<br><br>(615) 284-2653                                                                                                                  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>NASHVILLE, TN 37204                                                                                                                                                                                                    |  | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |  |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                   |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 126,053,510                                                                                                                                                                                                  |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |  |
| J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                     |  |                                                                                                                                                                              |  |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small> |                                                                                                      | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | 1 Contributions, gifts, grants, etc , received (attach schedule)                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                                 | 17,281                             | 17,281                    |                         |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities. . . . .                                                    | 1,665,971                          | 1,665,971                 |                         |                                                             |
|                                                                                                                                                                                    | 5a Gross rents . . . . .                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss) _____                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                                             | 2,500,467                          |                           |                         |                                                             |
|                                                                                                                                                                                    | b Gross sales price for all assets on line 6a<br>63,534,425                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2) . . . .                                             |                                    | 2,500,467                 |                         |                                                             |
|                                                                                                                                                                                    | 8 Net short-term capital gain . . . . .                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 9 Income modifications . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 10a Gross sales less returns and allowances                                                          |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | b Less Cost of goods sold . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule) . . . . .                                                          | 33,759                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                                    | 4,217,478                          | 4,183,719                 |                         |                                                             |
|                                                                                                                                                                                    | 13 Compensation of officers, directors, trustees, etc                                                | 368,366                            | 8,244                     |                         | 225,986                                                     |
|                                                                                                                                                                                    | 14 Other employee salaries and wages . . . . .                                                       | 173,222                            | 3,575                     |                         | 106,268                                                     |
|                                                                                                                                                                                    | 15 Pension plans, employee benefits . . . . .                                                        | 74,068                             | 1,528                     |                         | 45,439                                                      |
|                                                                                                                                                                                    | 16a Legal fees (attach schedule) . . . . .                                                           | 106,586                            | 216                       |                         | 9,575                                                       |
|                                                                                                                                                                                    | b Accounting fees (attach schedule) . . . . .                                                        | 18,500                             | 38                        |                         | 1,662                                                       |
|                                                                                                                                                                                    | c Other professional fees (attach schedule) . . . . .                                                | 183,915                            | 162,831                   |                         | 2,877                                                       |
|                                                                                                                                                                                    | 17 Interest . . . . .                                                                                | 49,464                             | 796                       |                         | 31,987                                                      |
|                                                                                                                                                                                    | 18 Taxes (attach schedule) (see instructions)                                                        | 83,281                             | 697                       |                         | 20,731                                                      |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion . . . .                                              | 39,594                             |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy . . . . .                                                                               | 47,636                             | 767                       |                         | 30,806                                                      |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings . . . . .                                                       | 20,475                             | 8,098                     |                         | 8,135                                                       |
|                                                                                                                                                                                    | 22 Printing and publications . . . . .                                                               | 1,066                              | 17                        |                         | 690                                                         |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule) . . . . .                                                        | 279,193                            | 1,622                     |                         | 151,626                                                     |
|                                                                                                                                                                                    | 24 <b>Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . .          | 1,445,366                          | 188,429                   |                         | 635,782                                                     |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid . . . . .                                                       | 4,938,753                          |                           |                         | 5,679,246                                                   |
|                                                                                                                                                                                    | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                      | 6,384,119                          | 188,429                   |                         | 6,315,028                                                   |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a <b>Excess of revenue over expenses and disbursements</b>                                           | -2,166,641                         |                           |                         |                                                             |
|                                                                                                                                                                                    | b <b>Net investment income</b> (if negative, enter -0-)                                              |                                    | 3,995,290                 |                         |                                                             |
|                                                                                                                                                                                    | c <b>Adjusted net income</b> (if negative, enter -0-)                                                |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |     | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )                      | Beginning of year | End of year    |                       |
|-----------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |     |                                                                                                                                          | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .                                                                                                      | 1,600,445         | 40,148         | 40,148                |
|                             | 2   | Savings and temporary cash investments . . . . .                                                                                         | 2,089,602         | 12,412,481     | 12,412,481            |
|                             | 3   | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                              | 16,173            |                |                       |
|                             | 4   | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                               |                   |                |                       |
|                             | 5   | Grants receivable . . . . .                                                                                                              |                   |                |                       |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .        |                   |                |                       |
|                             | 7   | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                               |                   |                |                       |
|                             | 8   | Inventories for sale or use . . . . .                                                                                                    |                   |                |                       |
|                             | 9   | Prepaid expenses and deferred charges . . . . .                                                                                          | 16,629            | 12,265         | 12,265                |
|                             | 10a | Investments—U S and state government obligations (attach schedule)                                                                       |                   |                |                       |
|                             | b   | Investments—corporate stock (attach schedule) . . . . .                                                                                  |                   |                |                       |
|                             | c   | Investments—corporate bonds (attach schedule). . . . .                                                                                   |                   |                |                       |
|                             | 11  | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                      |                   |                |                       |
|                             | 12  | Investments—mortgage loans . . . . .                                                                                                     |                   |                |                       |
|                             | 13  | Investments—other (attach schedule) . . . . .                                                                                            | 112,401,224       | 112,019,408    | 112,019,408           |
|                             | 14  | Land, buildings, and equipment basis ▶ _____ 1,718,174<br>Less accumulated depreciation (attach schedule) ▶ _____ 148,966                | 1,256,546         | 1,569,208      | 1,569,208             |
| Liabilities                 | 15  | Other assets (describe ▶ _____)                                                                                                          | 3,405             |                |                       |
|                             | 16  | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)                                               | 117,384,024       | 126,053,510    | 126,053,510           |
|                             | 17  | Accounts payable and accrued expenses . . . . .                                                                                          | 60,244            | 60,266         |                       |
|                             | 18  | Grants payable . . . . .                                                                                                                 | 2,930,370         | 2,321,292      |                       |
|                             | 19  | Deferred revenue . . . . .                                                                                                               |                   |                |                       |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons                                                                 |                   |                |                       |
|                             | 21  | Mortgages and other notes payable (attach schedule) . . . . .                                                                            |                   |                |                       |
| Net Assets or Fund Balances | 22  | Other liabilities (describe ▶ _____)                                                                                                     | 1,392,068         | 1,356,881      |                       |
|                             | 23  | Total liabilities (add lines 17 through 22) . . . . .                                                                                    | 4,382,682         | 3,738,439      |                       |
|                             |     | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                   |                |                       |
|                             | 24  | Unrestricted . . . . .                                                                                                                   | 113,001,342       | 122,315,071    |                       |
|                             | 25  | Temporarily restricted . . . . .                                                                                                         |                   |                |                       |
|                             | 26  | Permanently restricted . . . . .                                                                                                         |                   |                |                       |
|                             |     | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.                         |                   |                |                       |
|                             | 27  | Capital stock, trust principal, or current funds . . . . .                                                                               |                   |                |                       |
|                             | 28  | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                           |                   |                |                       |
|                             | 29  | Retained earnings, accumulated income, endowment, or other funds                                                                         |                   |                |                       |
|                             | 30  | Total net assets or fund balances (see page 17 of the instructions) . . . . .                                                            | 113,001,342       | 122,315,071    |                       |
|                             | 31  | Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .                                               | 117,384,024       | 126,053,510    |                       |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                                    |   |             |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . . | 1 | 113,001,342 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -2,166,641  |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 11,480,370  |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 122,315,071 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 |             |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 122,315,071 |

Part IV

Capital Gains and Losses for Tax on Investment Income

|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|
| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) |                                                                                                                                                                                                                | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr )            | (d) Date sold<br>(mo , day, yr ) |                                                                                              |
| 1a                                                                                                                                |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
|                                                                                                                                   |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| (e) Gross sales price                                                                                                             |                                                                                                                                                                                                                | (f) Depreciation allowed<br>(or allowable)   | (g) Cost or other basis<br>plus expense of sale |                                  | (h) Gain or (loss)<br>(e) plus (f) minus (g)                                                 |
| a                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| b                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| c                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| d                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| e                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69                                       |                                                                                                                                                                                                                |                                              |                                                 |                                  | (i) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
| (i) F M V as of 12/31/69                                                                                                          |                                                                                                                                                                                                                | (j) Adjusted basis<br>as of 12/31/69         | (k) Excess of col (i)<br>over col (j), if any   |                                  |                                                                                              |
| a                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| b                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| c                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| d                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| e                                                                                                                                 |                                                                                                                                                                                                                |                                              |                                                 |                                  |                                                                                              |
| 2                                                                                                                                 | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }                                                                              |                                              |                                                 | 2                                | 2,500,467                                                                                    |
| 3                                                                                                                                 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . } |                                              |                                                 | 3                                |                                                                                              |

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

|                                                                                                                                                                                           |                                          |                                              |                                                           |   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|---|-------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                                                                                      | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |   |             |
| 2012                                                                                                                                                                                      | 5,676,591                                | 111,083,579                                  | 0 05110                                                   |   |             |
| 2011                                                                                                                                                                                      | 4,598,877                                | 116,979,961                                  | 0 03931                                                   |   |             |
| 2010                                                                                                                                                                                      | 4,482,196                                | 116,657,733                                  | 0 03842                                                   |   |             |
| 2009                                                                                                                                                                                      | 3,970,482                                | 106,957,418                                  | 0 03712                                                   |   |             |
| 2008                                                                                                                                                                                      |                                          |                                              |                                                           |   |             |
| 2 Total of line 1, column (d). . . . .                                                                                                                                                    |                                          |                                              |                                                           | 2 | 0 16596     |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years . . . . . |                                          |                                              |                                                           | 3 | 0 04149     |
| 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5. . . . .                                                                                                   |                                          |                                              |                                                           | 4 | 117,345,639 |
| 5 Multiply line 4 by line 3. . . . .                                                                                                                                                      |                                          |                                              |                                                           | 5 | 4,868,671   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                     |                                          |                                              |                                                           | 6 | 39,953      |
| 7 Add lines 5 and 6. . . . .                                                                                                                                                              |                                          |                                              |                                                           | 7 | 4,908,624   |
| 8 Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                           |                                          |                                              |                                                           | 8 | 6,667,281   |
| If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See<br>the Part VI instructions                               |                                          |                                              |                                                           |   |             |

