

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
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation THE HEALING TRUST FORMERLY 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 <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 110,317,627	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	336,073	336,073		
	4 Dividends and interest from securities	1,526,255	1,526,255		
	5a Gross rents	8,713	759		
	b Net rental income or (loss) 4,421				
	6a Net gain or (loss) from sale of assets not on line 10	7,879,001			
	b Gross sales price for all assets on line 6a 27,700,844				
	7 Capital gain net income (from Part IV, line 2)		7,879,001		
	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)	2,324,937	2,305,072			
12 Total. Add lines 1 through 11	12,074,979	12,047,160			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	322,676	17,614		251,270
	14 Other employee salaries and wages	360,704	19,690		280,883
	15 Pension plans, employee benefits	79,731	4,352		62,087
	16a Legal fees (attach schedule)	8,319	371		6,535
	b Accounting fees (attach schedule)	22,250	994		17,478
	c Other professional fees (attach schedule)	155,249	128,022		22,291
	17 Interest	43,942	1,900		32,755
	18 Taxes (attach schedule) (see instructions)	299,519	14,531		35,290
	19 Depreciation (attach schedule) and depletion	47,249	2,098		
	20 Occupancy	14,947	733		11,112
	21 Travel, conferences, and meetings	25,082	3,047		20,540
	22 Printing and publications	485	20		368
	23 Other expenses (attach schedule)	1,803,771	1,454,202		333,654
	24 Total operating and administrative expenses. Add lines 13 through 23	3,183,924	1,647,574		1,074,263
	25 Contributions, gifts, grants paid	3,199,694			3,687,944
26 Total expenses and disbursements. Add lines 24 and 25	6,383,618	1,647,574		4,762,207	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	5,691,361				
b Net investment income (if negative, enter -0-)		10,399,586			
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	200	200	200
	2 Savings and temporary cash investments	10,682,020	2,561,261	2,561,261
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	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	13,336	5,191	5,191
	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)	95,827,861	106,329,072	106,329,072
	14 Land, buildings, and equipment basis ▶ _____ 1,721,129 Less accumulated depreciation (attach schedule) ▶ _____ 299,226	1,464,812	1,421,903	1,421,903
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	108,007,954	110,317,627	110,317,627	
Liabilities	17 Accounts payable and accrued expenses	69,868	55,444	
	18 Grants payable	3,249,457	1,906,108	
	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 ▶ _____)	9,743,484	1,202,868	
	23 Total liabilities (add lines 17 through 22)	13,062,809	3,164,420	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	94,945,145	107,153,207	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	94,945,145	107,153,207		
31 Total liabilities and net assets/fund balances (see instructions) .	108,007,954	110,317,627		

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	94,945,145
2 Enter amount from Part I, line 27a	2	5,691,361
3 Other increases not included in line 2 (itemize) ▶ _____	3	6,516,701
4 Add lines 1, 2, and 3	4	107,153,207
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	107,153,207

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	7,879,001
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))
2016	6,319,055	110,569,713	0.057150
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

2 Total of line 1, column (d)	2	0.276469
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	0.055294
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	101,532,558
5 Multiply line 4 by line 3	5	5,614,141
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	103,996
7 Add lines 5 and 6	7	5,718,137
8 Enter qualifying distributions from Part XII, line 4 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	8	4,762,207

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

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations', and 'Tax based on investment income'. Total amount owed is 32,008, with 32,008 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include: 'Did the foundation attempt to influence any national, state, or local legislation?', 'Did it spend more than \$100 for political purposes?', 'Did the foundation file Form 1120-POL?', etc.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here. ▶			5b
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
				No

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

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

(a) Name and address	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	(e) Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MEREDITH BENTON 2928 SIDCO DR NASHVILLE, TN 37204	SENIOR PROGRAM OFFICER 40 00	106,472	12,852	0
JENNIFER OLDHAM 2928 SIDCO DR NASHVILLE, TN 37204	PROGRAM OFFICER 40 00	73,085	14,098	0
CASEY MCCORMICK 2928 SIDCO DR NASHVILLE, TN 37204	OFFICE MANAGER 40 00	57,746	9,571	0

Total number of other employees paid over \$50,000. **0**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

	Amount
1 Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	100,949,913
b	Average of monthly cash balances.	1b	2,128,826
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	103,078,739
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	103,078,739
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,546,381
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	101,532,558
6	Minimum investment return. Enter 5% of line 5.	6	5,076,628

