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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.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation
BAPTIST HEALING HOSPITAL TRUST

A Employer identification number
52-2362225

Number and street (or P O box number if mail is not delivered to street address)
2928 SIDCO DRIVE

Room/suite

B Telephone number (see instructions)
(615) 284-2653

City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37204

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 123,945,929

J Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(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 ▶ ☑ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	29,153	29,153		
	4 Dividends and interest from securities	2,590,923	2,590,923		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	3,097,725			
	b Gross sales price for all assets on line 6a 21,867,078				
	7 Capital gain net income (from Part IV, line 2)		3,097,725		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	8,871	0		
	12 **Total.** Add lines 1 through 11	5,726,672	5,717,801		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	385,821	145,648		240,173
	14 Other employee salaries and wages	200,171	75,572		124,599
	15 Pension plans, employee benefits	78,799	29,750		49,049
	16a Legal fees (attach schedule)	13,001	8,054		4,947
	b Accounting fees (attach schedule)	20,000	12,389		7,611
	c Other professional fees (attach schedule)	176,752	162,070		14,682
	17 Interest	48,270	16,899		31,371
	18 Taxes (attach schedule) (see instructions)	117,607	92,171		25,436
	19 Depreciation (attach schedule) and depletion	57,543	20,146		
	20 Occupancy	13,482	4,720		8,762
	21 Travel, conferences, and meetings	24,978	12,180		12,798
	22 Printing and publications	988	346		642
	23 Other expenses (attach schedule)	361,858	35,683		81,014
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,499,270	615,628		601,084
	25 Contributions, gifts, grants paid	4,781,594			5,953,034
	26 **Total expenses and disbursements.** Add lines 24 and 25	6,280,864	615,628		6,554,118
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	-554,192			
	b **Net investment income** (if negative, enter -0-)		5,102,173		
	c **Adjusted net income** (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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing	40,148	63,147	63,147
	2 Savings and temporary cash investments	12,412,481	6,203,573	6,203,573
	3 Accounts receivable ▶ 1,376			
	Less allowance for doubtful accounts ▶		1,376	1,376
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	12,265	19,083	19,083
	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 ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	112,019,408	116,113,156	116,113,156
	14 Land, buildings, and equipment basis ▶ 1,747,613			
	Less accumulated depreciation (attach schedule) ▶ 202,019	1,569,208	1,545,594	1,545,594
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	126,053,510	123,945,929	123,945,929
Liabilities	17 Accounts payable and accrued expenses	60,266	60,808	
	18 Grants payable	2,321,292	1,418,497	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	1,356,881	1,320,372	
	23 **Total liabilities** (add lines 17 through 22)	3,738,439	2,799,677	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	122,315,071	121,146,252	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ 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 instructions)	122,315,071	121,146,252	
	31 **Total liabilities and net assets/fund balances** (see instructions)	126,053,510	123,945,929	

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	122,315,071
2	Enter amount from Part I, line 27a	2	-554,192
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	121,760,879
5	Decreases not included in line 2 (itemize) ▶	5	614,627
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	121,146,252

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 P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	3,097,725
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- 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 instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	6,627,328	117,345,639	0 056477
2012	5,676,591	111,083,579	0 051102
2011	4,598,877	116,979,961	0 039313
2010	4,482,196	116,657,733	0 038422
2009	3,970,482	106,957,418	0 037122

2	**Total** of line 1, column (d)	2	0 222436
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 044487
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	123,926,377
5	Multiply line 4 by line 3	5	5,513,113
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	51,022
7	Add lines 5 and 6	7	5,564,135
8	Enter qualifying distributions from Part XII, line 4	8	6,588,048

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 the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	51,022
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	51,022
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	51,022
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014 — 6a: 75,000		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	75,000
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	8
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	23,970
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 23,970 **Refunded** ▶	11	0

Part VII-A Statements Regarding Activities

			Yes	No
1a	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	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? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • 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?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ TN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

