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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

**2016**

**Open to Public Inspection**

**For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016**

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)* ▶$ 108,007,954

**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 | 330,477 | 330,477 | | |
| | 4 Dividends and interest from securities | 1,841,941 | 1,841,941 | | |
| | 5a Gross rents | 5,550 | 438 | | |
| | b Net rental income or (loss) 1,613 | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 4,494,821 | | | |
| | b Gross sales price for all assets on line 6a 32,914,306 | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 4,494,821 | | |
| | 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) | 706,407 | 875,317 | | |
| | 12 **Total.** Add lines 1 through 11 | 7,379,196 | 7,542,994 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc | 461,917 | 19,789 | | 299,439 |
| | 14 Other employee salaries and wages | 221,514 | 9,490 | | 143,597 |
| | 15 Pension plans, employee benefits | 76,703 | 3,286 | | 49,723 |
| | 16a Legal fees (attach schedule) | 282,443 | 8,469 | | 205,758 |
| | b Accounting fees (attach schedule) | 21,500 | 645 | | 15,663 |
| | c Other professional fees (attach schedule) | 320,608 | 162,244 | | 149,099 |
| | 17 Interest | 54,642 | 1,715 | | 39,974 |
| | 18 Taxes (attach schedule) (see instructions) | 84,154 | 15,540 | | 29,322 |
| | 19 Depreciation (attach schedule) and depletion | 53,325 | 1,558 | | |
| | 20 Occupancy | 15,342 | 512 | | 10,381 |
| | 21 Travel, conferences, and meetings | 29,730 | 7,237 | | 18,731 |
| | 22 Printing and publications | 2,296 | 61 | | 1,802 |
| | 23 Other expenses (attach schedule) | 1,760,546 | 1,473,927 | | 255,624 |
| | 24 **Total operating and administrative expenses.** Add lines 13 through 23 | 3,384,720 | 1,704,473 | | 1,219,113 |
| | 25 Contributions, gifts, grants paid | 4,835,791 | | | 5,158,327 |
| | 26 **Total expenses and disbursements.** Add lines 24 and 25 | 8,220,511 | 1,704,473 | | 6,377,440 |
| | 27 Subtract line 26 from line 12 | | | | |
| | a **Excess of revenue over expenses and disbursements** | -841,315 | | | |
| | b **Net investment income** (if negative, enter -0-) | | 5,838,521 | | |
| | 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 | 27,877 | 200 | 200 |
| | 2 Savings and temporary cash investments | 2,841,896 | 10,682,020 | 10,682,020 |
| | 3 Accounts receivable ▶ 19,725 | | | |
| | Less allowance for doubtful accounts ▶ | 4,638 | 19,725 | 19,725 |
| | 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 | 13,392 | 13,336 | 13,336 |
| | 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) | 112,216,913 | 95,827,861 | 95,827,861 |
| | 14 Land, buildings, and equipment basis ▶ 1,765,765 | | | |
| | Less accumulated depreciation (attach schedule) ▶ 300,953 | 1,523,827 | 1,464,812 | 1,464,812 |
| | 15 Other assets (describe ▶ ) | | | |
| | 16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I) | 116,628,543 | 108,007,954 | 108,007,954 |
| Liabilities | 17 Accounts payable and accrued expenses | 241,059 | 69,868 | |
| | 18 Grants payable | 3,502,741 | 3,249,457 | |
| | 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 ▶ ) | 18,282,555 | 9,743,484 | |
| | 23 **Total liabilities**(add lines 17 through 22) | 22,026,355 | 13,062,809 | |
| 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 | 94,602,188 | 94,945,145 | |
| | 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) | 94,602,188 | 94,945,145 | |
| | 31 **Total liabilities and net assets/fund balances** (see instructions) | 116,628,543 | 108,007,954 | |

**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 | 94,602,188 |
| 2 | Enter amount from Part I, line 27a | 2 | -841,315 |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | 1,184,272 |
| 4 | Add lines 1, 2, and 3 | 4 | 94,945,145 |
| 5 | Decreases not included in line 2 (itemize) ▶ | 5 | 0 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 94,945,145 |

## 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 | 4,494,821 |
| 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)) |
|---|---|---|---|
| 2015 | 6,976,581 | 118,264,990 | 0 058991 |
| 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 |

| | | | |
|---|---|---|---|
| 2 | **Total** of line 1, column (d) | 2 | 0 258632 |
| 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 051726 |
| 4 | Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 | 4 | 110,569,713 |
| 5 | Multiply line 4 by line 3 | 5 | 5,719,329 |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 58,385 |
| 7 | Add lines 5 and 6 | 7 | 5,777,714 |
| 8 | Enter qualifying distributions from Part XII, line 4 | 8 | 6,377,440 |

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 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 | 58,385 |
| 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 | 58,385 |
| 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 | 58,385 |
| 6 | Credits/Payments | | |
| a | 2016 estimated tax payments and 2015 overpayment credited to 2016 — 6a: 51,829 | | |
| 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 | 51,829 |
| 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 | 6,556 |
| 10 | **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶ | 10 | |
| 11 | Enter the amount of line 10 to be **Credited to 2017 estimated tax** ▶ **Refunded** ▶ | 11 | |