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	5,076,628
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	207,992
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	207,992
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	4,868,636
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	4,868,636
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	4,868,636

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	4,762,207
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	4,762,207
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	4,762,207

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				4,868,636
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			542,473	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.				
b From 2013.				
c From 2014.				
d From 2015.				
e From 2016.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>4,762,207</u>				
a Applied to 2016, but not more than line 2a			542,473	
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 2017 distributable amount.				4,219,734
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				648,902
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 2012 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2013.				
b Excess from 2014.				
c Excess from 2015.				
d Excess from 2016.				
e Excess from 2017.				

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 2017, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
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 APPLICATION

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				3,687,944
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				1,906,108

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

Part XVII

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...
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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.
Sign Here 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 section containing fields for Preparer's name, Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, and Firm's EIN.

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 25 977 SH	P		2017-01-10
CONTINGENT ASSET PORTFOLIO 40 012 SH	P		2017-01-10
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 473 896 SH	P		2017-02-08
CFI HIGH QUALITY BOND FUND 14 010	P		2017-02-08
CONTINGENT ASSET PORTFOLIO 40 027 SH	P		2017-02-08
STRATEGIC SOLUTIONS GLOBAL EQUITY FUND, LLC 418 017	P		2017-03-08
CFI HIGH QUALITY BOND FUND 12 808 SH	P		2017-03-07
CONTINENT ASSET PORTFOLIO 36 239 SH	P		2017-03-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 459 213 SH	P		2017-04-09
CFI HIGH QUALITY BOND FUN 14 112 SH	P		2017-04-10

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
275		274	1
392		400	-8
6,781		5,099	1,682
149		148	1
393		400	-7
6,179		4,498	1,681
135		135	0
356		362	-6
6,878		4,947	1,931
150		149	1

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1
			-8
			1,682
			1
			-7
			1,681
			0
			-6
			1,931
			1

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)
CONTINENT ASSET PORTFOLIO 40 225 SH	P		2017-04-10
STRATEGIC SOLUTIONS GLOBAL EQUITY,LLC 434 192 SH	P		2017-05-08
CFI HIGH QUALITY BOND FUND 13 760 SH	P		2017-05-07
CONTINENT ASSET PORTFOLIO 42 194 SH	P		2017-05-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 437 722 SH	P		2017-06-07
CFI HIGH QUALITY BOND FUND 14 101 SH	P		2017-06-07
CONTINGENT ASSET PORTFOLIO, LLC 49 864 SH	P		2017-06-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 423 190 SH	P		2017-07-10
CFI HIGH QUALITY BOND FUND 37 148 SH	P		2017-07-10
CONTINGENT ASSET PORTFOLIO 36 206 SH	P		2017-07-10

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
394		401	-7
6,629		4,677	1,952
146		145	1
413		420	-7
6,849		4,715	2,134
152		151	1
491		496	-5
6,632		4,568	2,064
396		397	-1
353		360	-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			(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	
			-7
			1,952
			1
			-7
			2,134
			1
			-5
			2,064
			-1
			-7

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.)
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 425 718 SH	P		2017-08-07
CFI HIGH QUALITY BOND FUND 28 098 SH	P		2017-08-07
CONTIGENT ASSET PORTFOLIO, LLC 37 182 SH	P		2017-08-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 419 724 SH	P		2017-09-10
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 25157 672 SH	P		2017-02-08
NATURAL RESOURCES PARTNERS VIII, LP 62092 00 SH	P		2017-02-13
PRIVATE EQUITY PARTNERS VIII, LP 118712 00 SH	P		2017-02-03
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 1691 337 SH	P		2017-03-08
GLOBAL DISTRESSED INVESTORS LLC 3 48000 00 SH	P		2017-03-23
INTERNATIONAL PARTNERS VII, LP 125959 00 SH	P		2017-03-13

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
6,851		4,595	2,256
301		300	1
365		370	-5
6,811		4,530	2,281
360,000		270,691	89,309
62,092		57,335	4,757
118,712		91,637	27,075
25,000		18,198	6,802
48,000		26,001	21,999
125,959		103,648	22,311

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			2,256
			1
			-5
			2,281
			89,309
			4,757
			27,075
			6,802
			21,999
			22,311