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?	13	Yes	

Website address ▶ HTTP //HEALINGTRUST ORG

14 The books are in care of ▶ MATT DEEB Telephone no ▶ (615) 284-8271

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 **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ **15** 0

16	At any time during calendar year 2014, 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?	16		No

See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶

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)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)*	3b		
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 2014?	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 ☑ 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 ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ 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 ☑ 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**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
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 ☐ 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 ☑ 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 ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

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 2928 SIDCO DR NASHVILLE,TN 37204	PROGRAM OFFICER 40 00	68,158	19,152	0
BETH USELTON 2928 SIDCO DR NASHVILLE,TN 37204	PROGRAM DIR 40 00	53,533	2,695	0

Total number of other employees paid over $50,000 ▶ 0

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
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

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 instructions **3**	
Total. Add lines 1 through 3 ▶	0

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	119,526,041
b	Average of monthly cash balances		1b	6,287,540
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	125,813,581
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	0
3	Subtract line 2 from line 1d		3	125,813,581
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,887,204
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	123,926,377
6	**Minimum investment return.** Enter 5% of line 5		6	6,196,319

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	6,196,319
2a	Tax on investment income for 2014 from Part VI, line 5	2a 51,022		
b	Income tax for 2014 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	51,022
3	Distributable amount before adjustments Subtract line 2c from line 1		3	6,145,297
4	Recoveries of amounts treated as qualifying distributions		4	93,538
5	Add lines 3 and 4		5	6,238,835
6	Deduction from distributable amount (see instructions)		6	0
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	6,238,835

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	6,554,118
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	33,930
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	6,588,048
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	51,022
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,537,026

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) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				6,238,835
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			2,903,412	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f **Total** of lines 3a through e	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ $ 6,588,048				
a Applied to 2013, but not more than line 2a			2,903,412	
b Applied to undistributed income of prior years (Election required—see instructions)		0		
c Treated as distributions out of corpus (Election required—see instructions)	0			
d Applied to 2014 distributable amount				3,684,636
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d Subtract line 6c from line 6b Taxable amount —see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				2,554,199
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

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 2014, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				5,953,034
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				1,418,501

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	29,153	
4 Dividends and interest from securities			14	2,590,923	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	3,097,725	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a MISCELLANEOUS	900099		01	8,871	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		5,726,672	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)				13	5,726,672

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

		Yes	No
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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

****** | 2015-11-13 | ******

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	Preparer's Signature	Date	Check if self-employed ▶ ☑	PTIN
STEPHEN T DOLAN				P00666397

Firm's name ▶ FRASIER DEAN & HOWARD PLLC — Firm's EIN ▶ 62-1073578

Firm's address ▶ 3310 WEST END AVE STE 550 NASHVILLE, TN 37203 — Phone no (615) 383-6592

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
102 210 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-01-09
31 440 SH CFI MULTI-STRATEGY COMMODITIES FUND A-1	P	2001-01-01	2014-01-31
28 375 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-01-29
626 083 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND -A	P	2001-01-01	2014-01-31
101 305 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-02-10
28 390 SH CFI MULTI-STRAGEGY COMMODITIES FUND-A	P	2001-01-01	2014-02-28
736 921 SH GLOBAL DISTRESSED INVESTORS LLC	P	2001-01-01	2014-02-03
558 896 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND -A	P	2001-01-01	2014-02-28
73 515 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-02-28
126 791 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-03-10

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
1,066		1,058	8
280		282	-2
47,820		42,458	5,362
8,038		6,535	1,503
1,073		1,056	17
268		254	14
1,134,782		824,108	310,674
7,485		5,846	1,639
60,000		55,889	4,111
1,343		1,324	19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			8
			-2
			5,362
			1,503
			17
			14
			310,674
			1,639
			4,111
			19

