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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

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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)* ▶$ 116,628,543

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	2,470	2,470		
	4	Dividends and interest from securities	1,582,581	1,582,581		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,982,569			
	b	Gross sales price for all assets on line 6a 24,629,350				
	7	Capital gain net income (from Part IV, line 2)		1,982,569		
	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)	7,421	0		
	12	**Total.** Add lines 1 through 11	3,575,041	3,567,620		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	446,818	17,585		285,927
	14	Other employee salaries and wages	182,538	11,195		116,809
	15	Pension plans, employee benefits	81,095	3,592		51,894
	16a	Legal fees (attach schedule)	270,867	402		193,689
	b	Accounting fees (attach schedule)	21,000	619		15,016
	c	Other professional fees (attach schedule)	251,122	149,368		93,038
	17	Interest	55,831	1,792		39,484
	18	Taxes (attach schedule) (see instructions)	77,892	1,863		26,017
	19	Depreciation (attach schedule) and depletion	59,385	1,926		
	20	Occupancy	14,380	462		10,169
	21	Travel, conferences, and meetings	38,082	12,307		20,547
	22	Printing and publications	1,046	25		816
	23	Other expenses (attach schedule)	445,582	2,361		387,017
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,945,638	203,497		1,240,423
	25	Contributions, gifts, grants paid	7,776,813			5,718,800
	26	**Total expenses and disbursements.** Add lines 24 and 25	9,722,451	203,497		6,959,223
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-6,147,410			
	b	**Net investment income** (if negative, enter -0-)		3,364,123		
	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	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	63,147	27,877	27,877
	2	Savings and temporary cash investments	6,203,573	2,841,896	2,841,896
	3	Accounts receivable ▶ 4,638			
		Less allowance for doubtful accounts ▶	1,376	4,638	4,638
	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	19,083	13,392	13,392
	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)	116,113,156	112,216,913	112,216,913
	14	Land, buildings, and equipment basis ▶ 1,771,457			
		Less accumulated depreciation (attach schedule) ▶ 247,630	1,545,594	1,523,827	1,523,827
	15	Other assets (describe ▶)			
	16	**Total assets**(to be completed by all filers—see the instructions Also, see page 1, item I)	123,945,929	116,628,543	116,628,543
Liabilities	17	Accounts payable and accrued expenses	60,808	241,059	
	18	Grants payable	1,418,497	3,502,741	
	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 ▶)	1,320,372	18,282,555	
	23	**Total liabilities**(add lines 17 through 22)	2,799,677	22,026,355	
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	121,146,252	94,602,188	
	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)	121,146,252	94,602,188	
	31	**Total liabilities and net assets/fund balances**(see instructions)	123,945,929	116,628,543	

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	121,146,252
2	Enter amount from Part I, line 27a	2	-6,147,410
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	114,998,842
5	Decreases not included in line 2 (itemize) ▶	5	20,396,654
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	94,602,188

Part IV Capital Gains and Losses for Tax on Investment Income

	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
	(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) 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	1,982,569
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))
2014	6,537,026	123,926,377	0 052749
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

2	**Total** of line 1, column (d)	2	0 238063
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 047613
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	118,264,990
5	Multiply line 4 by line 3	5	5,630,951
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	33,641
7	Add lines 5 and 6	7	5,664,592
8	Enter qualifying distributions from Part XII, line 4	8	7,010,222

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	33,641
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	33,641
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	33,641
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a: 60,470		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 10,000		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	70,470
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	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	36,829
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 36,829 **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		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
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 2015 or the taxable year beginning in 2015 (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 //www 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

16	At any time during calendar year 2015, 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? 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 ▶	16		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)			
	(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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? ☐ 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 2015 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 2015).*	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 2015?	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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
JENNIFER OLDHAM 2928 SIDCO DR NASHVILLE,TN 37204	PROGRAM OFFICER 40 00	70,203	17,050	0
BETH USELTON 2928 SIDCO DR NASHVILLE,TN 37204	PROGRAM DIR 40 00	79,488	3,750	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
waller lansden 511 union st ste 2100 nashville,TN 37219	legal	84,493