|                                                                                                                                                                               |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>Part VI    Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)</b>                                          |           |        |
| <b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1                                         |           |        |
| Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)                                                                            |           |        |
| <b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . . | <b>1</b>  | 39,953 |
| <b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                              |           |        |
| <b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                            | <b>2</b>  |        |
| <b>3</b> Add lines 1 and 2. . . . .                                                                                                                                           | <b>3</b>  | 39,953 |
| <b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                          | <b>4</b>  |        |
| <b>5</b> <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                             | <b>5</b>  | 39,953 |
| <b>6</b> Credits/Payments                                                                                                                                                     |           |        |
| <b>a</b> 2013 estimated tax payments and 2012 overpayment credited to 2013                                                                                                    | <b>6a</b> | 39,864 |
| <b>b</b> Exempt foreign organizations—tax withheld at source . . . . .                                                                                                        | <b>6b</b> |        |
| <b>c</b> Tax paid with application for extension of time to file (Form 8868)                                                                                                  | <b>6c</b> |        |
| <b>d</b> Backup withholding erroneously withheld . . . . .                                                                                                                    | <b>6d</b> |        |
| <b>7</b> Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                         | <b>7</b>  | 39,864 |
| <b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                  | <b>8</b>  | 3      |
| <b>9</b> <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .                                                                | <b>9</b>  | 92     |
| <b>10</b> <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .                                                   | <b>10</b> |        |
| <b>11</b> Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> <b>Refunded</b>                                                                             | <b>11</b> |        |

|                                                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>Part VII-A    Statements Regarding Activities</b>                                                                                                                                                                                                                                                                                                                             |           |            |           |
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                                         | <b>1a</b> | <b>Yes</b> | <b>No</b> |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> | <b>1b</b> |            | <b>No</b> |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                   | <b>1c</b> |            | <b>No</b> |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br><b>(1)</b> On the foundation  \$ _____ <b>(2)</b> On foundation managers  \$ _____                                                                                                                                                                                |           |            |           |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$ _____                                                                                                                                                                                                                          |           |            |           |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                                          | <b>2</b>  |            | <b>No</b> |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                                             | <b>3</b>  | <b>Yes</b> |           |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                                  | <b>4a</b> | <b>Yes</b> |           |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                       | <b>4b</b> | <b>Yes</b> |           |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                                    | <b>5</b>  |            | <b>No</b> |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                            | <b>6</b>  | <b>Yes</b> |           |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>                                                                                                                                                                                                                               | <b>7</b>  | <b>Yes</b> |           |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>TN _____                                                                                                                                                                                                                                                         |           |            |           |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>                                                                                                                                                     | <b>8b</b> | <b>Yes</b> |           |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?<br><i>If "Yes," complete Part XIV</i> . . . . .                                                                                                | <b>9</b>  |            | <b>No</b> |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                                             | <b>10</b> |            | <b>No</b> |

Part 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 |     | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                     | 12 |     | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ▶http //healingtrust.org                                                                                                                                                              | 13 | Yes |    |
| 14 | The books are in care of ▶MATT DEEB Telephone no ▶(615) 284-8271<br>Located at ▶2928 SIDCO DRIVE NASHVILLE TN ZIP +4 ▶37204                                                                                                                                                                                                  |    |     |    |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶                                                                                | 15 |     |    |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶ | 16 | Yes | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

|                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |     |    |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | Yes | No |
| 1a                                                                                      | During the year did the foundation (either directly or indirectly)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |     |    |
| b                                                                                       | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1b |     | No |
| 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 before the first day of the tax year beginning in 2013?. . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c |     | No |
| 2                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |
| a                                                                                       | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
| b                                                                                       | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2b |     | No |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here<br>▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |     |    |
| b                                                                                       | If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i> ). . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3b |     | No |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a |     | No |
| b                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4b |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1 ), (2), or (3), or section 4940(d)(2)? (see instructions).

Yes

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

Yes

c

If the answer is "Yes" to question 5a(4 ), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address      | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| See Additional Data Table |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |
|                           |                                                           |                                           |                                                                       |                                       |

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| JENNIFER OLDHAM                                               | PROGRAM OFFICER                                           | 58,665           | 18,750                                                                |                                       |
| 2928 SIDCO DR<br>NASHVILLE,TN 37204                           | 40 00                                                     |                  |                                                                       |                                       |
| BETH USELTON                                                  | PROGRAM DIR                                               | 64,000           | 2,531                                                                 |                                       |
| 2928 SIDCO DR<br>NASHVILLE,TN 37204                           | 40 00                                                     |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

Total number of other employees paid over \$50,000.

Form 990-PF (2013)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". |                     |                  |
|------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000                                                      | (b) Type of service | (c) Compensation |
| WALLER LANSDEN DORTCH & DAVIS                                                                                    | LEGAL               | 83,495           |
| 511 UNION ST STE 2700                                                                                            |                     |                  |
| NASHVILLE,TN 37219                                                                                               |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
|                                                                                                                  |                     |                  |
| Total number of others receiving over \$ 50,000 for professional services. . . . .                               |                     |                  |

Part IX-A

Summary of Direct Charitable Activities

|                                                                                                                                                                                                                                                       |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | Expenses |
| 1                                                                                                                                                                                                                                                     |          |
| 2                                                                                                                                                                                                                                                     |          |
| 3                                                                                                                                                                                                                                                     |          |
| 4                                                                                                                                                                                                                                                     |          |

Part IX-B

Summary of Program-Related Investments (see instructions)

|                                                                                                                  |        |
|------------------------------------------------------------------------------------------------------------------|--------|
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 2                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See page 24 of the instructions                                           |        |
| 3                                                                                                                |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3. . . . .                                                                            |        |

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                                    |    |             |
|---|--------------------------------------------------------------------------------------------------------------------|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |    |             |
| a | Average monthly fair market value of securities. . . . .                                                           | 1a | 111,961,955 |
| b | Average of monthly cash balances. . . . .                                                                          | 1b | 7,170,673   |
| c | Fair market value of all other assets (see instructions). . . . .                                                  | 1c | 0           |
| d | Total (add lines 1a, b, and c). . . . .                                                                            | 1d | 119,132,628 |
| e | 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  |             |
| 3 | Subtract line 2 from line 1d. . . . .                                                                              | 3  | 119,132,628 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | 4  | 1,786,989   |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                | 5  | 117,345,639 |
| 6 | Minimum investment return. Enter 5% of line 5. . . . .                                                             | 6  | 5,867,282   |

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |    |           |
|----|-----------------------------------------------------------------------------------------------------------|----|-----------|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                    | 1  | 5,867,282 |
| 2a | Tax on investment income for 2013 from Part VI, line 5. . . . .                                           | 2a | 39,953    |
| b  | Income tax for 2013 (This does not include the tax from Part VI ). . . . .                                | 2b |           |
| c  | Add lines 2a and 2b. . . . .                                                                              | 2c | 39,953    |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                             | 3  | 5,827,329 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                        | 4  | 54,465    |
| 5  | Add lines 3 and 4. . . . .                                                                                | 5  | 5,881,794 |
| 6  | Deduction from distributable amount (see instructions). . . . .                                           | 6  |           |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | 7  | 5,881,794 |

Part XII

Qualifying Distributions (see instructions)

|                                                                                                                                                                                              |                                                                                                                                                              |    |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1                                                                                                                                                                                            | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                                    |    |           |
| a                                                                                                                                                                                            | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .                                                                         | 1a | 6,315,028 |
| b                                                                                                                                                                                            | Program-related investments—total from Part IX-B. . . . .                                                                                                    | 1b |           |
| 2                                                                                                                                                                                            | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                           | 2  | 352,253   |
| 3                                                                                                                                                                                            | Amounts set aside for specific charitable projects that satisfy the                                                                                          |    |           |
| a                                                                                                                                                                                            | Suitability test (prior IRS approval required). . . . .                                                                                                      | 3a |           |
| b                                                                                                                                                                                            | Cash distribution test (attach the required schedule). . . . .                                                                                               | 3b |           |
| 4                                                                                                                                                                                            | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                    | 4  | 6,667,281 |
| 5                                                                                                                                                                                            | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . . | 5  | 39,953    |
| 6                                                                                                                                                                                            | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .                                                                                      | 6  | 6,627,328 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |                                                                                                                                                              |    |           |

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2012 | (c)<br>2012 | (d)<br>2013 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7                                                                                                                                |               |                            |             | 5,881,794   |
| 2 Undistributed income, if any, as of the end of 2013                                                                                                                               |               |                            |             |             |
| a Enter amount for 2012 only. . . . .                                                                                                                                               |               |                            | 3,688,899   |             |
| b Total for prior years 20____, 20____, 20____                                                                                                                                      |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2013                                                                                                                                   |               |                            |             |             |
| a From 2008. . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2009. . . . .                                                                                                                                                                |               |                            |             |             |
| c From 2010. . . . .                                                                                                                                                                |               |                            |             |             |
| d From 2011. . . . .                                                                                                                                                                |               |                            |             |             |
| e From 2012. . . . .                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              |               |                            |             |             |
| 4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 6,667,281                                                                                                            |               |                            |             |             |
| a Applied to 2012, but not more than line 2a                                                                                                                                        |               |                            | 3,688,899   |             |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| c Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| d Applied to 2013 distributable amount. . . . .                                                                                                                                     |               |                            |             | 2,978,382   |
| e Remaining amount distributed out of corpus                                                                                                                                        |               |                            |             |             |
| 5 Excess distributions carryover applied to 2013<br>(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                                                                                                                                   |               |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               |                            |             |             |
| 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. . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               |                            |             |             |
| e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            |             |             |
| f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .                                                               |               |                            |             | 2,903,412   |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .                                  |               |                            |             |             |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . .                                                                                  |               |                            |             |             |
| 9 Excess distributions carryover to 2014.<br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                          |               |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2009. . . .                                                                                                                                                           |               |                            |             |             |
| b Excess from 2010. . . .                                                                                                                                                           |               |                            |             |             |
| c Excess from 2011. . . .                                                                                                                                                           |               |                            |             |             |
| d Excess from 2012. . . .                                                                                                                                                           |               |                            |             |             |
| e Excess from 2013. . . .                                                                                                                                                           |               |                            |             |             |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

|    |                                                                                                                                                             |          |               |          |          |           |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                         | Tax year | Prior 3 years |          |          | (e) Total |
|    |                                                                                                                                                             | (a) 2013 | (b) 2012      | (c) 2011 | (d) 2010 |           |
|    |                                                                                                                                                             |          |               |          |          |           |
| 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. Subtract line 2d from line 2c . . . . .                                     |          |               |          |          |           |
| 3  | 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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

KRISTEN KEELY-DINGER  
2928 SIDCO DR  
NASHVILLE, TN 37204  
(615) 284-8271

b

The form in which applications should be submitted and information and materials they should include

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

c

Any submission deadlines

THE TRUST HAS QUARTERLY DEADLINES

d

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

APPLICANTS MUST MEET THE FOLLOWING CRITERIA: \*ORGANIZATION WITH A 501(C)(3) STATUS AND IN OPERATION AT LEAST ONE YEAR BY THE TIME OF THE FULL PROPOSAL DEADLINE \*ORGANIZATION SERVES AT LEAST ONE OF THE 40 COUNTIES OF MIDDLE TENNESSEE \*ORGANIZATION OPERATES HEALTH RELATED PROGRAMS THAT PRODUCE MEASURABLE HEALTH OUTCOMES OR ADVOCATE FOR HEALTHCARE ACCESS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient                                                                         | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                              | Amount    |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                               |                                                                                                           |                                |                                                                               |           |
| a Paid during the year<br>See Additional Data Table                               |                                                                                                           |                                |                                                                               |           |
| Total . . . . .                                                                   |                                                                                                           |                                | 3a                                                                            | 5,679,246 |
| b Approved for future payment<br>SEE ATTACHMENT A<br>VARIOUS<br>VARIOUS, TN 37201 | NONE                                                                                                      | PUBLIC                         | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 2,321,292 |
|                                                                                   |                                                                                                           |                                |                                                                               |           |
|                                                                                   |                                                                                                           |                                |                                                                               |           |
| Total . . . . .                                                                   |                                                                                                           |                                | 3b                                                                            | 2,321,292 |

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2013)

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of 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

1

Cash.