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
94,829 219 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-03-31
31 466 SH CFI MULTI-STRATEGY COMMODITIES FUND -A	P	2001-01-01	2014-03-31
30 811 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-03-27
15 074 SH PRIVATE EQUITY PARTNERS VIII	P	2001-01-01	2014-03-28
149,943 741 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-03-31
623 495 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND -A	P	2001-01-01	2014-03-31
148 728 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-04-08
23,490 873 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-04-30
30 443 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-04-30
595 713 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-04-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
1,000,000		990,006	9,994
297		282	15
51,925		46,265	5,660
15,000		14,740	260
2,000,000		1,570,286	429,714
8,316		6,530	1,786
1,576		1,553	23
250,000		245,242	4,758
295		273	22
7,921		6,239	1,682

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			9,994
			15
			5,660
			260
			429,714
			1,786
			23
			4,758
			22
			1,682

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
24 648 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-04-15
127 770 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-05-08
46,434 844 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-05-30
31 45 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-05-30
316 449 SH GLOBAL DISRESSED INVESTORS LLC	P	2001-01-01	2014-05-20
15,266 582 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND	P	2001-01-01	2014-05-30
16 105 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-05-21
128 621 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-06-09
30 471 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-06-30
41 984 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-06-25

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
20,117		18,739	1,378
1,366		1,334	32
500,000		484,774	15,226
298		282	16
515,180		353,889	161,291
208,283		159,879	48,404
16,001		12,408	3,593
1,379		1,343	36
292		273	19
71,911		63,281	8,630

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			1,378
			32
			15,226
			16
			161,291
			48,404
			3,593
			36
			19
			8,630

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
361,301 123 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND	P	2001-01-01	2014-06-30
583 561 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND	P	2001-01-01	2014-06-30
38 369 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-06-30
18,828 138 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-07-31
31 479 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-07-31
696 92 SH GMO BENCHMARK-FREE ALLOC III	P	2001-01-01	2014-07-01
25 557 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-07-24
584 793 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-07-31
37,176 375 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-08-29
31 472 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-08-29

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
5,000,000		3,789,674	1,210,326
8,076		6,121	1,955
40,000		29,791	10,209
201,255		196,605	4,650
288		282	6
2,739		2,600	139
43,774		38,662	5,112
8,010		6,134	1,876
401,301		388,199	13,102
285		282	3

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			1,210,326
			1,955
			10,209
			4,650
			6
			139
			5,112
			1,876
			13,102
			3

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
579 098 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-08-29
118 110 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-09-09
30 493 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-09-30
122 144 SH GLOBAL DISTRESSED INVESTORS LLC	P	2001-01-01	2014-09-19
570 328 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND -A	P	2001-01-01	2014-09-30
26 552 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-09-12
34,074 453 SH WAMCO SHORT-DATED HIGH YLD PORTFOLIO	P	2001-01-01	2014-09-30
139,982 441 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-10-31
31 502 SH CFI MULTI-STRATEGY COMMODITIES FUND -A	P	2001-01-01	2014-10-31
23 716 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-10-22

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
8,074		6,074	2,000
1,269		1,233	36
258		273	-15
206,311		136,596	69,715
7,721		5,988	1,733
30,000		20,909	9,091
400,000		386,472	13,528
1,501,130		1,461,954	39,176
264		282	-18
43,470		36,019	7,451

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			2,000
			36
			-15
			69,715
			1,733
			9,091
			13,528
			39,176
			-18
			7,451

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
586 799 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-10-31
85,543 199 SH WAMCO SHORT-DATED HIGH YLD PORTFOLIO	P	2001-01-01	2014-10-28
109 69 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-11-10
30 478 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-11-28
39 510 SH GLOBAL DISTRESSED INVESTORS LLC	P	2001-01-01	2014-11-14
86,555 765 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-11-28
50 924 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-11-14
127,017 872 SH CFI HIGH QUALITY BOND FUND	P	2001-01-01	2014-12-31
31 523 SH CFI MULTI-STRATEGY COMMODITIES FUND-A	P	2001-01-01	2014-12-31
206 515 SH INTERNATIONAL PARTNERS VII, LP	P	2001-01-01	2014-12-18