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	117,670,070
b	Average of monthly cash balances		1b	2,395,910
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	120,065,980
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	120,065,980
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,800,990
5	**Net value of noncharitable-use assets.**Subtract line 4 from line 3 Enter here and on Part V, line 4		5	118,264,990
6	**Minimum investment return.**Enter 5% of line 5		6	5,913,250

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	5,913,250
2a	Tax on investment income for 2015 from Part VI, line 5	2a	33,641		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	33,641
3	Distributable amount before adjustments Subtract line 2c from line 1			3	5,879,609
4	Recoveries of amounts treated as qualifying distributions			4	26,226
5	Add lines 3 and 4			5	5,905,835
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	5,905,835

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	6,959,223
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	50,999
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	7,010,222
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	33,641
6	**Adjusted qualifying distributions.**Subtract line 5 from line 4	6	6,976,581

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				5,905,835
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			2,554,199	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 7,010,222				
a Applied to 2014, but not more than line 2a			2,554,199	
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 2015 distributable amount.				4,456,023
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015	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 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				1,449,812
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 2010 not applied on line 5 or line 7 (see instructions)	0			
9 **Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.				

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 2015, 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) 2015	(b) 2014	(c) 2013	(d) 2012	
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 *Organizations must have generated at least $35,000 in revenue (not including in-kind donations) in their previous fiscal year *All grant proposals should display and emphasize respect for the dignity of all persons *organizations must have their own statement of inclusiveness or non-discrimination prior to making the applicaiton

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**				5,718,800
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				3,502,744

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) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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	2,470	
4 Dividends and interest from securities. . .			14	1,582,581	
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	1,982,569	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory . .					
11 Other revenue a MISCELLANEOUS	900099		01	7,421	
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		3,575,041	0
13 **Total.** Add line 12, columns (b), (d), and (e).				**13**	3,575,041

(See worksheet in line 13 instructions to verify calculations)

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

******	2016-11-14	******
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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
73 822 SH CFI HIGH QUALITY BOND FUND			2015-01-09
36,730 362 SH CFI HIGH QUALITY BOND FUND			2015-01-30
31 516 SH CFI MULTI-STRATEGY COMMODITIES FUND-A			2015-01-30
7,405 434 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-01-30
29,621 735 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-01-30
585 080 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-01-30
23 665 SH VENTURE PARTNERS IX, LP			2015-01-09
102,471 91 SH WAMCO SHORT-DATED HIGH YLD PORTFOLIO			2015-01-27
42 145 SH CFI HIGH QUALITY BOND FUND			2015-02-09
28 459 SH CFI MULTI-STRATEGY COMMODITIES FUND -A-1			2015-02-27

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
795		771	24
400,000		383,693	16,307
227		282	-55
100,000		78,576	21,424
400,000		314,304	85,696
7,901		6,208	1,693
30,000		18,918	11,082
1,140,000		1,162,236	-22,236
456		440	16
211		255	-44

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			24
			16,307
			-55
			21,424
			85,696
			1,693
			11,082
			-22,236
			16
			-44

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
31,656 164 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-02-27
511 652 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-02-27
23 665 SH VENTURE PARTNERS IX, LP			2015-02-27
95,267 309 SH WAMCO SHORT-DATED HIGH YLD PORFOLIO			2015-02-24
31 539 SH CFI MULTI-STRATEGY COMMODITIES FUND-A-1			2015-03-31
26 428 SH CONTINGENT ASSET PORTFOLIO, LLC			2015-03-09
299 172 SH GLOBAL DISTRESS INVESTORS, LLC			2015-03-27
105 686 SH INTERNATIONAL PARTNERS VII, LP			2015-03-02
10 002 SH NATURAL RESOURCES PARTNERS VIII, LP			2015-03-02
96,216 558 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-03-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
450,000		335,891	114,109
7,273		5,429	1,844
30,000		19,075	10,925
1,087,000		1,080,522	6,478
223		283	-60
264		264	0
544,000		334,568	209,432
26,881		25,518	1,363
17,899		15,282	2,617
1,350,000		1,021,969	328,031