1a(1)

No

2

Other assets.

1a(2)

No

b

Other transactions

1

Sales of assets to a noncharitable exempt organization.

1b(1)

No

2

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

3

Rental of facilities, equipment, or other assets.

1b(3)

No

4

Reimbursement arrangements.

1b(4)

No

5

Loans or loan guarantees.

1b(5)

No

6

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes

☒ No

b

If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

Sign Here

\*\*\*\*\*

2014-11-13

Signature of officer or trustee

Date

\*\*\*\*\*

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes

☐ No

Paid Preparer Use Only

|                                               |                                                  |      |                                                 |                         |
|-----------------------------------------------|--------------------------------------------------|------|-------------------------------------------------|-------------------------|
| Print/Type preparer's name<br>Stephen T Dolan | Preparer's Signature                             | Date | Check if self-employed <input type="checkbox"/> | PTIN<br>P00666397       |
| Firm's name                                   | Frasier Dean & Howard PLLC                       |      |                                                 | Firm's EIN              |
| Firm's address                                | 3310 West End Avenue Ste 550 Nashville, TN 37203 |      |                                                 | Phone no (615) 383-6592 |

Form 990-PF (2013)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

| (a) Name and address                   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| DR BRETT ROBBE                         | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| RUTH JOHNSON                           | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| EUGENE REGEN MD                        | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| BECKY HARRELL                          | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| LANI WILKESON ROSSMAN                  | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| LARRY DAVIS                            | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| REV KAKI FRISKICS-WARREN               | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| STEWART CLIFTON                        | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| DR EUGENE COTEY                        | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| CHARLENE DEWEY MD                      | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| SCOTT JENKINS                          | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| CRAIG REED                             | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| REV KRISTINA BROWN                     | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| REV HENRY BLAZE                        | BOARD MEMBER<br>1 00                                      | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| CHRIS FERRELL                          | CHAIR<br>1 00                                             | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| DOROTHY BERRY                          | VICE CHAIR<br>1 00                                        | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| JOHN THOMPSON MD                       | Secretary<br>1 00                                         | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| JASON ROGERS                           | Treasurer<br>1 00                                         | 0                                         |                                                                       |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| CATHY SELF                             | President & CEO<br>40 00                                  | 147,049                                   | 13,523                                                                |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| KRISTEN KEELY-DINGER                   | VP PRGM & GRANT<br>40 00                                  | 111,030                                   | 14,722                                                                |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |
| MATT DEEB                              | CFO<br>40 00                                              | 110,287                                   | 11,823                                                                |                                       |
| 2928 SIDCO DRIVE<br>NASHVILLE,TN 37204 |                                                           |                                           |                                                                       |                                       |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                                                         |           |
| TENNESSEE RESPITE COALITION<br>19 MUSIC SQUARE W STE J<br>NASHVILLE,TN 37203                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 27,791    |
| CHRISTIAN COUNSELING CTR<br>CUMBERLAND 348 TAYLOR ST STE 105<br>CROSSVILLE,TN 38555                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 5,650     |
| COFFEE CTY CHILDRENS ADV CENTER<br>104 N SPRING ST<br>MANCHESTER,TN 37355                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,500    |
| UNITED MENTODIST CHURCH AFFILIATES<br>2195 NOLENSVILLE RD<br>NASHVILLE,TN 37211                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,559     |
| ALIGNMENT NASHVILLE INC<br>4805 PARK AVE<br>NASHVILLE,TN 37209                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 32,780    |
| HOPE FAMILY HEALTH SERVICES<br>12124 NEW HIGHWAY 52 W<br>WESTMORELAND,TN 37186                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 77,211    |
| SUMNER CT ADVOCACY CENTER<br>ASHLEYS PL 315 WEST SMITH ST<br>GALLATIN,TN 37066                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,500    |
| SALVUS CLINIC INC<br>556 HARTSVILLE PIKE STE 200<br>GALLATIN,TN 37066                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 76,000    |
| LEAD PUBLIC SCHOOLS INC<br>1814 HAYES ST<br>NASHVILLE,TN 37203                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 50,000    |
| KIPP EAST NASHVILLE PREPARATORY<br>3410 KNIGHT DR<br>NASHVILLE,TN 37027                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 46,800    |
| SPORTS4ALL FOUNDATION<br>5827 CHARLOTTE PK<br>NASHVILLE,TN 37209                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 12,700    |
| DICKSON COMMUNITY CLINIC<br>111 HWY 70 E STE 202W<br>DICKSON,TN 37055                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 15,812    |
| ELDERS FIRST ADULT DAY SERVICES ASS<br>PO BOX 332966<br>MURFREESBORO,TN 37133                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 5,750     |
| CASA OF MAURY COUNTY<br>22 PUBLIC SQUARE STE 2<br>COLUMBIA,TN 38401                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,350    |
| REFUGE CENTER FOR COUNSELING INC<br>103 FORREST CROSSINGS BLVD STE 102<br>FRANKLIN,TN 37064                            | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 36,450    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                                                         |           |
| FENTRESS COUNTY CHILDRENS CENTER 340 WEST CENTRAL AVE JAMESTOWN,TN 38556                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 31,960    |
| BUILDING LIVES FOUNDATION PO BOX 210184 NASHVILLE,TN 37221                                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 12,380    |
| BIG BROTHERS BIG SISTERS OF MID TN 1704 CHARLOTTE AVE STE 103 NASHVILLE,TN 37203                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 43,550    |
| BROWN CENTER FOR AUTISM 2702 GREYSTONE RD NASHVILLE,TN 37204                                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 58,257    |
| APHESIS HOUSE INC 1522 COMPTON AVE NASHVILLE,TN 37212                                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 29,500    |
| AVALON CENTER INC PO BOX 3063 CROSSVILLE,TN 38557                                                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 12,000    |
| CASA WORKS INC 224 WEST FORT ST MANCHESTER,TN 37355                                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,150    |
| KIDS PLACE A CHILD ADVOCACY CENTER 614 WEST POINT RD LAWRENCEBURG,TN 38464                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,500    |
| COMMUNITY CLINIC OF SHELBYVILLEBEDF 200 DOVER ST STE 203 SHELBYVILLE,TN 37160                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,000     |
| CHARIS HEALTH CENTER 2620 N MT JULIET RD MT JULIET,TN 37122                                                            | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 15,300    |
| FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PK NASHVILLE,TN 37204                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 37,325    |
| THE NEXT DOOR PO BOX 23336 NASHVILLE,TN 37202                                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 132,500   |
| BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE,TN 37203                                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,700    |
| PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DR STE 121 NASHVILLE,TN 37220                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 92,500    |
| ST THOMAS HEALTH FOUNDATIONS 4220 HARDING RD NASHVILLE,TN 37205                                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 189,444   |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                                                         |           |
| CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE,TN 37077                                                 | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 58,500    |
| COURT APPOINTED SPECIAL ADVOCATES C 601 WOODLAND ST NASHVILLE,TN 37206                                                 | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 41,250    |
| MDHA HOUSING TRUST CORP 701 S SIXTH ST NASHVILLE,TN 37206                                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 67,500    |
| OUR KIDS INC 1804 HAYES ST NASHVILLE,TN 37203                                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 48,650    |
| SILAOM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE,TN 37204                                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 180,000   |
| TENNESSEE HEALTH CARE CAMPAIGN INC 500 INTERSTATE DR STE 231 NASHVILLE,TN 37210                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 64,032    |
| MAGDALENE INC BOX 6330B VANDERBILT UNIVERSITY NASHVILLE,TN 37235                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 87,500    |
| BELMONT UNIVERSITY 1900 BELMONT BLVD NASHVILLE,TN 37212                                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,605    |
| NASHVILLE YOUNG WOMENS CHRISTIAN AS 1608 WOODMONT BLVD NASHVILLE,TN 37215                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 138,194   |
| YOUNG MENS CHRISTIAN ASSOC OF NASHM 1000 CHURCH ST NASHVILLE,TN 37203                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 41,650    |
| MONROE HARDING INC 1120 GLENDALE LN NASHVILLE,TN 37204                                                                 | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 75,861    |
| VANDERBILT UNIVERSITY 222 GRACE ST NASHVILLE,TN 37207                                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 317,466   |
| MARTHA OBRYAN CENTER INC 711 SOUTH SEVENTH ST NASHVILLE,TN 37206                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 62,600    |
| LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DR NASHVILLE,TN 37204                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 10,442    |
| MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE,TN 37027                                                     | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 24,787    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                                                         |           |
| HEARING BRIDGES 415 4TH AVE S<br>STE A<br>NASHVILLE,TN 37201                                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 46,900    |
| FAMILY AND CHILDRENS SERVICES 201 23RD AVE N<br>NASHVILLE,TN 37203                                                     | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 278,125   |
| UNITED WAY OF MID TENNESSEE 250 VENTURE CIR<br>NASHVILLE,TN 37228                                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,296    |
| HAVEN OF HOPE INC PO BOX 1271<br>MANCHESTER,TN 37349                                                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 5,850     |
| MENTAL HEALTH ASSOC OF MID TENNESSE 295 PLUS PARK BLVD<br>STE 201<br>NASHVILLE,TN 37217                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 46,380    |
| FIRST STEPS INC 1900 GRAYBAR LANE<br>NASHVILLE,TN 37215                                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 43,550    |
| CATHOLIC CHARITIES OF TENNESSEE 10 S 6TH STREET<br>NASHVILLE,TN 37206                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 46,893    |
| LEGAL AID SOCIETY OF MID TN CUMBERL 300 DEADERICK ST<br>NASHVILLE,TN 37201                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 41,888    |
| THE CAMPUS FOR HUMAN DEVELOPMENT PO BOX 25309<br>NASHVILLE,TN 37202                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 76,050    |
| NASHVILLE INTL CENTER FOR EMPOWERME 417 WELSHWOOD DR<br>STE 100<br>NASHVILLE,TN 37211                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 36,423    |
| UPPER CUMBERLAND HUMAN RESOURCE AGE 580 S JEFFERSON AVE<br>COOKVILLE,TN 38501                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 11,000    |
| OASIS CENTER 1704 CHARLOTTE AVE SUITE 200<br>NASHVILLE,TN 37203                                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 103,750   |
| ALIVE HOSPICE 1718 PATTERSON ST<br>NASHVILLE,TN 37203                                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 83,217    |