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
8,006		6,220	1,786
1,000,000		970,231	29,769
1,176		1,146	30
246		273	-27
69,888		44,184	25,704
1,207,944		917,441	290,503
57,538		40,278	17,260
1,358,514		1,326,853	31,661
235		282	-47
52,500		49,744	2,756

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			1,786
			29,769
			30
			-27
			25,704
			290,503
			17,260
			31,661
			-47
			2,756

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
29 757 SH NATURAL RESOURCES PARTNERS VIII, LP	P	2001-01-01	2014-12-26
61 062 SH REALTY INVESTORS 2006-03	P	2001-01-01	2014-12-08
57,412 592 SH SSGA GLOBAL NATURAL RESOURCE STOCK INDEX	P	2001-01-01	2014-12-08
160,722 249 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A	P	2001-01-01	2014-12-31
69 056 SH VENTURE PARTNERS IX, LP	P	2001-01-01	2014-12-30
14,307 SH VENTURE PARTNERS X	P	2001-01-01	2014-12-17
102,758 007 SH WAMCO SHORT-DATED HIGH YLD PORTFOLIO	P	2001-01-01	2014-12-23

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
54,543		45,356	9,187
3,055		61,062	-58,007
759,339		934,803	-175,464
2,208,093		1,705,359	502,734
78,024		54,739	23,285
16,440		15,323	1,117
1,155,000		1,165,481	-10,481

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			**(l)** Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
(i) F M V as of 12/31/69	**(j)** Adjusted basis as of 12/31/69	**(k)** Excess of col (i) over col (j), if any	
			9,187
			-58,007
			-175,464
			502,734
			23,285
			1,117
			-10,481

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
RUTH JOHNSON 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
EUGENE REGEN MD 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
BECKY HARRELL 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
LANI WILKESON ROSSMAN 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
LARRY DAVIS 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
REV KAKI FRISKICS-WARREN 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
STEWART CLIFTON 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
DR EUGENE COTEY 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
CHARLENE DEWEY MD 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
SCOTT JENKINS 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
CRAIG REED 2928 SIDCO DRIVE NASHVILLE,TN 37204	VICE CHAIR 1 00	0	0	0
REV KRISTINA BROWN 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
REV HENRY BLAZE 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
DOROTHY BERRY 2928 SIDCO DRIVE NASHVILLE,TN 37204	CHAIR 1 00	0	0	0
JOHN THOMPSON MD 2928 SIDCO DRIVE NASHVILLE,TN 37204	SECRETARY 1 00	0	0	0
JASON ROGERS 2928 SIDCO DRIVE NASHVILLE,TN 37204	TREASURER 1 00	0	0	0
CATHY SELF 2928 SIDCO DRIVE NASHVILLE,TN 37204	PRESIDENT & CEO 40 00	153,666	13,743	0
KRISTEN KEELY-DINGER 2928 SIDCO DRIVE NASHVILLE,TN 37204	VP PRGM & GRANT 40 00	116,905	14,706	0
MATT DEEB 2928 SIDCO DRIVE NASHVILLE,TN 37204	CFO 40 00	115,250	11,244	0
TOM CURTIS 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
GAIL CARR WILLIAMS 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0
W KEY HOLLEMAN 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1 00	0	0	0