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			114,109
			1,844
			10,925
			6,478
			-60
			0
			209,432
			1,363
			2,617
			328,031

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
569 457 SH STRATEGIC SOLUTIONS GLOBAL EQUITY FUND-A			2015-03-31
15 777 SH VENTURE PARTNERS IX, LP			2015-03-31
12 446 SH VENTURES PARTNERS X, LP			2015-03-05
100,075 564 SH WAMCO SHORT-DATED HIGH YLD PORTFOLIO			2015-03-26
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-04-30
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-04-30
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-04-30
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-04-30
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-04-30
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-04-30

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
7,990		6,049	1,941
20,000		12,785	7,215
15,482		13,580	1,902
1,141,562		1,135,057	6,505
355		343	12
227		273	-46
433		430	3
496,637		496,637	0
257,730		190,802	66,928
6		6	0

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			1,941
			7,215
			1,902
			6,505
			12
			-46
			3
			0
			66,928
			0

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-05-31
VARIOUS SH MULTI-STRATEGY COMMODITIES FUND			2015-05-31
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-05-31
VARIOUS SH PRIVATE EQUITY PARTNERS VIII			2015-05-31
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-05-31
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-05-31
VARIOUS SH STRATEGIC REALTY OPPORTUNITIES			2015-05-31
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-05-31
VARIOUS SH VENTURE PARTNERS IX, LP			2015-05-31
VARIOUS SH VENTURE PARTNERS X			2015-05-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
347		337	10
228		282	-54
563		560	3
9,594		8,362	1,232
565,048		565,048	0
8,000		5,877	2,123
62,564		50,064	12,500
6		6	0
50,000		26,842	23,158
49,334		39,338	9,996

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			10
			-54
			3
			1,232
			0
			2,123
			12,500
			0
			23,158
			9,996

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-06-30
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-06-30
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-06-30
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-06-30
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-06-30
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-06-30
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-07-31
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-07-31
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-07-31
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-07-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
355		348	7
224		273	-49
1,500,580		1,505,328	-4,748
606,419		606,419	0
1,007,667		760,634	247,033
6		6	0
341		337	4
206		282	-76
559		559	0
400,670		400,670	0

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			7
			-49
			-4,748
			0
			247,033
			0
			4
			-76
			0
			0

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-07-31
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-07-31
VARIOUS SH VENTURE PARTNERS IX, LP			2015-07-31
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-08-31
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-08-31
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-08-31
VARIOUS SH INTERNATIONAL PARTNERS VII, LP			2015-08-31
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-08-31
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-08-31
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-08-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
657,885		490,325	167,560
6		6	0
36,428		18,973	17,455
352		348	4
204		282	-78
386		387	-1
75,000		69,124	5,876
487,521		487,521	0
757,626		603,304	154,322
6		6	0

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			167,560
			0
			17,455
			4
			-78
			-1
			5,876
			0
			154,322
			0

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH BROOKFIELD GLOBAL LISTED INFRASTRUCTURE			2015-09-30
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-09-30
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-09-30
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-09-30
VARIOUS SH GLOBAL DISTRESSED INVESTORS LLC			2015-09-30
VARIOUS SH PRIVATE EQUITY PARTNERS VIII			2015-09-30
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-09-30
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-09-30
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-09-30
VARIOUS SH VENTURE PARTNERS IX, LP			2015-09-30

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
200,034		250,731	-50,697
453		447	6
250,190		358,753	-108,563
387		387	0
132,800		76,796	56,004
36,318		30,048	6,270
285,059		285,059	0
1,040,232		861,089	179,143
7		7	0
41,759		19,930	21,829

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-50,697
			6
			-108,563
			0
			56,004
			6,270
			0
			179,143
			0
			21,829