| UNITED NEIGHBORHOOD HEALTH SERVICES 711 MAIN ST<br>NASHVILLE,TN 37206                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 130,000   |
| NEW HOPE ACADEMY 1820 DOWNS BLVD<br>FRANKLIN,TN 37064                                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 39,519    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                                                         |           |
| SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE,TN 37228                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 45,833    |
| SECOND HARVEST FOOD BANK MID TN 331 GREAT CIRCLE RD NASHVILLE,TN 37228                                                 | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 48,451    |
| OPEN TABLE OF NASHVILLE INC 210 MORTON AVE NASHVILLE,TN 37211                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 6,550     |
| REBUILDING TOGETHER-NASHVILLE 6101 CENTENNIAL BLVD NASHVILLE,TN 37209                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 16,163    |
| RUTHERFORD-CANNON DRUG CT SUPPORT F 303 CHURCH ST MURFREESBORO,TN 37130                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 11,500    |
| HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE,TN 37203                                                                 | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,500    |
| RUTHERFORD PRIMARY CARE HOPE CLINIC 1453 HOPE WAY MURFREESBORO,TN 37129                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 113,750   |
| EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LANE NASHVILLE,TN 37211                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 25,000    |
| NASHVILLE CARES 633 THOMPSON LANE NASHVILLE,TN 37204                                                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 58,960    |
| STARS NASHVILLE 1704 CHARLOTTE AVE STE 200 NASHVILLE,TN 37203                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 67,084    |
| DOMESTIC VIOLENCE PROGRAM 2106 EAST MAIN ST MURFREESBORO,TN 37133                                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 21,183    |
| SHELTERINC PO BOX 769 LAWRENCEBURG,TN 38464                                                                            | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 9,628     |
| EXCHANGE CLUB HOLLAND J STEPHENS CT 616B N CHURCH ST LIVINGSTON,TN 38570                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 41,663    |
| CENTER OF HOPE 2441 PARK PLUS DR COLUMBIA,TN 38401                                                                     | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 56,837    |
| URBAN HOUSING SOLUTIONS 822 WOODLAND ST NASHVILLE,TN 37206                                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 45,000    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                                                         |           |
| NASHVILLE CHILDRENS ALLIANCE<br>1264 FOSTER AVE<br>NASHVILLE,TN 37210                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 43,750    |
| COLUMBIA CARES 1202 S JAMES<br>CAMPBELL BLVD STE 8B<br>COLUMBIA,TN 38401                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 13,750    |
| WELCOME HOME MINISTRIES PO<br>BOX 100183<br>NASHVILLE,TN 37224                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 27,566    |
| COMPREHENSIVE CARE CENTER<br>719 THOMPSON LANE STE 37189<br>NASHVILLE,TN 37204                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 52,603    |
| CAREGIVER RELIEF PROGRAM OF<br>BEDFORD PO BOX 584<br>SHELBYVILLE,TN 37162                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 6,875     |
| INTERFAITH DENTAL CLINIC OF<br>NASHVIL 1721 PATTERSON ST<br>NASHVILLE,TN 37203                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 46,550    |
| ROCKETOWN OF MIDDLE<br>TENNESSEE 601 FOURTH AVE S<br>NASHVILLE,TN 37210                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 42,511    |
| WILLIAMSON CTY CASA INC 101<br>FORREST CROSSING BLVD STE<br>108A<br>FRANKLIN,TN 37064                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,475     |
| TENNESSEE JUSTICE CENTER 301<br>CHARLOTTE AVE<br>NASHVILLE,TN 37201                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 73,768    |
| RENEWAL HOUSE 3401<br>CLARKSVILLE PK<br>NASHVILLE,TN 37218                                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 115,000   |
| CENTERSTONE OF TENNESSEE<br>1101 6TH AVE N<br>NASHVILLE,TN 37208                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,500    |
| TN CHAPTER OF CHILDRENS<br>AVOCACY CEN 1266 FOSTER AVE<br>NASHVILLE,TN 37210                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 37,800    |
| DISCOVERY PLACE 1635 SPENCER<br>MILL RD<br>BURNS,TN 37029                                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,500    |
| NASHVILLE DRUG COURT<br>FOUNDATION 1300 DIVISION ST<br>STE 107<br>NASHVILLE,TN 37203                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,894    |
| SPECIAL KIDS 202 ARNETTE ST<br>MURFREESBORO,TN 37130                                                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,625    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                        | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                         |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                                                         |           |
| TN COALITION END DOMESTIC SEXUAL VI 2 INTERNATIONAL PLAZA DR STE 425 NASHVILLE,TN 37217                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 12,000    |
| BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKIN,TN 37065                                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 24,197    |
| PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE,TN 37209                                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 11,040    |
| WILLIAMSON CTY CHILD ADVOCACY CTR T 101 FORREST CROSSING BLVD STE 106 FRANKLIN,TN 37064                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 28,300    |
| TENNESSEE PRIMARY CARE ASSOC 710 SPENCE LANE NASHVILLE,TN 37217                                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 34,605    |
| MERCY HEALTH SERVICES 1113 MURFREESBORO RD STE 319 FRANKLIN,TN 37064                                                   | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 125,000   |
| BRIGHTSTONE INC 140 SOUTHEAST PARKWAY CT FRANKLIN,TN 37064                                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000    |
| WILSON COUNTY CASA INC 111 CASTLE HEIGHTS AVE LEBANON,TN 37087                                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,868    |
| NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE,TN 37210                                                  | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 75,000    |
| MARY PARRISH CENTER PO BOX 60009 NASHVILLE,TN 37206                                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 31,000    |
| FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE,TN 37203                                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 34,500    |
| PARTNERS FOR HEALING 109 W BLACKWELL ST TULLAHOMA,TN 37388                                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 22,700    |
| MEN OF VALOR 1420 DONELSON PK STE B6 NASHVILLE,TN 37217                                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 89,000    |
| EVERGREEN PRESBYTERIAN MINISTRIES 6050 DANA WAY STE 200 ANTIOCH,TN 37013                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000    |
| UPPER CUMBERLAND CHILD ADVOCACY CLI 480 S OLD KENTUCKY RD COOKEVILLE,TN 38501                                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,080     |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                         | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                 | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                                   |                                                                                                           |                                |                                                                                  |           |
| CHRISTIAN WOMENS JOB CORP OF<br>MID TN PO BOX 22388<br>NASHVILLE,TN 37202                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 31,750    |
| PASTORAL COUNSELING<br>CONSULTATION CT 100 VINE<br>COURT<br>NASHVILLE,TN 37205                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 24,587    |
| SAFETY NET CONSORTIUM OF MID<br>TN 955 WOODLAND ST<br>NASHVILLE,TN 37206                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 75,000    |
| TENNESSEE CONFERENCE ON<br>SOCIAL WELF PO BOX 291231<br>NASHVILLE,TN 37229                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 11,500    |
| TN EMERGENCY MED SERV FOR<br>CHILDREN 2007 TERRACE PLACE<br>NASHVILLE,TN 37203                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 14,473    |
| HANDS ON NASHVILLE 37<br>PEABODY ST STE 206<br>NASHVILLE,TN 37210                                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 31,980    |
| CONEXIAN AMERICAS 2195<br>NOLENSVILLE PIKE<br>NASHVILLE,TN 37211                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 76,000    |
| MENTAL HEALTH COOPERATIVE<br>275 CUMBERLAND BEND DR<br>NASHVILLE,TN 37228                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 50,000    |
| CENTER FOR NONPROFIT<br>MANAGEMENT 37 PEABODY ST<br>STE 201<br>NASHVILLE,TN 37210                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 62,500    |
| BOOK EM 161 RAINS AVE<br>NASHVILLE,TN 37203                                                                            | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 400       |
| CASA OF ROBERTSON COUNTY<br>101 5TH AVE WEST SUITE 201<br>SPRINGFIELD,TN 37172                                         | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| COMMUNITY FOUNDATION OF MD<br>TN 3833 CLEGHORN AVE<br>NASHVILLE,TN 37215                                               | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 9,700     |
| DISCIPLES DIVINITY HOUSE 1917<br>ADELICIA AVE<br>NASHVILLE,TN 37212                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 3,000     |
| DISMAS INC 1513 16TH AVE S<br>NASHVILLE,TN 37212                                                                       | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 500       |
| FISK UNIVERSITY 1000 17TH AVE<br>NORTH<br>NASHVILLE,TN 37208                                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                                  | 5,679,246 |

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

| Recipient                                                                                                              | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                 | Amount    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------|-----------|
| Name and address (home or business)                                                                                    |                                                                                                           |                                |                                                                                  |           |
| <b>a</b> Paid during the year                                                                                          |                                                                                                           |                                |                                                                                  |           |
| GRANTMAKERS CONCERNED<br>WIMMIGRANTS R PO BOX 1100<br>SEBASTOPOL,CA 95473                                              | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 2,500     |
| HABITAT FOR HUMANITY SUMNER<br>COUNTY 165 EAST BLEDSOE ST<br>NASHVILLE,TN 37209                                        | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| MATTHEW 25 INC PO BOX 158461<br>NASHVILLE,TN 37215                                                                     | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| METRO INTERDENOM FIRST<br>RESPONSE CEN PO BOX 280779<br>NASHVILLE,TN 37228                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 2,500     |
| NEW BEGINNINGS CENTER 509<br>CRAIGHEAD ST STE 100<br>NASHVILLE,TN 37204                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 500       |
| NURSES FOR NEWBORNS OF TN 50<br>VANTAGE WAY SUITE 101<br>NASHVILLE,TN 37203                                            | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| OPERATION STAND DOWN 1125<br>12TH AVE SOUTH<br>NASHVILLE,TN 37203                                                      | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| PARK CENTER 801 12TH AVE<br>SOUTH<br>NASHVILLE,TN 37203                                                                | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 38,500    |
| RONALD MCDONALD HOUSE OF<br>NASHVILLE 2144 FAIRFAX AVE<br>NASHVILLE,TN 37212                                           | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 1,000     |
| SUMNER COUNTY FOOD BANK<br>1021 WOODS FERRY RD<br>GALLATIN,TN 37031                                                    | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 500       |
| TN ALLIANCE FOR CHILDREN<br>FAMILIES 2 INTERNATIONAL<br>PLAZA SUITE 605<br>NASHVILEL,TN 37217                          | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 500       |
| WO SMITHNASHVILLE COMMUNITY<br>MUSIC S PO BOX 121348<br>NASHVILLE,TN 37212                                             | NONE                                                                                                      | PUBLIC                         | TO EXPAND ACCESS TO<br>COMPASSIONATE<br>HEALTHCARE FOR<br>VULNERABLE POPULATIONS | 500       |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                                                                  | 5,679,246 |