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 X, LP 17482 00 SH	P		2017-03-06
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 16690 173 SH	P		2017-04-09
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 7811 001 SH	P		2017-04-09
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 58949 691 SH	P		2017-04-09
VENTURE PARTNERS IX, LP 42540 00 SH	P		2017-02-28
VENTURE PARTNERS IX, LP 72045 00 SH	P		2017-03-12
VENTURE PARTNERS X, LP 17394 00 SH	P		2017-03-19
SSG REAL OPPORTUNITIES FUND 2014 87384 37 SH	P		2017-04-13
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 32750 947 SH	P		2017-05-08
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 32750 94 SH	P		2017-05-08

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
17,482		14,648	2,834
250,000		179,583	70,417
117,000		84,045	32,955
883,000		634,286	248,714
42,540		19,214	23,326
72,045		32,539	39,506
17,394		12,175	5,219
87,384		76,478	10,906
500,000		352,806	147,194
500,000		352,806	147,194

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			2,834
			70,417
			32,955
			248,714
			23,326
			39,506
			5,219
			10,906
			147,194
			147,194

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, LLC 434 192 SH	P		2017-05-30
NATURAL RESOURCES PARTNERS VIII, LP 66479 00 SH	P		2017-05-29
PRIVATE EQUITY PARTNERS VIII, LP 86421 00 SH	P		2017-05-04
SSG REAL OPPORTUNITIES FUND 2014 212556 58 SH	P		2017-05-14
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 15 64657 SH	P		2017-06-07
CFI HIGH QUALITY BOND FUND 10 66620 SH	P		2017-06-29
CERBERUS OFFSHORE LLOF III, LP 5836 83 SH	P		2017-06-15
GLOBAL DISTRESSED INVESTORS LLC 3 200000 00 SH	P		2017-06-15
INTERNATIONAL PARTNERS VII, LP 166823 00 SH	P		2017-06-15
NATURAL RESOURCES PARTNERS IX, LP 28297 00 SH	P		2017-06-28

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,000,000		1,013,483	-13,483
66,479		58,744	7,735
86,421		63,364	23,057
212,557		178,741	33,816
160,000		110,157	49,843
420,000		420,542	-542
5,837		5,436	401
200,000		103,284	96,716
166,823		136,731	30,092
28,297		23,589	4,708

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			-13,483
			7,735
			23,057
			33,816
			49,843
			-542
			401
			96,716
			30,092
			4,708

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, LP 35000 00 SH	P		2017-06-27
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 15 67245 SH	P		2017-07-10
VENTURE PARTNERS IX, LP 1 00 SH	P		2017-06-20
VENTURE PARTNERS X, LP 19608 00 SH	P		2017-06-25
VENTURE PARTNERS XI 24841 00 SH	P		2017-06-28
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 24854 029 SH	P		2017-08-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 21747 276	P		2017-08-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 15533 768 SH	P		2017-08-07
CCI-SSG GLOBAL PRIVATE EQUITY FUND 20525 00 SH	P		2017-08-10
INTERATIONAL PARTNERS VII, LP 54321 00 SH	P		2017-08-16

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
35,000		30,151	4,849
1,100,000		757,573	342,427
71,406		29,129	42,277
19,608		13,724	5,884
24,841		21,985	2,856
400,000		268,266	131,734
350,000		234,733	115,267
250,000		167,666	82,334
20,525		18,447	2,078
54,321		43,099	11,222

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			4,849
			342,427
			42,277
			5,884
			2,856
			131,734
			115,267
			82,334
			2,078
			11,222

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 IX, LP 67746 00 SH	P		2017-08-08
PRIVATE EQUITY PARTNERS VIII 52281 00 SH	P		2017-08-27
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 9735 956 SH	P		2017-09-10
STRATEGIC SOLUTIONS REALTY OPPORTUNITIES 49846 150 SH	P		2017-08-07
VENTURE PARTNERS IX, LP 71271 00 SH	P		2017-08-24
CCI-SSG GLOBAL PRIVATE EQUITY FUND 140000 00 SH	P		2017-09-21
CFI HIGH QUALITY BOND FUND 36 338 SH	P		2017-09-10
CERBURUS OFFSHORT LLOF III, LP 18062 110 SH	P		2017-09-10
CONTINGENT ASSET PORTFOLIO, LLC 37 194 SH	P		2017-09-10
CONTINGENT ASSET PORTFOLIO, LLC 61051 580 SH	P		2017-09-28