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-10-31
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-10-31
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-10-31
VARIOUS SH DEMAND DEPOSIT ACCOUNT			2015-10-31
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-10-31
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-10-31
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-10-31
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-11-30
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-11-30
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-11-30

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
200,438		198,220	2,218
133		191	-58
375		375	0
695,848		695,848	0
445,848		445,848	0
1,007,616		780,839	226,777
6		6	0
455		453	2
120		184	-64
389		391	-2

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			2,218
			-58
			0
			0
			0
			226,777
			0
			2
			-64
			-2

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH DEMAND DEPOSIT ACCOUNT			2015-11-30
VARIOUS SH INTERNATIONAL PARTNERS VII, LP			2015-11-30
VARIOUS SH PRIVATE EQUITY PARTNERS VIII			2015-11-30
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-11-30
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-11-30
VARIOUS SH STRATEGIC SOLUTIONS REALTY OPPORTUNITIES			2015-11-30
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-11-30
VARIOUS SH VENTURE PARTNERS IX, LP			2015-11-30
VARIOUS SH BROOKFIELD GLOBAL LISTED INFRASTRUCTURE			2015-12-31
VARIOUS SH CFI HIGH QUALITY BOND FUND			2015-12-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
1,536,378		1,536,378	0
80,013		65,117	14,896
39,549		32,721	6,828
334,288		334,288	0
1,367,293		1,066,268	301,025
67,077		52,132	14,945
6		6	0
25,000		11,932	13,068
463,272		604,371	-141,099
300,389		301,475	-1,086

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			0
			14,896
			6,828
			0
			301,025
			14,945
			0
			13,068
			-141,099
			-1,086

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

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
VARIOUS SH CFI MULTI-STRATEGY COMMODITIES FUND			2015-12-31
VARIOUS SH CONTINGENT ASSET PORTFOLIO, LLC			2015-12-31
VARIOUS SH GMO BENCHMARK-FREE ALLOC III			2015-12-31
VARIOUS SH GLOBAL DISTRESSED INVESTORS LLC			2015-12-31
VARIOUS SH NATURAL RESOURCES PARTNERS VIII, LP			2015-12-31
VARIOUS SH STATE STREET INST US GOVT MM FUND-TA			2015-12-31
VARIOUS SH STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC			2015-12-31
VARIOUS SH STRATEGIC SOLUTIONS REALTY OPPORTUNITIES			2015-12-31
VARIOUS SH THE BANCORP BANK MASTER DEMAND ACCOUNT			2015-12-31

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

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
200,120		316,723	-116,603
375		376	-1
725,877		796,640	-70,763
84,000		49,492	34,508
34,711		34,441	270
841,749		841,749	0
7,411		5,894	1,517
371,692		288,876	82,816
6		6	0

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			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-116,603
			-1
			-70,763
			34,508
			270
			0
			1,517
			82,816
			0

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

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** 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	Treasurer 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
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	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	BOARD MEMBER 1.00	0	0	0
JOHN THOMPSON MD 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1.00	0	0	0
JASON ROGERS 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1.00	0	0	0
CATHY SELF 2928 SIDCO DRIVE NASHVILLE,TN 37204	President & CEO 40.00	193,500	14,740	0
KRISTEN KEELY-DINGER 2928 SIDCO DRIVE NASHVILLE,TN 37204	VP PRGM & GRANT 40.00	130,635	14,215	0
MATT DEEB 2928 SIDCO DRIVE NASHVILLE,TN 37204	CFO 40.00	122,683	10,923	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	VICE CHAIR 1.00	0	0	0
W KEY HOLLEMAN 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1.00	0	0	0
AILEEN KATCHER 2928 SIDCO DRIVE NASHVILLE,TN 37204	SECRETARY 1.00	0	0	0
MARK FIORAVANTI 2928 SIDCO DRIVE NASHVILLE,TN 37204	BOARD MEMBER 1.00	0	0	0
JOHN WILSON JR 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	32,000
APHESIS HOUSE INC 1522 COMPTON AVE NASHVILLE,TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,500
AVALON CENTER INC PO BOX 3063 CROSSVILLE,TN 38557	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	12,000
BETHLEHEM CENTERS OF NASHVILLE 1417 CHARLOTTE AVE NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
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	70,000
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKIN,TN 37065	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
BRIGHTSTONE INC 140 SOUTHEAST PARKWAY CT FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	23,114
BROWN CENTER FOR AUTISM 2702 GREYSTONE RD NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	27,523
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	7,500
CASA OF MAURY COUNTY 22 PUBLIC SQUARE STE 2 COLUMBIA,TN 38401	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,298
CASA WORKS INC 224 WEST FORT ST MANCHESTER,TN 37355	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	17,500
CASA INC 601 WOODLAND ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	32,000
CATHOLIC CHARITIES OF TENNESSEE 10 S 6TH STREET NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,000
CENTER FOR FAMILY DEVELOPMENT 1304 madison street shelbyville,TN 37160	NONE	PuBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
Total . . . . . ▶ **3a**				5,718,800