**TY 2013 Accounting Fees Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Category             | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------------------|--------|--------------------------|------------------------|---------------------------------------------|
| AUDIT & TAX SERVICES | 18,500 | 38                       | 0                      | 1,662                                       |

## TY 2013 Contractor Compensation Explanation

**Name:** BAPTIST HEALING HOSPITAL TRUST

**EIN:** 52-2362225

**Software ID:** 13000170

**Software Version:** 2013v3.1

| Contractor                    | Explanation |
|-------------------------------|-------------|
| WALLER LANSDEN DORTCH & DAVIS |             |

**TY 2013 Land, Etc. Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Category / Item         | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
|-------------------------|--------------------|--------------------------|------------|-------------------------------|
| Furniture and Fixtures  | 110,344            | 73,304                   | 37,040     | 37,040                        |
| Machinery and Equipment | 77,741             | 45,719                   | 32,022     | 32,022                        |
| Buildings               | 1,083,163          | 29,943                   | 1,053,220  | 1,053,220                     |
| Land                    | 446,926            |                          | 446,926    | 446,926                       |

**TY 2013 Legal Fees Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Category   | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------|---------|--------------------------|------------------------|---------------------------------------------|
| LEGAL FEES | 106,586 | 216                      | 0                      | 9,575                                       |

**TY 2013 Other Expenses Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Description                | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|----------------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| AWARDS & SPONSORSHIPS      | 89,450                            |                          |                     |                                          |
| COMPUTER & SMALL EQUIPMENT | 30,086                            | 484                      |                     | 19,457                                   |
| DUES & SUBSCRIPTIONS       | 25,219                            | 406                      |                     | 16,309                                   |
| INSURANCE                  | 6,868                             | 111                      |                     | 4,441                                    |
| MISCELLANEOUS              | 2,530                             |                          |                     |                                          |
| OFFICE SUPPLIES            | 12,973                            | 209                      |                     | 8,389                                    |
| POSTAGE                    | 1,918                             | 31                       |                     | 1,240                                    |
| SPECIAL INCENTIVES         | 86,490                            |                          |                     | 86,490                                   |
| TECHNOLOGY SUPPORT         | 17,681                            | 285                      |                     | 11,434                                   |
| TELECOMMUNICATIONS         | 5,978                             | 96                       |                     | 3,866                                    |

**TY 2013 Other Income Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Description               | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|---------------------------|-----------------------------------|--------------------------|---------------------|
| INSURANCE ENROLLMENT PROG | 21,958                            |                          |                     |
| MISCELLANEOUS             | 11,801                            |                          |                     |

**TY 2013 Other Liabilities Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Description  | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|--------------|-----------------------------------|-----------------------------|
| NOTE PAYABLE | 1,392,068                         | 1,356,881                   |

**TY 2013 Other Professional Fees Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Category                | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------------|---------|--------------------------|------------------------|---------------------------------------------|
| CONSULTANTS             | 2,450   | 0                        | 0                      | 1,200                                       |
| INVESTMENT FEES         | 162,792 | 162,792                  | 0                      | 0                                           |
| OTHER PROFESSIONAL FEES | 18,673  | 39                       | 0                      | 1,677                                       |

**TY 2013 Taxes Schedule****Name:** BAPTIST HEALING HOSPITAL TRUST**EIN:** 52-2362225**Software ID:** 13000170**Software Version:** 2013v3.1

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| PAYROLL TAXES | 33,792 | 697                      |                        | 20,731                                      |
| TAXES         | 49,489 |                          |                        |                                             |

**BYLAWS**  
**OF**  
**BAPTIST HEALING HOSPITAL TRUST**

**ARTICLE I**  
**IDENTIFICATION**

Section 1      Name and Location    The name of this corporation shall be THE BAPTIST HEALING HOSPITAL TRUST D/B/A BAPTIST HEALING TRUST    The principal office shall be at 2928 Sidco Drive, Nashville, Davidson County, Tennessee, and its registered agent shall be designated by the Board of Trustees

Section 2      Purposes

(a)      This corporation is organized exclusively for charitable, benevolent, religious, educational and scientific purposes including but not limited to some or all of the following

(i)      To make distributions to organizations that qualify as exempt organizations under 501(c) (3) of the Internal Revenue Code,

(ii)      To develop and support programs and protocols with an emphasis on improving and providing quality health care and access to health care for the general public, including, the development of programs and protocols for an emphasis on service and patient care,

(iii)      To otherwise assist in providing facilities or programs for the rendering of health care services to the general public,

(iv)      To train and to provide continuing education for persons engaged in providing health care related services, including, but not limited to,

physicians, dentists, podiatrists, nurses and laboratory technicians,

(v) To promote and support the interests and purposes of other organizations providing healthcare, health education or health research and which qualify as organizations exempt from Federal income taxation under Section 501(c)(3),

(vi) To establish, develop, sponsor, support, promote and/or conduct educational programs, scientific research, human service programs and other charitable activities in furtherance of health care for the general public,

(vii) To otherwise support and encourage health care services through providing financial and fund-raising assistance and in all other relevant ways,

(viii) To engage in such other activities, exercise such other powers and privileges, take such other actions and carry out such other purposes as may be permitted to be carried on by an entity either (i) exempt from Federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or (ii) to which contributions are deductible under Section 170(c)(2) of the Code,

(ix) To own, lease or otherwise deal with all property, real and personal, to be used in furtherance of the interests of all the above purposes,

(x) To contract with other organizations, for profit or nonprofit, with individuals, and with governmental agencies in furtherance of all the above purposes, and

(xi) To exercise all other powers and authority necessary or convenient to carry on activities incidental to or associated with the purposes for which it is organized, and all other powers and authority conferred upon corporations generally by the Tennessee Nonprofit Corporation Act

(b) Notwithstanding any other provisions of these Bylaws to the contrary, the following restrictions shall apply to the purposes, operations and activities of the corporation

(i) The purposes of the corporation shall in all events be charitable, benevolent, religious, scientific or educational within the meaning of Section 501(c)(3) of the Code and shall be consistent with the requirements of Section 501(c)(3) of the Code and all applicable Treasury Regulations issued thereunder,

(ii) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its trustees, officers or other persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these Bylaws,

(iii) No substantial part of the activities of the corporation shall be in the carrying on of propaganda or otherwise attempting to influence legislation, and the corporation shall not participate in, nor intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office except as authorized under the Code,

(iv) The corporation shall not carry on any other activities not permitted to be carried on (i) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Code, or (ii) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code,

(v) The corporation will distribute its income for each tax year at a time and in a manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Internal Revenue Code,

(vi) The corporation will not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code,

(vii) The corporation will not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code,

(viii) The corporation will not make any investments in a manner as to subject it to tax under section 4944 of the Internal Revenue Code, and

(ix) The corporation will not make any taxable expenditures as defined in section 4945 of the Internal Revenue Code

Section 3 Dissolution Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes

## ARTICLE II

### BOARD OF TRUSTEES

Section 1      Governance      The administration and governance of the corporation shall be vested in a Board of Trustees which shall have charge, control and management of the business affairs, property and funds of the corporation and which shall have the power and authority to do and perform all acts and functions not inconsistent with these Bylaws, the Statutes of Tennessee and the laws of the United States Government

Section 2      Number and Qualification      The Board of Trustees shall consist of at least (10) voting members but not more than twenty-one (21) voting members, the specific number within that range to be determined by resolution of the Board of Trustees. The qualifications of trustees shall be set by the Board of Trustees, and shall include recognized effort and experience in Christian causes, knowledge of and ability in business affairs, especially as related to health care, a commitment to meet the society's health care needs, and a willingness to fulfill the responsibilities required as a trustee. The minimum and/or maximum number of trustees described above may be increased or decreased from time to time by amendment of these Bylaws, but no decrease shall have the effect of shortening the term of any incumbent trustee.

Section 3      Election and Term      Of the initial Board of Trustees, the incorporator shall elect the members of the Board of Trustees of Baptist Hospital System, Inc. as the initial Board of Trustees to serve the term as the member is currently serving on the Baptist Hospital System, Inc. Board of Trustees (Hereinafter referred to as

“Founding Members”) Thereafter, the Board of Trustees shall determine by resolution the size of the board within the range described in Section 2 of this Article II and shall elect sufficient trustees so that the Board is of the desired size taking into account the trustees whose terms are expiring Each trustee shall serve for a term designated by the Board of Trustees (not to exceed three (3) years) so that, as closely as possible, the terms of one-third (1/3) of the trustees shall expire each year A trustee may no longer serve on the Board upon reaching the age of seventy-five (75) When a trustee reaches the age of 75, the following Annual Meeting will mark the end of his term The above age limitation for trustees shall not apply to Founding Members as previously defined Each trustee shall serve until his term expires or his successor is duly elected and qualified, provided that if the size of the Board is reduced by resolution of the Board of Trustees so that a trustee’s position is eliminated, he shall serve only until his term expires A Trustee shall be eligible to serve a total of two (2) consecutive three (3) year terms, after which the trustee shall be eligible for re-election after a period of one (1) year, provided, however, this requirement may be waived by the Board of Trustees as to any trustee whose continued service the Board determines is required for extraordinary, technical, legal or financial reasons The term limitations as described above shall not apply to Founding Members Should a new member of the Board be elected to fill an unexpired term, these limitations shall not prevent service for two (2) additional three (3) year terms Terms of service for members of the Board of Trustees become effective on July 1 of the year in which they are appointed

Section 4      Removal and Vacancies Trustees may be removed from office at any time, with or without cause, by a vote of two-thirds (2/3) of the trustees then in

office Vacancies created by removal, death, incapacity, resignation, or an increase in the number of trustees may be filled only by election by the Board of Trustees