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
67,746		58,633	9,113
52,281		37,914	14,367
158,000		105,087	52,913
49,846		30,279	19,567
71,271		29,518	41,753
14,913		12,834	2,079
393		388	5
18,062		16,567	1,495
366		370	-4
600,000		612,222	-12,222

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			9,113
			14,367
			52,913
			19,567
			41,753
			2,079
			5
			1,495
			-4
			-12,222

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)
GMO BENCHMARK- FREE ALLOC III 731 390 SH	P		2017-09-19
GMO BENCHMARK- FREE ALLOC III 364963 504 SH	P		2017-09-19
GLOBAL DISTRESSED INVESTORS LLC 3 24000 00 SH	P		2017-09-21
NATURAL RESOURCES PARTNERS IX, LP 140000 00 SH	P		2017-09-24
NATURAL RESOURCES PARTNERS X, LP 9735 00 SH	P		2017-09-27
SSG REAL OPPORTUNITIES FUND 2014 170045 270 SH	P		2017-08-31
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 401 191 SH	P		2017-10-08
STRATEGIC SOLUTIONS REALTY OPPORTUNITIES 49846 150 SH	P		2017-09-07
CFI HIGH QUALITY BOND FUND 146 991 SH	P		2017-10-08
CONTIGENT ASSET PORTFOLIO, LLC 36 340 SH	P		2017-10-08

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
20,040		19,579	461
10,000,000		9,769,726	230,274
24,000		11,701	12,299
41,804		36,839	4,965
9,732		8,282	1,450
170,045		140,214	29,831
6,633		4,330	2,303
49,846		30,026	19,820
1,572		1,583	-11
355		362	-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			(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	
			461
			230,274
			12,299
			4,965
			1,450
			29,831
			2,303
			19,820
			-11
			-7

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, LLC 50768 596 SH	P		2017-10-30
NATURAL RESOURCES PARTNERS IX, LP 52500 00 SH	P		2017-10-18
PRIVATE EQUITY PARTNERS VIII 72811 00 SH	P		2017-10-10
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 11870 459 SH	P		2017-11-07
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 409 550	P		2017-11-07
STRATEGIC SOLUTIONS REALTY OPPORTUNITIES 25846 150 SH	P		2017-10-05
VENTURE PARTNERS IX, LP 50139 00 SH	P		2017-10-05
CFI HIGH QUALITY BOND FUND 209 931 SH	P		2017-11-07
CONTINGENT ASSET PORTFOLIO, LLC 29 633 SH	P		2017-11-07
CONTINGENT ASSET PORTFOLIO, LLC 5125 403 SH	P		2017-11-29

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
495,000		505,380	-10,380
20,780		18,482	2,298
72,811		50,355	22,456
200,000		128,342	71,658
6,900		4,428	2,472
25,846		15,569	10,277
50,139		20,766	29,373
2,253		2,261	-8
289		295	-6
50,000		51,021	-1,021

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-10,380
			2,298
			22,456
			71,658
			2,472
			10,277
			29,373
			-8
			-6
			-1,021

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 150435 00 SH	P		2017-11-13
SSG REAL OPPORTUNITIES FUND 2014 134619 170 SH	P		2017-11-09
STRATEGIC SOLUTIONS GLOBAL EQUITY, LLC 391 357 SH	P		2017-12-07
VENTURE PARTNERS IX, LP 92710 00 SH	P		2017-11-05
VENTURE PARTNERS X, LP 174175 00 SH	P		2017-11-08
CCI- SSG GLOBAL PRIVATE EQUITY FUND 108909 00 SH	P		2017-12-20
CCI- SSG GLOBAL PRIVATE EQUITY FUND II, LLC 700000 00 SH	P		2017-12-27
CFI HIGH QUALITY BOND FUND 203 115 SH	P		2017-12-07
CFI HIGH QUALITY BOND FUND 102261 665 SH	P		2017-12-26
CERBERUS OFFSHORE LLOF III, LP 11999 200 SH	P		2017-12-11

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
150,435		105,339	45,096
134,619		108,193	26,426
6,707		4,231	2,476
92,710		38,484	54,226
174,175		118,153	56,022
108,909		92,058	16,851
70,000		48,468	21,532
2,182		2,187	-5
1,100,000		1,101,244	-1,244
11,999		10,784	1,215