**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 | Yes | |
| 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 | | No |
| 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 2016 or the taxable year beginning in 2016 (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 2016, 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? | | Yes | 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 ▶ | 16 | | No |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

| | | | Yes | No |
|---|---|---|---|---|
| | **File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.** | | | |
| 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 2016? | 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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ 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 2016 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 2016 ).* | 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 2016? | 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<br>2928 SIDCO DR<br>NASHVILLE, TN 37204 | PROGRAM OFFICER<br>40 00 | 75,203 | 17,288 | 0 |
| BETH USELTON<br>2928 SIDCO DR<br>NASHVILLE, TN 37204 | PROGRAM DIR<br>40 00 | 78,886 | 6,782 | 0 |
| CASEY MCCORMICK<br>2928 SIDCO DR<br>NASHVILLE, TN 37204 | OFFICE MANAGER<br>40 00 | 55,000 | 8,616 | 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<br>511 union st ste 2100<br>nashville, TN 37219 | legal | 287,244 |
| | | |
| | | |
| | | |
| | | |
| | | |
| **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<br>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 | 109,230,032 |
| b | Average of monthly cash balances | 1b | 3,023,484 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | **Total** (add lines 1a, b, and c) | 1d | 112,253,516 |
| 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 | 112,253,516 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,683,803 |
| 5 | **Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 110,569,713 |
| 6 | **Minimum investment return.** Enter 5% of line 5 | 6 | 5,528,486 |

**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 | 5,528,486 |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | 2a | 58,385 | | |
| b | Income tax for 2016 (This does not include the tax from Part VI ) | 2b | | | |
| c | Add lines 2a and 2b | | | 2c | 58,385 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | | 3 | 5,470,101 |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0 |
| 5 | Add lines 3 and 4 | | | 5 | 5,470,101 |
| 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 | 5,470,101 |

**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 | 6,377,440 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| 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 | 6,377,440 |
| 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 | 58,385 |
| 6 | **Adjusted qualifying distributions.** Subtract line 5 from line 4 | 6 | 6,319,055 |

**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 2015 | (c) 2015 | (d) 2016 |
|---|---|---|---|---|
| **1** Distributable amount for 2016 from Part XI, line 7 | | | | 5,470,101 |
| **2** Undistributed income, if any, as of the end of 2016 | | | | |
| **a** Enter amount for 2015 only. . . . . | | | 1,449,812 | |
| **b** Total for prior years 20___, 20___, 20___ | | 0 | | |
| **3** Excess distributions carryover, if any, to 2016 | | | | |
| **a** From 2011. . . . . | | | | |
| **b** From 2012. . . . . | | | | |
| **c** From 2013. . . . . | | | | |
| **d** From 2014. . . . . | | | | |
| **e** From 2015. . . . . | | | | |
| **f** **Total** of lines 3a through e. . . . . | 0 | | | |
| **4** Qualifying distributions for 2016 from Part XII, line 4 ▶ $ 6,377,440 | | | | |
| **a** Applied to 2015, but not more than line 2a | | | 1,449,812 | |
| **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 2016 distributable amount. . . . . | | | | 4,927,628 |
| **e** Remaining amount distributed out of corpus | 0 | | | |
| **5** Excess distributions carryover applied to 2016 | 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 2015 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 2017 . . . . . | | | | 542,473 |
| **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 2011 not applied on line 5 or line 7 (see instructions) . . . | 0 | | | |
| **9** **Excess distributions carryover to 2017.** Subtract lines 7 and 8 from line 6a . . . . . | 0 | | | |
| **10** Analysis of line 9 | | | | |
| **a** Excess from 2012. . . . | | | | |
| **b** Excess from 2013. . . . | | | | |
| **c** Excess from 2014. . . . | | | | |
| **d** Excess from 2015. . . . | | | | |
| **e** Excess from 2016. . . . | | | | |

**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 2016, 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) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | |
| **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<br>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*<br>See Additional Data Table | | | | |
| **Total** . . . . . ▶ **3a** | | | | 5,158,327 |
| **b** *Approved for future payment*<br>See Additional Data Table | | | | |
| **Total** . . . . . ▶ **3b** | | | | 1,335,000 |

## 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 | 330,477 | |
| 4 Dividends and interest from securities. . . . | | | 14 | 1,841,941 | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. . . . . | 900099 | 1,712 | | | |
| b Not debt-financed property. . . . . | | | 01 | -99 | |
| 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 | 4,494,821 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a MISCELLANEOUS | 900099 | | 01 | 5,861 | |
| b K-1 Other income | 900099 | -168,910 | 14 | 869,456 | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal Add columns (b), (d), and (e). . | | -167,198 | | 7,542,457 | 0 |
| 13 **Total.** Add line 12, columns (b), (d), and (e). . . . . | | | | 13 | 7,375,259 |

(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**

| | | | |
|---|---|---|---|
| **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? | | **Yes** | **No** |
| **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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

**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

| ****** | 2017-11-14 | ****** |
|---|---|---|
| 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 ) |
|---|---|---|---|
| CFI HIGH QUALITY BOND FUND 38 333 SH | P | | 2016-01-11 |
| CFI MULTI-STRATEGY COMMODITIES FUND 12 315 SH | P | | 2016-01-29 |
| CONTINGENT ASSET PORTFOLIO 38 953 SH | P | | 2016-01-11 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 579 191 SH | P | | 2016-01-29 |
| CFI HIGH QUALITY BOND FUND 30 745 SH | P | | 2016-02-08 |
| CFI MULTI-STRATEGY COMMODITIES FUND 11 517 SH | P | | 2016-02-29 |
| CONTINGENT ASSET PORTFOLIO 38 609 | P | | 2016-02-08 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 544 865 SH | P | | 2016-02-29 |
| VENTURE PARTNERS IX, LP 15000 SH | P | | 2016-02-16 |
| CFI HIGH QUALITY BOND FUND 28 916 SH | P | | 2016-03-08 |