Section 5      Meetings and Notice    A regular annual meeting of the Board of Trustees shall be held at the principal office of the corporation on July 1 of each year, or as close to that date as is reasonable Written notice of the meeting shall be mailed to each trustee at least two (2) days in advance The Board of Trustees may provide by resolution the time and place of holding additional regular meetings of the Board Special meetings of the Board may be held as determined by the trustees or may be called by the Chairman of the Board or any three (3) trustees, and written notice thereof specifying the time, place and purpose of the meeting shall be mailed by the Secretary to each trustee at least two (2) days in advance of the meeting Only such business shall be transacted at a special meeting as may be specified in the notice thereof Attendance of a trustee at a meeting shall constitute a waiver of notice of such meeting except where a trustee attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened

Section 6      Quorum and Voting    A majority of the trustees shall constitute a quorum for the transaction of any business of the corporation except as otherwise provided in these Bylaws Each voting trustee shall have one (1) vote and all questions shall be decided by a majority vote of the trustees present at any meeting of the Board at which a quorum is present Less than a quorum may adjourn any meeting from day to day until a quorum is secured

Section 7      Duties    The duties of the trustees shall include, but not be limited to, the selection and general control of compensation of corporate officers and agents, the delegation of authority to the President and Chief Executive Officer and his subordinates for administrative action, the fixing of policies, supervision and vigilance over the welfare of the whole corporation, the determination of the policies of the corporation in connection with furthering its charitable mission

Section 8      Compensation    The trustees as such shall not receive any compensation for their services, but by resolution the Board may provide for reimbursement to trustees for all reasonable and necessary expenses incurred in attending meetings of the Board. When such expense may be determined in advance, the Treasurer may advance such amounts to respective trustees for that purpose upon request. The Board may also provide for a reasonable per diem for attendance at the meetings and for compensation for any other proper service rendered the corporation

Section 9      Conflict of Interest    The Board shall address conflicts of interest between the corporation and its trustees through the adoption of a specific conflict of interest policy to ensure that the corporation's interests are not compromised in transactions involving direct or indirect conflicts and to provide trustees with guidance in resolving situations involving a conflict. For purposes of such policy, direct or indirect conflicts of interest shall include, but shall not be limited to, instances wherein a trustee, any person related to a trustee, or any entity in which a trustee or a related person has an ownership or material financial interest, bids to provide, or contracts to provide goods and/or services to the corporation, competes with the corporation in the delivery of health care related services or has borrowed from or loaned the corporation any sums. The

presence of a direct or indirect conflict of interest shall not, in and of itself, prevent a person from serving as a trustee

Any trustee who perceives a direct or indirect conflict of interest with respect to any matter presented to the Board for action shall ensure that the conflict is fully disclosed to the other members of the Board and made a matter of record. While no trustee may vote upon or otherwise attempt to influence the outcome of any matter in which the trustee has a direct or indirect conflict of interest, the trustee may be called upon to answer specific questions or briefly state the trustee's position relative to the matter in question. If a transaction is fair to the corporation at the time it is authorized, approved or ratified, the fact that a trustee has a direct or indirect conflict of interest shall not, in and of itself, be grounds for invalidating the transaction.

A transaction in which a trustee has a direct or indirect conflict of interest shall be authorized, approved, or ratified, if it receives the affirmative vote of a majority of the trustees on the Board or on the committee consisting entirely of trustees, who have no direct or indirect conflict of interest in the transaction, but a transaction may not be authorized, approved or ratified by a single trustee. If a majority of the trustees having no direct or indirect conflict of interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum shall be present for the purpose of taking such action. The presence of, or vote cast by, a trustee with a direct or indirect conflict of interest in the transaction will not affect the validity of any action taken by the Board if the transaction is otherwise approved as herein provided. Problematic issues involving conflicts of interest may be referred for resolution to a special committee appointed by the Chairman.

## ARTICLE III

### OFFICERS

Section 1      Number, Election and Term      The principal officers of the corporation shall consist of a Chairman of the Board, a Vice Chairman, a Secretary, a Treasurer, a President and Chief Executive Officer (non-voting ex-officio), and such other officers as the Board of Trustees may authorize, all of whom shall be elected by the Board at its first regular meeting after it has been elected by the incorporator of the corporation and shall hold office for a period of one (1) year or until their successors have been duly elected and qualified. The initial Chairman of the Board, Vice Chairman, Secretary, Treasurer and President and Chief Executive Officer shall be the same individuals as those holding similar positions on the Baptist Hospital System, Inc. Board of Trustees. Thereafter, the Chairman of the Board, Vice Chairman, Secretary and Treasurer shall be elected from the membership of the Board of Trustees. In addition to the officers described above, and without limitation, the Board may appoint other non-voting corporate officers such as Executive Vice Presidents, Assistant Treasurer/Chief Financial Officer, and Assistant Secretary, whose duties may be assigned by the Board or by the President and who shall report regularly to the Board and its appropriate committees. The Board may also provide by resolution that the President may appoint and/or assign duties to other subordinate officers of the corporation.

Section 2      Removal and Vacancies      Any officer may be removed by the Board whenever in its judgment the best interests of the corporation will be served thereby, and such removal shall be without prejudice to the contract rights, if any, of the

officer so removed A vacancy in any office because of death, resignation, removal or any other cause may be filled by the Board for the unexpired portion of the term

Section 3 Chairman of Board The Chairman of the Board shall serve as chairman of, and preside at all meetings of, the Board and the Executive Committee (if such committee is appointed), and in general perform all duties as from time to time may be assigned to him by the Board The Chair serves as ex-officio member of all other standing Committees with the same rights and privileges as other members, including the right to vote The Chair, as ex-officio, is counted in determining the number required for a quorum

Section 4 Vice Chairman In the absence of the Chairman of the Board or in the event of his inability or refusal to act, the Vice Chairman shall perform the duties of the Chairman of the Board and, when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairman of the Board The Vice Chairman shall also perform such other duties as from time to time may be assigned to him by the Board of Trustees

Section 5 Secretary The Secretary shall keep the minutes of the meetings of the Board and maintain electronic documentation of all minutes according to the organization's document retention policy The secretary shall see that all notices are duly given in accordance with these Bylaws, be custodian of the corporate records, the Charter, Bylaws, and, if necessary, attest all documents, the execution of which has been duly authorized by the Board or Executive Committee according to these Bylaws, and in general perform all duties incident to the office of Secretary and such other duties as the

Board may prescribe The Board may assign such administrative duties of the Secretary to such assistants as in its judgment the affairs of the corporation require

Section 6      Treasurer    The Treasurer shall be responsible for all funds and securities of the corporation and in general perform all duties incident to the office of Treasurer and such other duties as may be assigned by the Board The Treasurer shall render to the Chairman of the Board and the Trustees at the annual meeting of the Board, and whenever called for, an account of all his transactions as Treasurer and the financial condition of the corporation The Board may assign such administrative duties of the Treasurer to such assistants as in its judgment the affairs of the corporation require

Section 7      President and Chief Executive Officer    The President and Chief Executive Officer shall be the principal executive officer of the corporation who shall have general supervision and control of the affairs of the corporation The President and CEO shall execute all conveyances, notes, contracts or other instruments authorized by the Board, serve as ex-officio, non-voting member of the Board of Trustees and all standing committees other than the Audit Committee, and perform all duties incident to the office of President and Chief Executive Officer and such other duties as may be assigned by the Board Anything to the contrary contained in these Bylaws notwithstanding, all subordinate officers appointed by the President and Chief Executive Officer and employees of the corporation shall be hired by, report to and may be discharged by the President and Chief Executive Officer

Section 8      Bonding    The Board may require at the expense of the corporation a good and sufficient surety bond for any officer, subordinate officer, employee or agent which the Board deems advisable for faithful performance of his

duties The bond shall be placed in the custody of the President and Chief Executive Officer, whose duty it shall be to preserve such bond in the interest of the corporation

Section 9      Compensation    The officers of the corporation shall receive no compensation by virtue of their office The Board of Trustees may, however, compensate officers for their services as such, separate and apart from expenses and per diem as trustees, when the Board in its discretion deems an officer's duties and responsibilities justify such action

## ARTICLE IV

### COMMITTEES

Section 1      Classification    The committees of the Board shall be standing or special, consisting of no less than three (3) members, the chairman of which shall be a member of the Board Standing Committees shall consist of an Executive Committee, a Finance and Investment Committee, an Audit Committee, a Program Committee, a Nominating and Bylaws Committee and a Compensation Committee, if authorized by the Board of Trustees, and any other standing committees as the Board may authorize These committees shall be under the control of the Board and shall have charge of such duties as may be assigned them by these Bylaws or the Board

Section 2      Executive Committee    The Board of Trustees may by resolution appoint and authorize an Executive Committee The Chairman of the Board shall be a member of and the Chairman of any Executive Committee appointed If so appointed and authorized, the Executive Committee shall exercise, so far as permitted by law, all powers of the Board delegated to it by the Board, subject to such limitations as may be

imposed by the Board and provided that any action taken shall not conflict with the policies and expressed wishes of the Board, and that it shall refer all matters of major importance to the Board

Section 3     Finance and Investment Committee     The Board of Trustees may by resolution authorize a Finance and Investment Committee. If so authorized, the Finance and Investment Committee shall be responsible for the development and promotion of an overall financial plan of broad scope for the corporation. If appointed, the major responsibility of the Finance and Investment Committee shall be the formulation of policy regarding the investment and expenditure of corporate funds in furtherance of the corporation's purposes and/or the formulation of policy regarding the cultivation of contributions from individuals, foundations, business, industry and churches as well as the amount of the disbursements in the form of grants and other gifts to the community. The Finance and Investment Committee shall develop for approval the investment goals and criteria for use in the management of the corporation's long and short term investments. The Finance and Investment Committee shall monitor the performance of the investment managers and shall report to the Executive Committee. If authorized, the Finance and Investment Committee shall also be primarily responsible for the preparation of the annual budget, and the review of the financials.

Section 4     Audit Committee     The Board of Trustees may by resolution authorize an Audit Committee. If authorized, the Audit Committee shall recommend to the Executive Committee the engagement (or change) of the corporation's independent public accountants and their proposed compensation. The Committee shall, with the Chief Financial Officer, review with the independent public accountants the scope of the

audit, audit fees, and related matters. The Audit Committee shall review the corporation's annual financial statements. The Committee shall receive the annual audit and comments of the independent public accountants on accounting procedures and systems of control. It shall be the responsibility of the Audit Committee to review the corporation's internal controls for safeguarding assets.

Section 5      Program Committee      The Board of Trustees may by resolution authorize a Program Committee. If authorized, the Program Committee shall support and oversee the corporation's programs to ensure their consistency with the mission. The Committee will review policies and procedures establishing programs and the funding of such programs. The Committee will also review the policies and procedures for the submission, review and awarding of grants by the corporation.