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
AGAPE 4555 TROUSDALE DRIVE NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	31,897
ALIVE HOSPICE 1718 PATTERSON ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	13,650
AVALON CENTER INC PO BOX 3063 CROSSVILLE,TN 38557	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	12,000
BELMONT UNIVERSITY 1900 BELMONT BLVD NASHVILLE,TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,250
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
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	80,000
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKIN,TN 37065	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	34,250
BRIGHTSTONE INC 140 SOUTHEAST PARKWAY CT FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	38,614
BROWN CENTER FOR AUTISM 2702 GREYSTONE RD NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	24,657
BUILDING LIVES FOUNDATION PO BOX 210184 NASHVILLE,TN 37221	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
CAREGIVER RELIEF PROGRAM OF BEDFORD PO BOX 584 SHELBYVILLE,TN 37162	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	4,375
CASA OF MAURY COUNTY 22 PUBLIC SQUARE STE 2 COLUMBIA,TN 38401	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	12,063
CASA WORKS INC 224 WEST FORT ST MANCHESTER,TN 37355	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
CASA INC 601 WOODLAND ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	34,500
CATHOLIC CHARITIES OF TENNESSEE 10 S 6TH STREET NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,993
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
CENTER FOR NONPROFIT MANAGEMENT 37 PEABODY ST STE 201 NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	62,500
CENTER OF HOPE 2441 PARK PLUS DR COLUMBIA,TN 38401	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,974
CENTERSTONE OF TENNESSEE 1101 6TH AVE N NASHVILLE,TN 37208	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	44,945
CHARIS HEALTH CENTER 2620 N MT JULIET RD MT JULIET,TN 37122	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	63,895
CHILD ADVOCACY CENTER FOR THE 23RD PO BOC 468 604 SPRING STREET CHARLOTTE,TN 37036	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
CHILD CENTER OF THE CUMBERLANDS 22510 ALBERTA ST ONEIDA,TN 37841	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,785
CHRISTIAN COUNSELING CTR CUMBERLAND 348 TAYLOR ST STE 105 CROSSVILLE,TN 38555	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	6,000
CHRISTIAN WOMENS JOB CORP OF MID TN PO BOX 22388 NASHVILLE,TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	27,850
COFFEE CTY CHILDRENS ADV CENTER 104 N SPRING ST MANCHESTER,TN 37355	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
COLUMBIA CARES 1202 S JAMES CAMPBELL BLVD STE 8B COLUMBIA,TN 38401	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,750
COMMUNITY DEVELOPMENT CENTER 113 EAGLETTE WAY SHELBYVILLE,TN 37160	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	137,249
COMMUNITY FOUNDATION OF MD TN 3833 CLEGHORN AVE NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	16,400
CONEXIAN AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE,TN 37077	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
DICKSON COMMUNITY CLINIC 111 HWY 70 E STE 202W DICKSON,TN 37055	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	4,313
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
DISCIPLES DIVINITY HOUSE 1917 ADELICIA AVE NASHVILLE,TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	3,000
DISCOVERY PLACE 1635 SPENCER MILL RD BURNS,TN 37029	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,500
DISMAS INC 1513 16TH AVE S NASHVILLE,TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
DOMESTIC VIOLENCE PROGRAM 2106 EAST MAIN ST MURFREESBORO,TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	18,277
EAST NASHVILLE HOPE EXCHANGE INC PO BOX 68423 NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500
ELDERS FIRST ADULT DAY SERVICES ASS PO BOX 332966 MURFREESBORO,TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,750
END SLAVERY TENNESSEE 50 VANTAGE WAY SUITE 255 NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	27,262
EVERGREEN PRESBYTERIAN MINISTRIES 6050 DANA WAY STE 200 ANTIOCH,TN 37013	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LANE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	62,500
FAMILIES IN CRISIS PO BOX 621 MCMINNVILLE,TN 37111	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	16,368
FAMILY AND CHILDRENS SERVICES 201 23RD AVE N NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	346,125
FIFTYFORWARD 174 RAINS AVENUE NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	2,500
FIRST STEPS INC 1900 GRAYBAR LANE NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
FRIENDS IN GENERAL INC 1818 ALBION STREET NASHVILLE,TN 37208	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	19,336