**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) |
|---|---|---|---|
| 402 | | 402 | 0 |
| 69 | | 110 | -41 |
| 388 | | 390 | -2 |
| 7,241 | | 6,188 | 1,053 |
| 326 | | 323 | 3 |
| 64 | | 103 | -39 |
| 389 | | 386 | 3 |
| 6,749 | | 5,821 | 928 |
| 15,000 | | 7,035 | 7,965 |
| 308 | | 303 | 5 |

**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 |
| | | | -41 |
| | | | -2 |
| | | | 1,053 |
| | | | 3 |
| | | | -39 |
| | | | 3 |
| | | | 928 |
| | | | 7,965 |
| | | | 5 |

**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 ) |
|---|---|---|---|
| CFI MULTI-STRATEGY COMMODITIES FUND 12 327 SH | P | | 2016-03-31 |
| CONTINGENT ASSET PORTFOLIO 36 612 SH | P | | 2016-03-08 |
| GLOBAL DISTRESSED INVESTORS 92800 SH | P | | 2016-03-28 |
| INTERNATIONAL PARTNERS VII 30000 SH | P | | 2016-03-14 |
| NATURAL RESOURCES PARTNERS VII 19310 SH | P | | 2016-03-23 |
| PRIVATE EQUITY PARTNERS VIII 30000 SH | P | | 2016-03-07 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 561 89 SH | P | | 2016-03-31 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 101529 059 SH | P | | 2016-03-31 |
| STRATEGIC SOLUTIONS REALTY OPPOR 21333 33 SH | P | | 2016-03-31 |
| CFI MULTI-STRATEGY COMMODITIES FUND 48501 895 SH | P | | 2016-04-29 |

**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) |
|---|---|---|---|
| 71 | | 110 | -39 |
| 368 | | 366 | 2 |
| 92,800 | | 54,677 | 38,123 |
| 30,000 | | 25,142 | 4,858 |
| 19,310 | | 19,162 | 148 |
| 30,000 | | 24,863 | 5,137 |
| 7,401 | | 6,007 | 1,394 |
| 1,337,350 | | 1,085,488 | 251,862 |
| 21,333 | | 15,963 | 5,370 |
| 300,299 | | 433,776 | -133,477 |

**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 | |
| | | | -39 |
| | | | 2 |
| | | | 38,123 |
| | | | 4,858 |
| | | | 148 |
| | | | 5,137 |
| | | | 1,394 |
| | | | 251,862 |
| | | | 5,370 |
| | | | -133,477 |

**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 ) |
|---|---|---|---|
| CONTINGENT ASSET PORTFOLIO 39 183 SH | P | | 2016-04-08 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 535 702 SH | P | | 2016-05-09 |
| CFI HIGH QUALITY BOND FUND 30 145 SH | P | | 2016-05-09 |
| CONTINGENT ASSET PORTFOLIO 38 119 SH | P | | 2016-05-09 |
| PRIVATE EQUITY PARTNERS VIII 18214 SH | P | | 2016-05-31 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 39290 524 SH | P | | 2016-05-31 |
| VENTURE PARTNERS IX, LP 33741 SH | P | | 2016-05-09 |
| CFI HIGH QUALITY BOND FUND 33 196 SH | P | | 2016-06-08 |
| CONTINGENT ASSET PORTFOLIO 39 295 SH | P | | 2016-06-08 |
| GLOBAL DISTRESSED INVESTORS 2486 63 SH | P | | 2016-06-13 |

**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) |
|---|---|---|---|
| 393 | | 392 | 1 |
| 7,105 | | 5,727 | 1,378 |
| 324 | | 317 | 7 |
| 381 | | 381 | 0 |
| 18,214 | | 14,713 | 3,501 |
| 527,879 | | 420,071 | 107,808 |
| 33,741 | | 15,462 | 18,279 |
| 359 | | 349 | 10 |
| 394 | | 393 | 1 |
| 100,000 | | 58,043 | 41,957 |

**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 |
| | | | 1,378 |
| | | | 7 |
| | | | 0 |
| | | | 3,501 |
| | | | 107,808 |
| | | | 18,279 |
| | | | 10 |
| | | | 1 |
| | | | 41,957 |

**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 ) |
|---|---|---|---|
| INTERNATIONAL PARTNERS VII 45000 SH | P | | 2016-06-13 |
| naturaL RESOURCES PARTNERS VIII 45000 sh | P | | 2016-06-06 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 94695 917 SH | P | | 2016-06-30 |
| STRATEGIC SOLUTIONS REALTY OPPOR 27692 31 SH | P | | 2016-06-29 |
| WELLS STREET OFFSHORE 2500 SH | P | | 2016-06-30 |
| CFI HIGH QUALITY BOND FUND 32 275 SH | P | | 2016-07-11 |
| CONTINGENT ASSET PORTFOLIO 38 164 SH | P | | 2016-07-11 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 536 704 SH | P | | 2016-07-29 |
| CFI HIGH QUALITY BOND FUND 33 938 SH | P | | 2016-08-08 |
| CONTINGENT ASSET PORTFOLIO 39 711 SH | P | | 2016-08-08 |