Section 6      Nominating and Governance Committee      The Board of Trustees may by resolution authorize a Nominating and Governance Committee. If authorized, the Nominating and Governance Committee shall be responsible for overseeing the recommendation of new members to the Board of Trust, the reappointment of members to the Board of Trust, the election of members to the Executive Committee, and the election of officers of the Trust. The Nominating and Governance Committee shall also be responsible for reviewing the Bylaws and recommending changes to the Bylaws.

Section 7      Human Resources and Compensation Committee      The Board of Trustees may by resolution authorize a Compensation Committee. If authorized, the Human Resources and Compensation Committee shall be responsible for overseeing compensation plans, including benefit plans with respect to employees of the corporation and the monitoring of such plans.

Section 8 Other Standing Committees These committees shall have charge of and be responsible for those parts of the operations of the corporation as their title implies, together with the duties customarily attendant thereto and such other duties as may from time to time be assigned by the Board

Section 9 Special Committees These committees may be appointed by the Chairman of the Board with the concurrence of the Board for such special tasks as circumstances warrant Such special committees shall limit their activities to the accomplishment of the task for which they are created and appointed, and shall have no power to act except such as is specifically conferred by action from the Board Upon completion of the task for which appointed, such committees shall stand discharged

Section 10 Advisory Committees These committees shall consist of not less than three (3) members, appointed by the Chairman of the Board, whose duties shall be fact finding and advisory in nature Their meetings shall be held on call of the Chairman of the Board and membership on the Board shall not be a requisite for those serving on these committees

Section 11 Community Members The Chairman of the Board with the advice of the Executive Committee may invite non-trustees to serve as Community Members on a Board Committee If so invited, a Community Member will serve for a period of one year A Community Member may attend all meetings of the Committee he has been invited to serve on, may participate in Committee discussions, but will have no vote

## ARTICLE V

FISCAL AFFAIRS

Section 1      Fiscal Year      The fiscal year of the corporation shall end on December 31 of each year

Section 2      Books and Records      The corporation shall keep correct and complete books and records of its accounts, meetings and the proceedings of the Board of Trustees and the Executive Committee and all valuable papers and documents of the corporation at its principal office. All books and records of the corporation may be inspected by any trustee for any proper purpose at any reasonable time in the office where they are maintained

Section 3      Contracts, Conveyances, Etc      The Board of Trustees may authorize any officer or agent of the corporation to enter into any contract or execute and deliver any instrument in the name of and on behalf of the corporation, and such authority may be general or confined to specific instances

Section 4      Checks, Drafts, Etc      All checks, drafts or orders of payment of money, notes or other evidence of indebtedness issued in the name of the corporation in excess of \$1,000 shall be signed by two (2) agents of the corporation, both of whom shall be designated by the Board of Trustees of the corporation

Section 5      Deposits      All funds of the corporation shall be deposited from time to time to the credit of the corporation in such banks, trust companies or other depositories as the Board of Trustees may elect

Section 6      Audits      After the close of each fiscal year there shall be an annual audit of the year's business by a Certified Public Accountant, and copies of said audit

shall be sent to the officers of the corporation and other members of the Board of Trustees upon request. Interim audits may be authorized by the Board of Trustees.

Section 7      Annual Reports   Reports shall be made by the President and Chief Executive Officer and all standing committees to the Board of Trustees at its regular annual meeting.

## ARTICLE VI

### AMENDMENTS

These Bylaws shall be reviewed periodically and may be altered, amended or changed only by the Board of Trustees by the affirmative vote of a majority of trustees in office at the time the amendment is adopted.

## ARTICLE VII

### INDEMNIFICATION

Section 1      Actions by or in the Right of the Corporation   The corporation shall indemnify any person who is made a party to a suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that he, his testator or intestate is or was a trustee or officer of the corporation, against amounts paid in settlement and reasonable expenses, including attorneys' fees, actually and necessarily incurred as a result of such suit or proceeding or any appeal therein, except in relation to matters as to which such trustee or officer is adjudged liable to the corporation.

Section 2      Actions Other than by or in the Right of the Corporation

(a) The corporation shall indemnify any person made or threatened to be made a party to a suit or proceeding other than by or in the right of the corporation to procure a judgment in its favor, whether civil or criminal, including a suit by or in the right of any other corporation of any type or kind, domestic or foreign, which any trustee or officer of the corporation served in any capacity at the request of the corporation, by reason of the fact that he, his testator or intestate, was a trustee or officer of the corporation or served such other corporation in any capacity, against judgments, fines, amounts paid in settlement and reasonable expenses, including attorney's fees, actually and necessarily incurred as a result of such suit or proceeding, or any appeal therein, if such trustee or officer acted in good faith for a purpose which he reasonably believed to be in the best interests of the corporation and, in criminal actions or proceedings, in addition, had no reasonable cause to believe that his conduct was unlawful

(b) The termination of any such civil or criminal action, suit, or proceeding by judgment, settlement or conviction, or upon a plea of nolo contendere or its equivalent, shall not in itself create a presumption that any such trustee or officer did not act in good faith for a purpose which he reasonably believed to be in the best interests of the corporation or that he had reasonable cause to believe that his conduct was unlawful

### Section 3      Payment of Indemnification Other than by Court Award

(a) A person who has been wholly successful, on the merits or otherwise, in the defense of a civil or criminal action or proceeding of the character described in Section 1 or Section 2 above shall be entitled to indemnification as authorized in such sections

(b) Any indemnification under Section 1 or Section 2 to a person who has not been wholly successful, on the merits or otherwise, in the defense of a civil or criminal action of the character described in such sections, unless ordered by a court under Section 4 hereof, shall be made by the corporation only if authorized in the specific case

(i) By the Board acting by a quorum consisting of trustees who are not parties to such action or proceeding upon a finding that the trustee or officer has met the standard of conduct set forth in Section 1 or Section 2, as the case may be, or

(ii) If such a quorum is not obtainable with due diligence, by the Board upon the opinion in writing of independent legal counsel that indemnification is proper in the circumstances because the applicable standard of conduct set forth in such sections has been met by such trustee or officer

(c) Expenses incurred in defending a civil or criminal action, suit or proceeding may be paid by the corporation in advance of the final disposition of such action, suit or proceeding if authorized under Subsection B of this Section 3

#### Section 4 Indemnification of Trustees and Officers by a Court

(a) Notwithstanding the failure of the corporation to provide indemnification, and despite any contrary resolution of the Board, indemnification shall be awarded by a court to the extent authorized under Section 1 and Section 2 and Subsection A of Section 3 Application therefor may be made in every case, either

(i) In the civil suit or proceeding in which the expenses were incurred or other amounts were paid, or

(ii) To a court in a separate proceeding, in which case the application shall set forth the disposition of any previous application made to any court for the same or similar relief and also reasonable cause for the failure to make application for such relief in the suit or proceeding in which the expenses were incurred or other amounts were paid

(b) The application shall be made in such manner and form as may be required by the applicable rules of court or, in the absence thereof, by direction of a court to which it was made. Such application shall be upon notice to the corporation. The court may also direct that notice be given at the expense of the corporation to the sole member and such other persons as it may designate in such manner as it may require.

(c) Where indemnification is sought by judicial action, the court may allow a person such reasonable expenses, including attorneys' fees, during the pendency of the litigation as are necessary in connection with his defense therein, if the court shall find that the defendant has by his pleadings or during the course of the litigation raised genuine issues of fact or law.

#### Section 5      Other Provisions Affecting Indemnification of Trustees and Officers

(a) All expenses incurred in defending a civil or criminal action, suit or proceeding which are advanced by the corporation under Subsection C of Section 3 or allowed by a court under Subsection C of Section 4 shall be repaid in case the person receiving such advancement or allowance is ultimately found, under the procedure set forth in this Article, not to be entitled to indemnification or, where indemnification is

granted, to the extent the expenses so advanced by the corporation or allowed by the court exceed the indemnification to which he is entitled

(b) No indemnification, advancement or allowance shall be made under this Article in any circumstances where it appears

(i) That the indemnification would be inconsistent with a provision of the Charter, a Bylaw, a resolution of the Board, an agreement or other proper corporate action, in effect at the time of the accrual of the alleged cause of action asserted in the threatened or pending action, suit or proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification, or

(ii) If there has been a settlement approved by the court, that the indemnification would be inconsistent with any condition with respect to indemnification expressly imposed by the court in approving the settlement

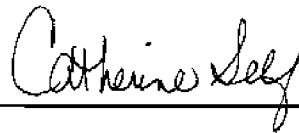
(c) If, under this Article, any expenses or other amounts are paid by way of indemnification otherwise than by court order, the corporation shall, not later than the next election of Trustees by the Board unless such election is held within three (3) months from the date of such payment, and in any event, within fifteen (15) months from the date of such payment, mail to all of the members of the Board a statement specifying the persons paid, the amounts paid and the nature and status at the time of such payment of the litigation or threatened litigation

Section 6 Exclusiveness of Provisions for Indemnification of Trustees and Officers No provision made to indemnify trustees or officers for the defense of any civil or criminal action or proceeding, whether contained in the Charter, a resolution of the

trustees, an agreement or otherwise, nor an award of indemnification by a court, shall be valid unless consistent with this Article. Nothing contained in this Article shall affect any rights to indemnification to which corporation personnel other than trustees and officers may be entitled by contract or otherwise under law.

Section 7      Insurance      The corporation shall have power to purchase and maintain insurance on behalf of any person who is or was a trustee, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a trustee, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, against any liability asserted against him and incurred by him in any such capacity, or arising out of his status as such, whether or not the corporation would have the power or would be required to indemnify him against such liability under the provisions of this Article.

The undersigned, Catherine Self, President of The Baptist Healing Hospital Trust hereby certifies that the foregoing Bylaws were duly adopted by the Board of Trustees of the corporation effective on the 19<sup>th</sup> day of June, 2014.