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PK NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,500
GALLATIN SHALOM ZONE INC 600 SMALL STREET PO BOX 1436 GALLATIN,TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500
GILDA'S CLUB NASHVILLE 1707 DIVISION STREET NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	141
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PARKWAY STE 100 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	11,908
HABITAT FOR HUMANITY SUMNER COUNTY 165 EAST BLEDSOE ST NASHVILLE,TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
HANDS ON NASHVILLE 37 PEABODY ST STE 206 NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,000
HAVEN OF HOPE INC PO BOX 1271 MANCHESTER,TN 37349	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	4,200
HEARING BRIDGES 415 4TH AVE S STE A NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	61,500
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 W WESTMORELAND,TN 37186	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,883
INTERFAITH DENTAL CLINIC OF NASHVIL 1721 PATTERSON ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	120,000
KIDS PLACE A CHILD ADVOCACY CENTER 614 WEST POINT RD LAWRENCEBURG,TN 38464	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,500
KINGS DAUGHTERS DAY HOME 590 NORTH DUPONT AVE MADISON,TN 37115	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	17,352
KIPP EAST NASHVILLE PREPARATORY 3410 KNIGHT DR NASHVILLE,TN 37027	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	34,000
LEAD PUBLIC SCHOOLS INC 531 METROPLEX DRIVE STE A-200 NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
LEGAL AID SOCIETY OF MID TN CUMBERL 300 DEADERICK ST NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	82,500
MAGDALENE INC BOX 6330B VANDERBILT UNIVERSITY NASHVILLE,TN 37235	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
MARTHA OBRYAN CENTER INC 711 SOUTH SEVENTH ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
MARY PARRISH CENTER PO BOX 60009 NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	32,000
MATTHEW 25 INC PO BOX 158461 NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
MEN OF VALOR 1410 DONELSON PIKE STE B-1 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
MENTAL HEALTH ASSOC OF MID TENNESSE 295 PLUS PARK BLVD STE 201 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,500
MENTAL HEALTH CENTERS CLINICS OF TN 1997 HIGHWAY 51 SOUTH COVINGTON,TN 38019	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	98,500
MENTAL HEALTH COOPERATIVE 275 CUMBERLAND BEND DR NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
MERCY CHILDREN'S CLINIC 1113 MURFREESBORO RD STE 319 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
MID-CUMBERLAND HUMAN RESOURCE AGENC 1101 KERMIT DRIVE STE 300 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
MONROE HARDING INC 1120 GLENDALE LN NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	46,085
MUSIC HEALTH ALLIANCE INC 2021 RICHARD JONES ROAD STE 160 NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,344
NASHVILLE CARES 633 THOMPSON LANE NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
NASHVILLE CHILDRENS ALLIANCE 1264 FOSTER AVE NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
NASHVILLE CIVIC DESIGN CENTER 138 SECOND AVENUE NORTH STE 106 NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
NASHVILLE DRUG COURT FOUNDATION 1300 DIVISION ST STE 107 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	44,558
NASHVILLE INTL CENTER FOR EMPOWERME 417 WELSHWOOD DR STE 100 NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	67,500
NASHVILLE PUBLIC TELEVISION INC 161 RAINS AVE NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80
NASHVILLE SOCIAL ENTERPRISE ALLIANC 1301 ARROWHEAD DRIVE BRENTWOOD,TN 37027	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500
NEW BEGINNINGS CENTER 509 CRAIGHEAD ST STE 100 NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,000
NEW HOPE ACADEMY 1820 DOWNS BLVD FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,506
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY SUITE 101 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	47,226
OASIS CENTER 1704 CHARLOTTE AVE SUITE 200 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,075
OPEN ARMS CARE CORPORATION 7271 NOLENSVILLE ROAD NOLENSVILLE,TN 37135	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	2,720
OPEN TABLE OF NASHVILLE INC 210 MORTON AVE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	9,700
OPERATION STAND DOWN 1125 12TH AVE SOUTH NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
OUR KIDS INC 1804 HAYES ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	62,750
PARTNERS FOR HEALING 109 W BLACKWELL ST TULLAHOMA,TN 37388	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	9,450
PASTORAL COUNSELING CONSULTATION CT 100 VINE COURT NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	49,752
Total . . . . . ▶ **3a**				5,953,034