**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) |
|---|---|---|---|
| 45,000 | | 36,375 | 8,625 |
| 45,000 | | 47,292 | -2,292 |
| 1,242,059 | | 1,013,661 | 228,398 |
| 27,692 | | 19,036 | 8,656 |
| 1,965,474 | | 2,500,000 | -534,526 |
| 353 | | 339 | 14 |
| 382 | | 382 | 0 |
| 7,374 | | 5,765 | 1,609 |
| 370 | | 357 | 13 |
| 397 | | 397 | 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 | |
| | | | 8,625 |
| | | | -2,292 |
| | | | 228,398 |
| | | | 8,656 |
| | | | -534,526 |
| | | | 14 |
| | | | 0 |
| | | | 1,609 |
| | | | 13 |
| | | | 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 ) |
|---|---|---|---|
| INTERNATIONAL PARTNERS VII 30000 SH | P | | 2016-08-16 |
| PRIVATE EQUITY PARTNERS VIII 30000 SH | P | | 2016-08-15 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 537 347 SH | P | | 2016-08-31 |
| STRATEGIC SOLUTIONS REALTY OPPOR 48205 13 SH | P | | 2016-08-31 |
| CFI HIGH QUALITY BOND FUND 914 238 SH | P | | 2016-09-09 |
| CONTINGENT ASSET PORTFOLIO 39 655 SH | P | | 2016-09-09 |
| NATURAL RESOURCES PARTNERS VIII 62500 SH | P | | 2016-09-22 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 87667 358 SH | P | | 2016-09-30 |
| STRATEGIC SOLUTIONS REALTY OPPOR 43897 44 SH | P | | 2016-09-30 |
| VENTURE PARTNERS IX, LP 43855 SH | P | | 2016-09-13 |

**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) |
|---|---|---|---|
| 30,000 | | 23,911 | 6,089 |
| 30,000 | | 24,350 | 5,650 |
| 7,428 | | 5,772 | 1,656 |
| 48,205 | | 32,405 | 15,800 |
| 371 | | 357 | 14 |
| 396 | | 396 | 0 |
| 62,500 | | 59,880 | 2,620 |
| 1,213,200 | | 942,448 | 270,752 |
| 43,897 | | 29,510 | 14,387 |
| 43,855 | | 20,468 | 23,387 |

**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 | |
| | | | 6,089 |
| | | | 5,650 |
| | | | 1,656 |
| | | | 15,800 |
| | | | 14 |
| | | | 0 |
| | | | 2,620 |
| | | | 270,752 |
| | | | 14,387 |
| | | | 23,387 |

**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 ) |
|---|---|---|---|
| VENTURE PARTNERS X, LP 51951 SH | P | | 2016-09-27 |
| CFI HIGH QUALITY BOND FUND 33 169 SH | P | | 2016-10-10 |
| CONTINGENT ASSET PORTFOLIO 38 569 SH | P | | 2016-10-10 |
| NATURAL RESOURCES PARTNERS VIII 132874 SH | P | | 2016-10-31 |
| PRIVATE EQUITY PARTNERS VIII 60000 SH | P | | 2016-10-21 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 55741 364 SH | P | | 2016-10-31 |
| CFI HIGH QUALITY BOND FUND 54833 129 SH | P | | 2016-11-30 |
| CONTINGENT ASSET PORTFOLIO 39 83 SH | P | | 2016-11-08 |
| GMO BENCHMARK-FREE ALLOC III 200480 755 SH | P | | 2016-11-30 |
| INTERNATIONAL PARTNERS VII 51804 SH | P | | 2016-11-14 |

**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) |
|---|---|---|---|
| 51,951 | | 36,315 | 15,636 |
| 359 | | 349 | 10 |
| 384 | | 386 | -2 |
| 132,874 | | 127,312 | 5,562 |
| 60,000 | | 46,651 | 13,349 |
| 757,314 | | 599,235 | 158,079 |
| 580,370 | | 578,938 | 1,432 |
| 396 | | 398 | -2 |
| 5,010,014 | | 5,372,950 | -362,936 |
| 51,804 | | 43,119 | 8,685 |

**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 | |
| | | | 15,636 |
| | | | 10 |
| | | | -2 |
| | | | 5,562 |
| | | | 13,349 |
| | | | 158,079 |
| | | | 1,432 |
| | | | -2 |
| | | | -362,936 |
| | | | 8,685 |

**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 ) |
|---|---|---|---|
| NATURAL RESOURCES PARTNERS VIII 219846 SH | P | | 2016-11-15 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 310556 093 SH | P | | 2016-11-30 |
| GLOBAL PRIVATE EQUITY FUND 92000 SH | P | | 2016-12-12 |
| CFI HIGH QUALITY BOND FUND 47470 357 SH | P | | 2016-12-30 |
| CONTINGENT ASSET PORTFOLIO 38 688 SH | P | | 2016-12-08 |
| GMO BENCHMARK-FREE ALLOC III 161263 1 SH | P | | 2016-12-29 |
| GLOBAL DISTRESSED INVESTORS 156000 SH | P | | 2016-12-16 |
| INTERNATIONAL PARTNERS VII 16391 SH | P | | 2016-12-27 |
| NATURAL RESOURCES PARTNERS VIII 90737 SH | P | | 2016-12-15 |
| NATURAL RESOURCES PARTNERS X 51239 SH | P | | 2016-12-21 |