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 OF HOPE 2441 PARK PLUS DR COLUMBIA,TN 38401	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	47,382
cENTERSTONE COMMUNITY MENTAL HEALTH 1921 RANSOM PLACE NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	49,945
CHARIS HEALTH CENTER 2620 N MT JULIET RD MT JULIET,TN 37122	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	32,400
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	12,500
CHILD CENTER OF THE CUMBERLANDS 22510 ALBERTA ST ONEIDA,TN 37841	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,008
CHRISTIAN COUNSELING CTR CUMBERLAND 348 TAYLOR ST STE 105 CROSSVILLE,TN 38555	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	7,000
CHRISTIAN WOMENS JOB CORP OF MID TN PO BOX 22388 NASHVILLE,TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,500
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	15,000
COMMUNITY CATALYST One Federal Street 5th Floor Boston,MA 02110	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
COMMUNITY DEVELOPMENT CENTER 113 EAGLETTE WAY SHELBYVILLE,TN 37160	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
CONEXIAN AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
CROSSBRIDGE INC 335 Murfreesboro Rd nashville,TN 37210	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	42,500
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE,TN 37077	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	51,156
DISPENSARY OF HOPE 566 Mainstream drive ste 150 nashville,TN 37228	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	37,500
Total . . . . . ▶ **3a**				5,718,800

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*				
DOMESTIC VIOLENCE PROGRAM 2106 EAST MAIN ST MURFREESBORO,TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	43,277
ELDERS FIRST ADULT DAY SERVICES ASS PO BOX 332966 MURFREESBORO,TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,000
END SLAVERY TENNESSEE 50 VANTAGE WAY SUITE 255 NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	43,162
EXCHANGE CLUB FAMILY CENTER 139 THOMPSON LANE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	45,000
EXCHANGE CLUB HOLLAND J STEPHENS CT 616B N CHURCH ST LIVINGSTON,TN 38570	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	46,400
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
FAMILY AND CHILDRENS SERVICES 201 23RD AVE N NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	231,844
FIRST STEPS INC 1900 GRAYBAR LANE NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
FRIENDS IN GENERAL INC 1818 ALBION STREET NASHVILLE,TN 37208	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	19,336
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PK NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,500
GRACEWORKS MINISTRIES INC 104 SOUTHEAST PARKWAY STE 100 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	11,908
HAVEN OF HOPE INC PO BOX 1271 MANCHESTER,TN 37349	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	2,250
HEARING BRIDGES 415 4TH AVE S STE A NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	35,000
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 W WESTMORELAND,TN 37186	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	98,375
Total . . . . . ▶ **3a**				5,718,800