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Recipient Name and address (home or business)	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
a *Paid during the year*				
PENUEL RIDGE CONTEMPLATIVE RETREAT 1440 SAMS CREEK ROAD ASHLAND CITY,TN 370155422	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	400
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE,TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	11,280
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DR STE 121 NASHVILLE,TN 37220	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
PRIMARY CARE AND HOPE CLINIC 1453 HOPE WAY MURFREESBORO,TN 37129	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
READ TO SUCCEED INC PO BOX 12161 MURFREESBORO,TN 37129	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	980
REFUGE CENTER FOR COUNSELING INC 103 FORREST CROSSINGS BLVD STE 102 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,803
RENEWAL HOUSE 3410 CLARKSVILLE PK NASHVILLE,TN 37218	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVE S NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,483
RONALD MCDONALD HOUSE CHARITIES OF 2144 FAIRFAX AVE NASHVILLE,TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
ROOM IN THE INN PO BOX 25309 NASHVILLE,TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	82,500
RUTHERFORD-CANNON CTY DRUG COURT SU 303 CHURCH ST MURFREESBORO,TN 37130	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,500
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	45,000
SALVUS CLINIC INC 556 HARTSVILLE PIKE STE 200 GALLATIN,TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,500
SECOND HARVEST FOOD BANK MID TN 331 GREAT CIRCLE RD NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	85,268
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
SHELTER INC PO BOX 769 LAWRENCEBURG,TN 38464	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	9,628
SILAOM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	120,000
SOUTHEASTERN COUNCIL OF FOUNDATIONS 50 HURT PLAZA STE 350 ATLANTA,GA 30303	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,000
SOUTHERN WORD 1704 CHARLOTTE AVE STE 200 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500
SPECIAL KIDS INC 2208 EAST MAIN ST MURFREESBORO,TN 37130	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,500
SPORTS4ALLFOUNDATION 5827 CHARLOTTE PK NASHVILLE,TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	11,261
ST THOMAS HEALTH SERVICES FUND 4220 HARDING RD NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	283,015
STARS NASHVILLE 1704 CHARLOTTE AVE STE 200 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	68,769
SUMNER CHILD ADVOCACY CENTERASHLEYS 315 W SMITH ST GALLATIN,TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	26,250
SUMNER COUNTY FOOD BANK 1021 WOODS FERRY RD GALLATIN,TN 37031	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500
TENNESSEE ALLIANCE FOR CHILDREN AND 2 INTERNATIONAL PLAZA DR STE 605 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
TENNESSEE ALLIANCE FOR LEGAL SERVIC 50 VANTAGE WAY STE 250 NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
TENNESSEE ASSOCIATION OF ALCOHOL DR 1321 MURFREESBORO PIKE STE 155 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	74,462
TENNESSEE CHAPTER OF CHILD ADVOCACY 4711 TROUSDALE DR STE 124 NASHVILLE,TN 37220	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
TENNESSEE CHARITABLE CARE NETWORK PO BOX 121371 NASHVILLE,TN 372121371	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	4,000
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
TENNESSEE CONFERENCE ON SOCIAL WELF PO BOX 291231 NASHVILLE,TN 37229	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,580
TENNESSEE HEALTH CARE CAMPAIGN INC 500 INTERSTATE DR STE 231 NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	130,930
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	210,126
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD STE 300 NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,635
TENNESSEE PRIMARY CARE ASSOC 710 SPENCE LANE NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	67,104
TENNESSEE RESPITE COALITION PO BOX 331337 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	31,664
THE EXCHANGE CLUBHOLLAND J STEPHENS 616 B N CHURCH ST LIVINGSTON,TN 38570	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,731
THE NEXT DOOR PO BOX 23336 NASHVILLE,TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	74,000
THE SALVATION ARMY PO BOX 60425 NASHVILLE,TN 372078625	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
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	24,563
TN EMERGENCY MED SERV FOR CHILDREN PO BOX PMB 407760 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	1,000
UNITED CEREBRAL PALSY OF MIDDLE TEN 1200 9TH AVENUE NORTH STE 110 NASHVILLE,TN 37208	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	16,800
UNITED METHODIST CHURCH AFFILIATES 2195 NOLENSVILLE RD NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	12,000
UNITED NEIGHBORHOOD HEALTH SERVICES 711 MAIN ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
UNITED WAY OF METROPOLITAN NASHVILL 250 VENTURE CIR NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	98,500
Total . . . . . ▶ **3a**				5,953,034