**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) |
|---|---|---|---|
| 219,846 | | 210,643 | 9,203 |
| 4,257,059 | | 3,338,562 | 918,497 |
| 92,000 | | 83,695 | 8,305 |
| 500,414 | | 501,191 | -777 |
| 382 | | 387 | -5 |
| 4,007,388 | | 4,316,828 | -309,440 |
| 156,000 | | 84,504 | 71,496 |
| 16,391 | | 13,285 | 3,106 |
| 90,737 | | 83,758 | 6,979 |
| 51,239 | | 30,937 | 20,302 |

**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 | |
| | | | 9,203 |
| | | | 918,497 |
| | | | 8,305 |
| | | | -777 |
| | | | -5 |
| | | | -309,440 |
| | | | 71,496 |
| | | | 3,106 |
| | | | 6,979 |
| | | | 20,302 |

**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 ) |
|---|---|---|---|
| PRIVATE EQUITY PARTNERS VIII 45000 SH | P | | 2016-12-22 |
| STRATEGIC SOLUTIONS GLOBAL EQUITY 444680 73 SH | P | | 2016-12-30 |
| STRATEGIC SOLUTIONS REALTY OPPOR 55384 62 SH | P | | 2016-12-30 |
| VENTURE PARTNERS IX, LP 50672 SH | P | | 2016-12-12 |
| VENTURE PARTNERS X, LP 17612 SH | P | | 2016-12-16 |
| K-1 Investment S/T Gain/Loss | P | | |
| K-1 Investment L/T Gain/Loss | P | | |
| cfi HIGH QUALITY BOND FUND 30 915 sh | P | | 2016-04-08 |

**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) |
|---|---|---|---|
| 45,000 | | 34,535 | 10,465 |
| 6,212,098 | | 4,780,431 | 1,431,667 |
| 55,385 | | 36,515 | 18,870 |
| 50,672 | | 22,664 | 28,008 |
| 17,612 | | 12,155 | 5,457 |
| | | 1,097,854 | -1,097,854 |
| 3,123,675 | | | 3,123,675 |
| 331 | | 324 | 7 |

**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 | |
| | | | 10,465 |
| | | | 1,431,667 |
| | | | 18,870 |
| | | | 28,008 |
| | | | 5,457 |
| | | | -1,097,854 |
| | | | 3,123,675 |
| | | | 7 |

**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<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| BECKY HARRELL<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | bOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| LANI WILKESON ROSSMAN<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| LARRY DAVIS<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| REV KAKI FRISKICS-WARREN<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| STEWART CLIFTON<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| SCOTT JENKINS<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| CRAIG REED<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | CHAIR<br>1 00 | 0 | 0 | 0 |
| REV KRISTINA BROWN<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| CATHY SELF<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | President & CEO<br>40 00 | 186,275 | 14,531 | 0 |
| KRISTEN KEELY-DINGER<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | VP PRGM & GRANT, CEO<br>40 00 | 146,266 | 14,920 | 0 |
| MATT DEEB<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | CFO<br>40 00 | 129,376 | 11,271 | 0 |
| TOM CURTIS<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| GAIL CARR WILLIAMS<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | VICE CHAIR<br>1 00 | 0 | 0 | 0 |
| W KEY HOLLEMAN<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 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 |
|---|---|---|---|---|
| AILEEN KATCHER<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | SECRETARY/treasurer<br>1 00 | 0 | 0 | 0 |
| MARK FIORAVANTI<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| JOHN WILSON JR<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |
| SUMITA KELLER<br>2928 SIDCO DRIVE<br>NASHVILLE, TN 37204 | BOARD MEMBER<br>1 00 | 0 | 0 | 0 |