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*				
INTERFAITH DENTAL CLINIC OF NASHVIL 1721 PATTERSON ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	150,000
KIDS PLACE A CHILD ADVOCACY CENTER 614 WEST POINT RD LAWRENCEBURG,TN 38464	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,000
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	59,000
KYMARI HOUSE INC PO Box 12306 murFREESBORO,TN 37129	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	6,500
LEAD ACADEMY INC 531 METROPLEX DRIVE STE A-200 NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
LEGAL AID SOCIETY OF MID TN CUMBERL 300 DEADERICK ST NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	27,500
MAGDALENE INC BOX 6330B VANDERBILT UNIVERSITY NASHVILLE,TN 37235	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
MARTHA OBRYAN CENTER INC 711 SOUTH SEVENTH ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
MARY PARRISH CENTER PO BOX 60009 NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	32,000
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD JR BLVD NASHVILLE,TN 37027	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	46,127
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 446 METROPLEX DRIVE STE A224 NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	35,000
MERCY CHILDREN'S CLINIC 1113 MURFREESBORO RD STE 319 FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
MID-CUMBERLAND HUMAN RESOURCE AGENC 1101 KERMIT DRIVE STE 300 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
Total . . . . . ▶ **3a**				5,718,800

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*				
MIDDLE TENNESSEE STATE UNIVERSITY F 1301 East Main Street PO Box 125 murFREESBORO,TN 37132	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	43,000
MONROE HARDING INC 1120 GLENDALE LN NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	73,400
MUSCULAR DYSTROPHY ASSOCIATION 783 old hickory blvd ste 300W BrENTWOOD,TN 37027	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,793
MUSIC HEALTH ALLIANCE INC 2021 RICHARD JONES ROAD STE 160 NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	34,332
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
NASHVILLE CONFLICT RESOLUTION CENTE 4732 W Longdale Drive nashville,TN 37211	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
NASHVILLE DRUG COURT FOUNDATION 1300 DIVISION ST STE 107 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
NASHVILLE INTL CENTER FOR EMPOWERME 417 WELSHWOOD DR STE 100 NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	87,560
NEW BEGINNINGS CENTER 509 CRAIGHEAD ST STE 100 NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,921
NURSES FOR NEWBORNS OF TN 50 VANTAGE WAY SUITE 101 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	54,563
OASIS CENTER 1704 CHARLOTTE AVE SUITE 200 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
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	4,350
OUR KIDS INC 1804 HAYES ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
Total . . . . . ▶ **3a**				5,718,800

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*				
PARK CENTER 801 12TH AVE SOUTH NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
PASTORAL COUNSELING CONSULTATION CT 100 VINE COURT NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,165
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE,TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,000
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DR STE 121 NASHVILLE,TN 37220	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
PRIMARY CARE AND HOPE CLINIC 1453 HOPE WAY MURFREESBORO,TN 37129	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
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	49,287
RENEWAL HOUSE 3410 CLARKSVILLE PK NASHVILLE,TN 37218	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
REST STOP MINISTRIES PO Box 156 hermitage,TN 37076	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	7,500
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVE S NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,277
Room in the Inn - campus for human 705 drexel street nashville,TN 37203	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	75,000
SAFE HAVEN FAMILY SHELTER 1234 THIRD AVENUE SOUTH NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
SALVUS CLINIC INC 556 HARTSVILLE PIKE STE 200 GALLATIN,TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE,TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
SHADE TREE CLINIC 6134 Medical Center East Vanderbilt Medical Ctr nashville,TN 37212	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	29,761
SILAOM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE,TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	105,000
Total . . . . . ▶ **3a**				5,718,800