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

Recipient Name and address (home or business)	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
a *Paid during the year*				
UPPER CUMBERLAND CHILD ADVOCACY CEN 480 S OLD KENTUCKY RD COOKEVILLE,TN 38501	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
UPPER CUMBERLAND HUMAN RESOURCE AGE 580 S JEFFERSON AVE COOKVILLE,TN 38501	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,500
URBAN HOUSING SOLUTIONS INC 822 WOODLAND ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,413
VANDERBILT UNIVERSITY OFFICE OF SPO 2301 VANDERBILT PLACE NASHVILLE,TN 37240	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	221,122
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE,TN 37224	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	37,451
WILLIAMSON CTY CASA INC 212 E MAIN STREET FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,875
WILLIAMSON CTY CHILD ADVOCACY CTR 101 FORREST CROSSING BLVD STE 106 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,425
WILSON COUNTY CASA INC 111 CASTLE HEIGHTS AVE LEBANON,TN 37087	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,200
YOU HAVE THE POWER 2814 12TH AVE SOUTH NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	13,846
YOUNG MENS CHRISTIAN ASSOC OF NASHM 1000 CHURCH ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	38,018
YWCA OF NASHVILLE AND MIDDLE TENNES 1608 WOODMONT BLVD NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	73,694
Total . . . . . ▶ **3a**				5,953,034

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TY 2014 Accounting Fees Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT & TAX SERVICES	20,000	12,389		7,611

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TY 2014 Investments - Other Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	96,857,005	96,857,005
PRIVATE CAPITAL/PARTNERSHIPS	FMV	19,256,151	19,256,151

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TY 2014 Legal Fees Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	13,001	8,054		4,947

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TY 2014 Other Decreases Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Amount
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	614,627

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TY 2014 Other Expenses Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	46,144	16,155		29,989
TELECOMMUNICATIONS	6,574	2,302		4,272
COMPUTER & SMALL EQUIPMENT	11,807	4,134		7,673
OFFICE SUPPLIES	12,981	4,545		8,436
POSTAGE	1,116	390		726
INSURANCE	9,666	3,384		6,282
MISCELLANEOUS	1,337	862		475
TECHNOLOGY SUPPORT	27,072	3,911		23,161
SPECIAL INCENTIVES	115,986	0		0
AWARDS & SPONSORSHIPS	129,175	0		0

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TY 2014 Other Income Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	8,871	0	0

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TY 2014 Other Liabilities Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Beginning of Year - Book Value	End of Year - Book Value
NOTE PAYABLE	1,356,881	1,320,372

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TY 2014 Other Professional Fees Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANTS	13,684	7,559		6,125
OTHER PROFESSIONAL FEES	22,488	13,931		8,557
INVESTMENT FEES	140,580	140,580		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320023905

TY 2014 Taxes Schedule

Name: BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	40,864	15,428		25,436
TAXES	76,743	76,743		0