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

| Recipient<br>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<br>NASHVILLE, TN 37204 | NONE | puBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 32,000 |
| APHESIS HOUSE INC<br>1522 COMPTON AVE<br>NASHVILLE, TN 37212 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 33,500 |
| ASHLEYS PLACE 315 W SMITH ST<br>GALLATIN, TN 37066 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 17,500 |
| BRIDGES OF WILLIAMSON COUNTY<br>PO BOX 1592<br>FRANKIN, TN 37065 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 45,000 |
| BRIGHTSTONE INC<br>140 SOUTHEAST PARKWAY CT<br>FRANKLIN, TN 37064 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| CAREGIVER RELIEF PROGRAM OF BEDFORD<br>PO BOX 584<br>SHELBYVILLE, TN 37162 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 5,500 |
| CASA OF MAURY COUNTY<br>22 PUBLIC SQUARE STE 2<br>COLUMBIA, TN 38401 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,235 |
| CASA WORKS INC 224 WEST FORT ST<br>MANCHESTER, TN 37355 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 14,500 |
| CATHOLIC CHARITIES OF TENNESSEE<br>10 S 6TH STREET<br>NASHVILLE, TN 37206 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 36,000 |
| CENTER OF HOPE 2441 PARK PLUS DR<br>COLUMBIA, TN 38401 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 69,246 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| cENTERSTONE COMMUNITY MENTAL HEALTH<br>1921 RANSOM PLACE<br>NASHVILLE, TN 37217 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 52,500 |
| CHARIS HEALTH CENTER<br>2620 N MT JULIET RD<br>MT JULIET, TN 37122 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 24,869 |
| CHILD ADVOCACY CENTER FOR THE 23RD<br>PO BOC 468 604 SPRING STREET<br>CHARLOTTE, TN 37036 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 33,898 |
| CHILD CENTER OF THE CUMBERLANDS<br>22510 ALBERTA ST<br>ONEIDA, TN 37841 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 31,008 |
| CHRISTIAN COUNSELING CTR CUMBERLAND<br>348 TAYLOR ST STE 105<br>CROSSVILLE, TN 38555 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| CHRISTIAN WOMENS JOB CORP OF MID TN<br>PO BOX 22388<br>NASHVILLE, TN 37202 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 34,750 |
| COFFEE CTY CHILDRENS ADV CENTER<br>104 N SPRING ST<br>MANCHESTER, TN 37355 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 16,500 |
| COLUMBIA CARES<br>1202 S JAMES CAMPBELL BLVD STE 8B<br>COLUMBIA, TN 38401 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 10,000 |
| COMMUNITY DEVELOPMENT CENTER<br>113 EAGLETTE WAY<br>SHELBYVILLE, TN 37160 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 48,000 |
| CONEXIAN AMERICAS<br>2195 NOLENSVILLE PIKE<br>NASHVILLE, TN 37211 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| COUNSELING AND CONSULTATON CENTERS<br>100 VINE COURT<br>NASHVILLE, TN 37205 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 50,000 |
| COURT APPOINTED SPECIAL ADVOCATES C<br>601 WOODLAND ST<br>NASHVILLE, TN 37206 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| CUMBERLAND CRISIS PREGNANCY CENTER<br>PO BOX 1037<br>HENDERSONVILLE, TN 37077 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 47,000 |
| DISABILITY RIGHTS TENNESSEE<br>2 INTERNATIONAL PLAZA DR STE 825<br>NASHVILLE, TN 37217 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,000 |
| DOMESTIC VIOLENCE PROGRAM<br>2106 EAST MAIN ST<br>MURFREESBORO, TN 37133 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| ELDERS FIRST ADULT DAY SERVICES ASS<br>PO BOX 332966<br>MURFREESBORO, TN 37133 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,000 |
| EXCHANGE CLUB FAMILY CENTER<br>139 THOMPSON LANE<br>NASHVILLE, TN 37211 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 50,000 |
| EXCHANGE CLUB HOLLAND J STEPHENS CT<br>616B N CHURCH ST<br>LIVINGSTON, TN 38570 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| FAITH FAMILY MEDICAL CLINIC<br>326 21ST AVE N<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 65,000 |
| FAMILY AND CHILDRENS SERVICES<br>201 23RD AVE N<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 197,862 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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<br>4414 GRANNY WHITE PK<br>NASHVILLE, TN 37204 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 44,735 |
| GENTRYS EDUCATION CENTER AT THE STO<br>815 GLASS LANE<br>FRANKIN, TN 37064 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 10,000 |
| HAVEN OF HOPE INC PO BOX 1271<br>MANCHESTER, TN 37349 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 4,500 |
| HEARING BRIDGES<br>415 4TH AVE S STE A<br>NASHVILLE, TN 37201 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000 |
| HOPE CLINIC FOR WOMEN<br>1810 HAYES ST<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 35,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| HOPE FAMILY HEALTH SERVICES<br>12124 NEW HIGHWAY 52 W<br>WESTMORELAND, TN 37186 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 124,885 |
| INTERFAITH DENTAL CLINIC OF NASHVIL<br>1721 PATTERSON ST<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 100,000 |
| JUNIORS HOUSE INC 704 W MAPLE ST<br>FAYETTEVILLE, TN 37334 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 15,888 |
| KIDS PLACE A CHILD ADVOCACY CENTER<br>614 WEST POINT RD<br>LAWRENCEBURG, TN 38464 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 22,000 |
| KIPP EAST NASHVILLE PREPARATORY<br>3410 KNIGHT DR<br>NASHVILLE, TN 37027 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 75,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| KYMARI HOUSE INC PO Box 12306<br>murFREESBORO, TN 37129 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 8,710 |
| LEGAL AID SOCIETY OF MID TN<br>CUMBERL<br>300 DEADERICK ST<br>NASHVILLE, TN 37201 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000 |
| MARTHA OBRYAN CENTER INC<br>711 SOUTH SEVENTH ST<br>NASHVILLE, TN 37206 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| MARY PARRISH CENTER PO BOX 60009<br>NASHVILLE, TN 37206 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 42,000 |
| MATTHEW WALKER COMPREHENSIVE HEALTH<br>1035 14TH AVENUE NORTH<br>NASHVILLE, TN 37208 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 34,938 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| MENTAL HEALTH ASSOC OF MID TENNESSE<br>446 METROPLEX DRIVE STE A224<br>NASHVILLE, TN 37211 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 60,000 |
| MENTAL HEALTH CENTERS CLINICS OF TN<br>1997 HIGHWAY 51 SOUTH<br>COVINGTON, TN 38019 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| MENTAL HEALTH COOPERATIVE<br>275 CUMBERLAND BEND DR<br>NASHVILLE, TN 37228 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| MERCY HEALTH SERVICES<br>1113 MURFREESBORO RD STE 319<br>FRANKLIN, TN 37064 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 60,000 |
| MID-CUMBERLAND HUMAN RESOURCE AGENC<br>1101 KERMIT DRIVE STE 300<br>NASHVILLE, TN 37217 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 45,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| MONROE HARDING INC<br>1120 GLENDALE LN<br>NASHVILLE, TN 37204 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000 |