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			45,096
			26,426
			2,476
			54,226
			56,022
			16,851
			21,532
			-5
			-1,244
			1,215

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, LLC 22 445 SH	P		2017-12-27
GLOBAL DISTRESSED INVESTORS LLC 3 80000 00 SH	P		2017-12-14
INTERNATIONAL PARTNERS VII, LP 37500 00 SH	P		2017-12-28
NATURAL RESOURCES PARTNERS IX, LP 35916 00 SH	P		2017-12-27
NATURAL RESOURCES PARTNERS VII, LP 79761 00 SH	P		2017-12-20
NATURAL RESOURCES PARTNERS X, LP 35926 00 SH	P		2017-12-20
STRATEGIC SOLUTIONS REALTY OPPORTUNITIES 104615 380 SH	P		2017-12-07
VENTURE PARTNERS IX, LP 41913 00 SH	P		2017-12-03
VENTURE PARTNERS IX, LP 61182 00 SH	P		2017-12-25
K-1 INVESTMENT S/T GAIN/LOSS	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
219		223	-4
80,000		38,686	41,314
37,500		27,692	9,808
35,916		30,007	5,909
79,761		74,648	5,113
35,926		29,917	6,009
104,615		62,006	42,609
41,913		16,575	25,338
61,182		24,194	36,988
1,832,983			1,832,983

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-4
			41,314
			9,808
			5,909
			5,113
			6,009
			42,609
			25,338
			36,988
			1,832,983

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)
K-1 INVESTMENT L/T GAIN/LOSS	P		
STRATEGIC GLOBAL EQUITY, LLC 401 496 SH	P		2017-12-29
STRATEGIC GLOBAL EQUITY LLC 8642 241 SH	P		2017-12-29

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,144,007			3,144,007
6,969		4,348	2,621
150,000		93,582	56,418

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			3,144,007
			2,621
			56,418