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*				
SPECIAL KIDS INC 2208 EAST MAIN ST MURFREESBORO,TN 37130	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	55,500
SPORTS4ALLFOUNDATION 5827 CHARLOTTE PK NASHVILLE,TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,000
ST THOMAS HEALTH SERVICES FUND 4220 HARDING RD NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	198,433
STARS NASHVILLE 1704 CHARLOTTE AVE STE 200 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	111,686
SUMNER CHILD ADVOCACY CENTERASHLEYS 315 W SMITH ST GALLATIN,TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	8,750
TENNESSEE ASSOCIATION OF ALCOHOL DR 1321 MURFREESBORO PIKE STE 155 NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	144,878
TENNESSEE CHARITABLE CARE NETWORK PO BOX 121371 NASHVILLE,TN 372121371	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
TENNESSEE HEALTH CARE CAMPAIGN INC 500 INTERSTATE DR STE 231 NASHVILLE,TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	97,130
TENNESSEE IMMIGRANT AND REFUGEE RIG 2195 NOLENSVILLE PIKE nashville,TN 37211	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,000
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE NASHVILLE,TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	185,750
TENNESSEE JUSTICE FOR OUR Neighbors 301 CHARLOTTE AVE nashville,TN 37201	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
TENNESSEE KIDNEY FOUNDATION 95 WHITE BRIDGE ROAD STE 300 NASHVILLE,TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,700
TENNESSEE PRIMARY CARE ASSOC 710 SPENCE LANE NASHVILLE,TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	102,499
TENNESSEE RESPITE COALITION PO BOX 331337 NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	35,193
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE,TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
Total . . . . . ▶ **3a**				5,718,800

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*				
THE NEXT DOOR PO BOX 23336 NASHVILLE,TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
THE SYCAMORE INSTITUTE 2928 sidco drive nashville,TN 37204	Subsidiary	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	212,526
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	8,188
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 NEIGHBORHOOD HEALTH SERVICES 711 MAIN ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	80,000
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
URBAN HOUSING SOLUTIONS INC 822 WOODLAND ST NASHVILLE,TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,100
VANDERBILT UNIVERSITY OFFICE OF SPO 2301 VANDERBILT PLACE NASHVILLE,TN 37240	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	105,686
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE,TN 37224	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,773
Williamscon County Child Advocacy C 101 ForREST CROSSING BLVD STE 106 frankIN,TN 37064	nONE	pUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	44,750
WILLIAMSON CTY CASA INC 212 E MAIN STREET FRANKLIN,TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,900
WILSON COUNTY CASA INC 111 CASTLE HEIGHTS AVE LEBANON,TN 37087	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	31,500
YOUNG MENS CHRISTIAN ASSOC OF NASHM 1000 CHURCH ST NASHVILLE,TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	51,572
YWCA OF NASHVILLE AND MIDDLE TENNES 1608 WOODMONT BLVD NASHVILLE,TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	85,000
Total . . . . . ▶ **3a**				5,718,800

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TY 2015 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	21,000	619		15,016

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TY 2015 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	83,042,233	83,042,233
PRIVATE CAPITAL/PARTNERSHIPS	FMV	29,174,680	29,174,680

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TY 2015 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	270,867	402		193,689

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TY 2015 Other Decreases Schedule

Name: Baptist Healing Hospital Trust

EIN: 52-2362225

Description	Amount
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	3,396,654
pbgc settlement accrual	17,000,000

TY 2015 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	62,530	228		25,867
TELECOMMUNICATIONS	7,873	252		5,568
COMPUTER & SMALL EQUIPMENT	18,166	485		12,622
OFFICE SUPPLIES	14,277	432		10,023
POSTAGE	706	21		457
INSURANCE	11,718	376		8,287
MISCELLANEOUS	1,592	7		577
TECHNOLOGY SUPPORT	34,971	560		29,867
SPECIAL INCENTIVES	124,349	0		124,349
AWARDS & SPONSORSHIPS	169,400	0		169,400

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TY 2015 Other Income Schedule

Name: Baptist Healing Hospital Trust

EIN: 52-2362225

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	7,421		7,421

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TY 2015 Other Liabilities Schedule

Name: Baptist Healing Hospital Trust

EIN: 52-2362225

Description	Beginning of Year - Book Value	End of Year - Book Value
NOTE PAYABLE	1,320,372	1,282,555
pbgc settlement accrual	0	17,000,000

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TY 2015 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	47,761	56		47,248
OTHER PROFESSIONAL FEES	64,036	9,987		45,790
INVESTMENT FEES	139,325	139,325		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319013956

TY 2015 Taxes Schedule

Name: Baptist Healing Hospital Trust

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	40,657	1,863		26,017
federal TAXES	36,600	0		0
Other Investment taxes	635	0		0