| NAMI TENNESSEE<br>1101 KERMIT DRIVE STE 605<br>NASHVILLE, TN 37217 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| NASHVILLE CARES<br>633 THOMPSON LANE<br>NASHVILLE, TN 37204 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 65,000 |
| NASHVILLE CHILDRENS ALLIANCE<br>1264 FOSTER AVE<br>NASHVILLE, TN 37210 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,000 |
| NASHVILLE CLASSICAL CHARTER SCHOOL<br>1310 ORDWAY PLACE<br>NASHVILLE, TN 37206 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 35,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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 CONFLICT RESOLUTION CENTE<br>4732 W Longdale Drive<br>nashville, TN 37211 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| NASHVILLE DRUG COURT FOUNDATION<br>1300 DIVISION ST STE 107<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 80,000 |
| NASHVILLE INTL CENTER FOR EMPOWERME<br>417 WELSHWOOD DR STE 100<br>NASHVILLE, TN 37211 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 50,000 |
| NASHVILLE SAFE HAVEN FAMILY SHELTER<br>1234 3RD AVE S<br>NASHVILLE, TN 37210 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000 |
| NASHVILLE YOUNG WOMENS CHRISTIAN AS<br>1608 WOODMONT BLVD<br>NASHVILLE, TN 37215 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| NEW BEGINNINGS CENTER<br>509 CRAIGHEAD ST STE 100<br>NASHVILLE, TN 37204 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 32,500 |
| NURSES FOR NEWBORNS OF TN<br>50 VANTAGE WAY SUITE 101<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,000 |
| OASIS CENTER<br>1704 CHARLOTTE AVE SUITE 200<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| OUR KIDS INC 1804 HAYES ST<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 60,000 |
| PREVENT CHILD ABUSE TENNESSEE<br>4721 TROUSDALE DR STE 121<br>NASHVILLE, TN 37220 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 98,950 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| REFUGE CENTER FOR COUNSELING INC<br><br>103 FORREST CROSSINGS BLVD STE 102<br>FRANKLIN, TN 37064 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 103,874 |
| RENEWAL HOUSE<br>3410 CLARKSVILLE PK<br>NASHVILLE, TN 37218 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,000 |
| REST STOP MINISTRIES PO Box 156<br>hermitage, TN 37076 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 7,500 |
| ROCKETOWN OF MIDDLE TENNESSEE<br>601 FOURTH AVE S<br>NASHVILLE, TN 37210 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 40,000 |
| ROOM IN THE INN PO BOX 25309<br>NASHVILLE, TN 37202 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 74,000 |
| **Total 3a** . . . . . ▶ | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| RURAL HEALTH ASSOCIATION OF TENNESS<br>21 NORTH WHITE OAK STREET<br>DECATURVILLE, TN 38329 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| RUTHERFORD PRIMARY CARE HOPE CLINIC<br>1453 HOPE WAY<br>MURFREESBORO, TN 37129 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| SAFE SOLDIERS AND FAMILIES EMBRACED<br>1812 HAYNES ST<br>CLARKSVILLE, TN 37043 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 29,500 |
| SAINT THOMAS HEALTH FOUNDATIONS<br>4220 HARDING RD<br>NASHVILLE, TN 37205 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 146,888 |
| SAINT THOMAS RUTHERFORD FOUNDATION<br>1700 MEDICAL CENTER PARKWAY<br>MURFREESBORO, TN 37128 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 50,234 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| SALVUS CLINIC INC<br>556 HARTSVILLE PIKE STE 200<br>GALLATIN, TN 37066 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 25,000 |
| SEXUAL ASSAULT CENTER<br>101 FRENCH LANDING DR<br>NASHVILLE, TN 37228 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| SHADE TREE CLINIC<br>6134 Medical Center East Vanderbilt Medical Ctr<br>nashville, TN 37212 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 66,847 |
| SILAOM FAMILY HEALTH CENTER<br>820 GALE LANE<br>NASHVILLE, TN 37204 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| SPECIAL KIDS INC 2208 EAST MAIN ST<br>MURFREESBORO, TN 37130 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 48,118 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| STARS NASHVILLE<br>1704 CHARLOTTE AVE STE 200<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| TENNESSEE CHARITABLE CARE NETWORK<br>PO BOX 121371<br>NASHVILLE, TN 372121371 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| TENNESSEE HEALTH CARE CAMPAIGN INC<br>500 INTERSTATE DR STE 231<br>NASHVILLE, TN 37210 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 65,000 |
| TENNESSEE IMMIGRANT AND REFUGEE RIG<br>2195 NOLENSVILLE PIKE<br>nashville, TN 37211 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| TENNESSEE JUSTICE CENTER<br>301 CHARLOTTE AVE<br>NASHVILLE, TN 37201 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 100,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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 JUSTICE FOR OUR Neighbors<br>301 CHARLOTTE AVE<br>nashville, TN 37201 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 20,000 |
| TENNESSEE KIDNEY FOUNDATION<br>95 WHITE BRIDGE ROAD STE 300<br>NASHVILLE, TN 37205 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 31,500 |
| TENNESSEE RESPITE COALITION<br>PO BOX 331337<br>NASHVILLE, TN 37203 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 55,820 |
| TENNESSEE VOICES FOR CHILDREN<br>500 PROFESSIONAL PARK DRIVE<br>GOODLETTSVILLE, TN 37072 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 65,000 |
| THE ARC OF TENNESSEE INC<br>545 MAINSTREAM DR STE 100<br>NASHVILLE, TN 37228 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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<br>NASHVILLE, TN 37202 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| THE SYCAMORE INSTITUTE<br>150 4th ave north ste 1870<br>nashville, TN 37219 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 373,017 |
| THISTLE FARMS INC<br>5122 CHARLOTTE PIKE<br>NASHVILLE, TN 37209 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 70,000 |
| TN COALITION END DOMESTIC SEXUAL VI<br>2 INTERNATIONAL PLAZA DR STE 425<br>NASHVILLE, TN 37217 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 18,840 |
| UNITED CEREBRAL PALSY OF MIDDLE TEN<br>1200 9TH AVENUE NORTH STE 110<br>NASHVILLE, TN 37208 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 24,130 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| UNITED NEIGHBORHOOD HEALTH SERVICES<br>711 MAIN STREET<br>NASHVILLE, TN 37206 | NONE | PuBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERBLE POPULATIONS | 70,000 |
| URBAN HOUSING SOLUTIONS INC<br>822 WOODLAND ST<br>NASHVILLE, TN 37206 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 42,000 |
| VANDERBILT UNIVERSITY OFFICE OF SPO<br>2301 VANDERBILT PLACE<br>NASHVILLE, TN 37240 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 28,126 |
| WELCOME HOME MINISTRIES<br>PO BOX 100183<br>NASHVILLE, TN 37224 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 85,459 |
| Williamscon County Child Advocacy C<br>101 ForREST CROSSING BLVD STE 106<br>frankIN, TN 37064 | nONE | pUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 30,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