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RUTH JOHNSON 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
LANI WILKESON ROSSMANN 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
REV KAKI FRISKICS-WARREN 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
STEWART CLIFTON 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
SCOTT JENKINS 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
CRAIG REED 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
REV KRISTINA BROWN 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
KRISTEN KEELY-DINGER 2928 SIDCO DRIVE NASHVILLE, TN 37204	CEO 40 00	186,576	16,380	0
MATT DEEB 2928 SIDCO DRIVE NASHVILLE, TN 37204	CFO 40 00	133,100	12,653	0
TOM CURTIS 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
GAIL CARR WILLIAMS 2928 SIDCO DRIVE NASHVILLE, TN 37204	CHAIR 1 00	0	0	0
AILEEN KATCHER 2928 SIDCO DRIVE NASHVILLE, TN 37204	SECRETARY 1 00	0	0	0
MARK FIORAVANTI 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
JOHN WILSON JR 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
SUMITA KELLER 2928 SIDCO DRIVE NASHVILLE, TN 37204	VICE CHAIR 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
DR STEPHANIE BAILEY 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
KIM THOMASON 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
BECKY HARRELL 2928 SIDCO DRIVE NASHVILLE, TN 37204	TREASURER 1 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AGAPE4555 TROUSDALE DRIVE NASHVILLE, TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	32,000
AMERICAN HEART ASSOCIATION INC 1818 PATTERSON ST NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,757
APHESIS HOUSE INC 1522 COMPTON AVE NASHVILLE, TN 37212	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	23,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKIN, TN 37065	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	27,000
BUILDING LIVES FOUNDATION PO BOX 210184 NASHVILLE, TN 37221	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	15,000
CAREGIVER RELIEF PROGRAM OF BEDFORD PO BOX 584 SHELBYVILLE, TN 37162	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	5,600
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CASA WORKS INC224 WEST FORT ST MANCHESTER, TN 37355	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	11,021
CATHOLIC CHARITIES OF TENNESSEE 10 S 6TH STREET NASHVILLE, TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,000
CHARIS HEALTH CENTER 2620 N MT JULIET RD MT JULIET, TN 37122	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	24,869
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILD ADVOCACY CENTER FOR THE 23RD PO BOC 468 604 SPRING STREET CHARLOTTE, TN 37036	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	19,976
CHRISTIAN COUNSELING CTR CUMBERLAND 348 TAYLOR ST STE 105 CROSSVILLE, TN 38555	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	7,333
COFFEE CTY CHILDRENS ADV CENTER 104 N SPRING ST MANCHESTER, TN 37355	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	17,635
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONEXIAN AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
CROSSBRIDGE INC 335 MURFREESBORO RD NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,800
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE, TN 37077	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	57,000
Total 3a			▶	3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISABILITY RIGHTS TENNESSEE 2 INTERNATIONAL PLAZA DR STE 825 NASHVILLE, TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
DOMESTIC VIOLENCE PROGRAM 2106 EAST MAIN ST MURFREESBORO, TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
ELDERS FIRST ADULT DAY SERVICES ASS PO BOX 332966 MURFREESBORO, TN 37133	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	7,900
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
END SLAVERY TENNESSEE 50 VANTAGE WAY SUITE 255 NASHVILLE, TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
FAITH FAMILY MEDICAL CLINIC 326 21ST AVE N NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
FAMILY AND CHILDRENS SERVICES 201 23RD AVE N NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FENTRESS COUNTY CHILDRENS CENTER 340 WEST CENTRAL AVE JAMESTOWN, TN 38556	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,000
FRIENDS LIFE COMMUNITY 4414 GRANNY WHITE PK NASHVILLE, TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	44,600
HAVEN OF HOPE INCPO BOX 1271 MANCHESTER, TN 37349	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	4,500
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEARING BRIDGES 415 4TH AVE S STE A NASHVILLE, TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	55,000
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 W WESTMORELAND, TN 37186	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	63,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INSIGHT COUNSELING CENTERS 5501 FRANKLIN PIKE NASHVILLE, TN 37220	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	71,830
INTERFAITH DENTAL CLINIC OF NASHVIL 1721 PATTERSON ST NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
JUNIORS HOUSE INC704 W MAPLE ST FAYETTEVILLE, TN 37334	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS PLACE A CHILD ADVOCACY CENTER 614 WEST POINT RD LAWRENCEBURG, TN 38464	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,000
KIPP EAST NASHVILLE PREPARATORY 3410 KNIGHT DR NASHVILLE, TN 37027	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
MARTHA OBRYAN CENTER INC 711 SOUTH SEVENTH ST NASHVILLE, TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARY PARRISH CENTERPO BOX 60009 NASHVILLE, TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	41,455
MENTAL HEALTH ASSOC OF MID TENNESSE 446 METROPLEX DRIVE STE A224 NASHVILLE, TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
MID-CUMBERLAND HUMAN RESOURCE AGENC 1101 KERMIT DRIVE STE 300 NASHVILLE, TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	50,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MONROE HARDING INC 1120 GLENDALE LN NASHVILLE, TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
MUSCULAR DYSTROPHY ASSOCIATION 783 OLD HICKORY BLVD STE 300W BRENTWOOD, TN 37027	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,770
MUSIC HEALTH ALLIANCE INC 2021 RICHARD JONES ROAD STE 160 NASHVILLE, TN 37215	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAMI TENNESSEE 1101 KERMIT DRIVE STE 605 NASHVILLE, TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
NASHVILLE CARES633 THOMPSON LANE NASHVILLE, TN 37204	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
NASHVILLE CHILDRENS ALLIANCE 1264 FOSTER AVE NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	36,000
Total ▶ 3a				3,687,944


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NASHVILLE CONFLICT RESOLUTION CENTE 4732 W LONGDALE DRIVE NASHVILLE, TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	22,000
NASHVILLE DRUG COURT FOUNDATION 1300 DIVISION ST STE 107 NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	55,000
OASIS CENTER 1704 CHARLOTTE AVE SUITE 200 NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	63,000
Total ▶ 3a				3,687,944

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


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OUR KIDS INC1804 HAYES ST NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	60,000
PARK CENTER801 12TH AVE SOUTH NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
PARTNERS FOR HEALING 109 W BLACKWELL ST TULLAHOMA, TN 37388	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PRESTON TAYLOR MINISTRIES PO BOX 90442 NASHVILLE, TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	19,500
PREVENT CHILD ABUSE TENNESSEE 4721 TROUSDALE DR STE 121 NASHVILLE, TN 37220	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	100,000
PRIMARY CARE AND HOPE CLINIC 1453 HOPE WAY MURFREESBORO, TN 37129	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	63,000
Total 				3,687,944