---

| NAME AND ADDRESS                                                                                 | DONEE<br>RELATIONSHIP | FOUNDATION<br>STATUS | PURPOSE OF GRANT                                                               | AMOUNT    |
|--------------------------------------------------------------------------------------------------|-----------------------|----------------------|--------------------------------------------------------------------------------|-----------|
| Alive Hospice<br>1718 Patterson Street<br>Nashville, TN 37203                                    | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | \$ 13 650 |
| Brightstone (Williamson)<br>140 Southeast Parkway Court<br>Franklin, TN 37064                    | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 15 000    |
| Brown Center For Autism<br>2702 Greystone Rd<br>Nashville, TN 37204                              | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 11 697    |
| Caregiver Relief Program of Bedford<br>County<br>500 Elm St<br>Shelbyville, TN 37162             | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 1 875     |
| CASA of Maury County, Inc<br>22 Public Square, Suite 2<br>Columbia, TN 38401                     | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 5 000     |
| Center of Hope<br>2441 Park Plus Drive<br>Columbia, TN 38401                                     | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 16 838    |
| Centerstone Community Mental Health<br>Centers<br>1101 6th Ave N<br>Nashville, TN 37167          | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 17 500    |
| Charis Health Center<br>2620 N Mt Juliet Rd<br>Mt Juliet, TN 37122                               | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 46 695    |
| Child Advocacy Center for the 23rd<br>Judicial District<br>6 Court Square<br>Charlotte, TN 37036 | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 25 000    |
| Christian Women's Job Corps of Middle<br>TN<br>420 Main Street<br>Nashville, TN 37206            | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 9 250     |
| Columbia CARES<br>1202 South James Campbell Blvd<br>Suite 8B<br>Columbia, TN 38401               | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 3 750     |
| Community Development Center<br>(Shelbyville)<br>111 Eaglette Way<br>Shelbyville, TN             | NONE                  | PUBLIC               | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 137 249   |

|                                                                                            |      |        |                                                                               |         |
|--------------------------------------------------------------------------------------------|------|--------|-------------------------------------------------------------------------------|---------|
| Dickson County Community Clinic<br>111 Highway 70 East<br>Suite #202<br>Dickson, TN 37055  | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 4 313   |
| Discovery Place<br>1635 Spencer Mill Road<br>Burns, TN 37029                               | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 10 500  |
| Dispensary of Hope Total<br>PO Box 281496<br>Nashville, TN 37228                           | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 13 240  |
| Elders First Adult Day Services<br>Association<br>P O Box 332966<br>Murfreesboro, TN 37133 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 2 750   |
| End Slavery Tennessee Total<br>50 Vantage Way Ste 255<br>Nashville, TN 37228               | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 14 100  |
| Evergreen Presbyterian Ministries Inc<br>6050 Dana Way, Suite 200<br>Antioch, TN 37013     | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 20 000  |
| Family and Children's Service<br>201 23rd Avenue North<br>Nashville, TN 37203              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 173 125 |
| Friends in General, Inc<br>1818 Albion St<br>Nashville, TN 37208                           | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 38 672  |
| Haven of Hope, Inc<br>PO Box 1271<br>Manchester, TN 37349                                  | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 1 950   |
| Hope Family Health Services<br>12124 Highway 52 West<br>Westmoreland, TN 37186             | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 20 883  |
| Kid's Place/ A Child Advocacy Center<br>614 West Point Road<br>Lawrenceburg, TN 38464      | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 21 500  |
| Lead Public Schools Inc<br>531 Metroplex Drive<br>Suite A-200<br>Nashville, TN 37211       | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 75 000  |

|                                                                                                             |      |        |                                                                               |        |
|-------------------------------------------------------------------------------------------------------------|------|--------|-------------------------------------------------------------------------------|--------|
| Legal Aid Society of Middle Tennessee<br>and the Cumberlands<br>300 Deaderick Street<br>Nashville, TN 37201 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 55 000 |
| Mental Health Cooperative<br>275 Cumberland Bend<br>Nashville, TN 37228                                     | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 50 000 |
| Monroe Harding, Inc<br>1120 Glendale Lane<br>Nashville, TN 37204                                            | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 19 585 |
| Nashville Drug Court Foundation, Inc<br>1300 Division Street, Suite 107<br>Nashville, TN 37203              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 19 558 |
| Nashville International Center For<br>Empowerment<br>417 Welshwood Dr , suite 100<br>Nashville, TN 37211    | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 45 000 |
| Nashville Mobile Market<br>801 Iverness Ave<br>Nashville, TN 37204                                          | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 23 618 |
| New Beginnings Center<br>509 Craighead Street, Suite 100<br>Nashville, TN 37204                             | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 8 000  |
| New Hope Academy<br>1820 Downs Boulevard<br>Franklin, TN 37064                                              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 17 506 |
| Nurses for Newborns of Tennessee<br>50 Vantage Way, Suite 101<br>Nashville, TN 37228                        | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 22 663 |
| Open Table Of Nashville Inc<br>210 Morton Ave<br>Nashville, TN 37211                                        | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 5 350  |
| Park Center<br>801 12th Avenue South<br>Nashville, TN 37203                                                 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 18 500 |
| Partners for Healing<br>109 W Blackwell St<br>Tullahoma, TN 37388                                           | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 9 450  |

|                                                                                                                   |      |        |                                                                         |        |
|-------------------------------------------------------------------------------------------------------------------|------|--------|-------------------------------------------------------------------------|--------|
| Pastoral Counseling Centers of Tennessee, Inc<br>100 Vine Court<br>Nashville, TN 37205                            | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 24 587 |
| Preston Taylor Ministries<br>PO Box 90442<br>Nashville, TN 37209                                                  | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 5 280  |
| The Refuge Center For Counseling, Inc<br>103 Forrest Crossing Blvd<br>Suite 102<br>Franklin, TN 37064             | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 17 516 |
| Rocketown of Middle TN<br>601 Fourth Avenue South<br>Nashville, TN 37210                                          | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 20 206 |
| Rutherford-Cannon County Drug Court Support Foundation Inc<br>303 N Church St Suite 100<br>Murfreesboro, TN 37130 | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 5 500  |
| Second Harvest Food Bank of Middle Tennessee<br>331 Great Circle Road<br>Nashville, TN 37211                      | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 40 268 |
| Shelter, Inc<br>P O Box 769<br>Lawrenceburg, TN 38464                                                             | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 9 628  |
| Siloam Family Health Center<br>820 Gale Lane<br>Nashville, TN 37204                                               | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 50 000 |
| Special Kids, Inc<br>2208 East Main St<br>Murfreesboro, TN 37130                                                  | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 32 000 |
| Sports 4 All Foundation<br>5827 Charlotte Pike<br>Nashville, TN 37209                                             | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 11 261 |
| St Thomas Family Health Centers<br>4220 Harding Road<br>Nashville, TN 37205                                       | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 17 990 |
| St Thomas Health Services Fund<br>4220 Harding Road<br>Nashville, TN 37205                                        | NONE | PUBLIC | To Expand Access To Compassionate Healthcare For Vulnerable Populations | 54 750 |

|                                                                                                                                      |      |        |                                                                                |         |
|--------------------------------------------------------------------------------------------------------------------------------------|------|--------|--------------------------------------------------------------------------------|---------|
| St Thomas Health Services Fund (Project Access)<br>4220 Harding Road<br>Nashville, TN 37205                                          | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 28 125  |
| St Thomas Health Services Fund<br>(Rutherford, Davidson & Dickson)<br>4220 Harding Road<br>Nashville, TN 37205                       | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 134 136 |
| STARS - Nashville<br>1704 Charlotte Avenue<br>Suite 200<br>Nashville, TN 37203                                                       | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 32 084  |
| Sumner Child Advocacy Center<br>315 W Smith St<br>Gallatin, TN 37066                                                                 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 17 500  |
| TAADAS (Tennessee Association of Alcohol, Drug and other Addiction Services)<br>1321 Murfreesboro Rd, Ste 155<br>Nashville, TN 37217 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 74 462  |
| Tennessee Chapter of Child Advocacy Center<br>1266 Foster Avenue<br>Nashville, TN 37210                                              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 40 000  |
| Tennessee Coalition to End Domestic and Sexual Violence<br>2 International Plaza Dr , Suite 425<br>Nashville, TN 37217               | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 16 375  |
| Tennessee Conference on Social Welfare<br>PO Box 291231<br>Nashville, TN 37229                                                       | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 14 080  |
| Tennessee Health Care Campaign<br>500 Interstate Blvd S , Suite 231<br>Nashville, TN 37210                                           | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 66 300  |
| Tennessee Justice Center<br>301 Charlotte Ave<br>Nashville, TN 37201                                                                 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 164 476 |
| Tennessee Justice for our Neighbors<br>2195 Nolensville Pk<br>Nashville, TN 37211                                                    | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 3 000   |
| Tennessee Primary Care Association<br>710 Spence Lane<br>Nashville, TN 37217                                                         | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For \vulnerable Populations | 34 605  |

|                                                                                                                                                   |      |        |                                                                               |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-------------------------------------------------------------------------------|--------|
| Tennessee Respite Coalition<br>P O Box 331337<br>Nashville, TN 37203                                                                              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 13 292 |
| The Exchange Club/ Holland J. Stephens<br>Center for the Prevention of Child Abuse<br>616 N Church St<br>Livingston, TN 38570                     | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 23 331 |
| United Way of Metropolitan Nashville<br>250 Venture Circle<br>Nashville, TN 37228                                                                 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 98 500 |
| Upper Cumberland Child Advocacy Center<br>Inc<br>480 South Old Kentucky Road<br>Cookeville, TN 38501                                              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 20 000 |
| Upper Cumberland Human Resource<br>Agency<br>580 S Jefferson Avenue<br>Cookeville, TN 38501                                                       | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 5 500  |
| Urban Housing Solutions, Inc<br>822 Woodland Street<br>Nashville, TN 37206                                                                        | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 44 288 |
| Vanderbilt Center for Biomedical Ethics<br>and Society<br>2525 West End Ave Ste 400<br>Nashville, TN 37203                                        | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 91 666 |
| Vanderbilt University (Comprehensive<br>Care)<br>222 Grace St<br>Nashville, TN 37207                                                              | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 19 864 |
| Welcome Home Ministries<br>P O Box 100183<br>Nashville, TN 37224                                                                                  | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 13 996 |
| Williamson County CASA, Inc<br>1164 Columbia Ave<br>Franklin, TN 37064                                                                            | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 8 475  |
| Williamson County Child Advocacy Center<br>(dba Davis House Child Advocacy Center)<br>101 Forrest Crossing Blvd , Suite 106<br>Franklin, TN 37064 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 26 675 |
| Wilson County CASA Inc<br>111 Castle Heights Ave<br>Lebanon, TN 37087                                                                             | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 19 700 |

|                                                                                          |      |        |                                                                               |                     |
|------------------------------------------------------------------------------------------|------|--------|-------------------------------------------------------------------------------|---------------------|
| YMCA of Middle Tennessee<br>1000 Church Street<br>Nashville, TN 37203                    | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 19 920              |
| YWCA of Nashville and Middle Tennessee<br>1608 Woodmont Boulevard<br>Nashville, TN 37215 | NONE | PUBLIC | To Expand Access To<br>Compassionate Healthcare<br>For Vulnerable Populations | 8 194               |
| Grand Total                                                                              |      |        |                                                                               | <u>\$ 2 321 292</u> |