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

| Recipient<br>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* | | | | |
| WILLIAMSON CTY CASA INC<br>212 E MAIN STREET<br>FRANKLIN, TN 37064 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 38,500 |
| WILSON COUNTY CASA INC<br>111 CASTLE HEIGHTS AVE<br>LEBANON, TN 37087 | NONE | PUBLIC | TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS | 21,000 |
| **Total . . . . . ▶ 3a** | | | | 5,158,327 |

# TY 2016 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 | 21,500 | 645 | | 15,663 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 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 | 61,661,881 | 61,661,881 |
| PRIVATE CAPITAL/PARTNERSHIPS | FMV | 34,165,980 | 34,165,980 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 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 | 282,443 | 8,469 | | 205,758 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 Other Expenses Schedule

**Name:** Baptist Healing Hospital Trust

**EIN:** 52-2362225

**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| DUES & SUBSCRIPTIONS | 39,886 | 194 | | 31,480 |
| TELECOMMUNICATIONS | 7,174 | 214 | | 5,221 |
| COMPUTER & SMALL EQUIPMENT | 10,939 | 343 | | 7,955 |
| OFFICE SUPPLIES | 12,851 | 338 | | 9,346 |
| POSTAGE | 834 | 101 | | 491 |
| INSURANCE | 13,510 | 375 | | 9,788 |
| MISCELLANEOUS | 2,475 | 30 | | 1,645 |
| TECHNOLOGY SUPPORT | 60,119 | 1,206 | | 48,066 |
| SPECIAL INCENTIVES | 34,162 | 0 | | 34,162 |
| AWARDS & SPONSORSHIPS | 107,470 | 0 | | 107,470 |

**Other Expenses Schedule**

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| K-1 other deductions | 1,471,126 | 1,471,126 | | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 Other Income Schedule

**Name:** Baptist Healing Hospital Trust

**EIN:** 52-2362225

**Other Income Schedule**

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|---|---|---|---|
| MISCELLANEOUS | 5,861 | 5,861 | 5,861 |
| K-1 Other income | 700,546 | 869,456 | 700,546 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 Other Increases Schedule

**Name:** Baptist Healing Hospital Trust

**EIN:** 52-2362225

| Description | Amount |
|---|---|
| NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS | 1,184,272 |

# TY 2016 Other Liabilities Schedule

**Name:** Baptist Healing Hospital Trust

**EIN:** 52-2362225

| Description | Beginning of Year - Book Value | End of Year - Book Value |
|---|---|---|
| NOTE PAYABLE | 1,282,555 | 1,243,484 |
| pbgc settlement accrual | 17,000,000 | 8,500,000 |

# TY 2016 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 | 125,965 | 138 | | 124,663 |
| OTHER PROFESSIONAL FEES | 33,543 | 1,006 | | 24,436 |
| INVESTMENT FEES | 161,100 | 161,100 | | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318026557 |
|---|---|---|

# TY 2016 Taxes Schedule

**Name:** Baptist Healing Hospital Trust

**EIN:** 52-2362225

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|---|---|---|---|
| PAYROLL TAXES | 45,233 | 1,938 | | 29,322 |
| federal TAXES | 25,102 | 0 | | 0 |
| Other Investment taxes | 217 | 0 | | 0 |
| K-1 Foreign Taxes | 13,602 | 13,602 | | 0 |