3a

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REFUGE CENTER FOR COUNSELING INC 103 FORREST CROSSINGS BLVD STE 102 FRANKLIN, TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	55,000
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVE S NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	42,863
ROOM IN THE INNPO BOX 25309 NASHVILLE, TN 37202	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
Total 				3,687,944
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RURAL HEALTH ASSOCIATION OF TENNESS 21 NORTH WHITE OAK STREET DECATURVILLE, TN 38329	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
SAFE SOLDIERS AND FAMILIES EMBRACED 1812 HAYNES ST CLARKSVILLE, TN 37043	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	29,500
Total 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT THOMAS RUTHERFORD FOUNDATION 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37128	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	18,675
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE, TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
ST THOMAS HEALTH SERVICES FUND 4220 HARDING RD NASHVILLE, TN 37205	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STEM PREPARATORY ACADEMY 1162 FOSTER AVENUE NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
SUMNER CHILD ADVOCACY CENTERASHLEYS 315 W SMITH ST GALLATIN, TN 37066	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	18,500
TENNESSEE ASSOCIATION OF ALCOHOL DR 1321 MURFREESBORO PIKE STE 155 NASHVILLE, TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	75,000
Total 3a			▶	3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TENNESSEE CHARITABLE CARE NETWORK PO BOX 121371 NASHVILLE, TN 372121371	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	20,000
TENNESSEE HEALTH CARE CAMPAIGN INC 500 INTERSTATE DR STE 231 NASHVILLE, TN 37210	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
TENNESSEE JUSTICE CENTER 301 CHARLOTTE AVE NASHVILLE, TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	100,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TENNESSEE JUSTICE FOR OUR NEIGHBORS 301 CHARLOTTE AVE NASHVILLE, TN 37201	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	40,000
TENNESSEE PRIMARY CARE ASSOC 710 SPENCE LANE NASHVILLE, TN 37217	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	70,000
TENNESSEE RESPITE COALITION PO BOX 331337 NASHVILLE, TN 37203	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	39,644
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TENNESSEE VOICES FOR CHILDREN 500 PROFESSIONAL PARK DRIVE GOODLETTSVILLE, TN 37072	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	65,000
THE ARC OF TENNESSEE INC 545 MAINSTREAM DR STE 100 NASHVILLE, TN 37228	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	30,000
THE FAMILY CENTER 139 THOMPSON LANE NASHVILLE, TN 37211	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	45,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE SYCAMORE INSTITUTE 150 4TH AVE NORTH STE 1870 NASHVILLE, TN 37219	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	500,000
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	63,000
TUCKERS HOUSE 103 FORREST CROSSINGS BLVD STE 201C FRANKLIN, TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	10,000
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UPPER CUMBERLAND CHILD ADVOCACY CEN 480 S OLD KENTUCKY RD COOKEVILLE, TN 38501	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	21,800
URBAN HOUSING SOLUTIONS INC 822 WOODLAND ST NASHVILLE, TN 37206	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	34,308
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE, TN 37224	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	58,108
Total ▶ 3a				3,687,944

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
WILLIAMSON CTY CASA INC 212 E MAIN STREET FRANKLIN, TN 37064	NONE	PUBLIC	TO EXPAND ACCESS TO COMPASSIONATE HEALTHCARE FOR VULNERABLE POPULATIONS	25,000
Total ▶ 3a				3,687,944

TY 2017 Accounting Fees Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT & TAX SERVICES	22,250	994		17,478

TY 2017 Investments - Other Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	66,313,359	66,313,359
PRIVATE CAPITAL/PARTNERSHIPS	FMV	40,015,713	40,015,713

TY 2017 Legal Fees Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	8,319	371		6,535

TY 2017 Other Expenses Schedule**Name:** THE HEALING TRUST

FORMERLY 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	36,402	822		32,586
TELECOMMUNICATIONS	7,645	331		6,016
COMPUTER & SMALL EQUIPMENT	14,660	581		10,431
OFFICE SUPPLIES	11,867	498		9,384
INSURANCE	11,960	460		9,633
MISCELLANEOUS	2,778	62		1,516
TECHNOLOGY SUPPORT	31,015	534		28,358
SPECIAL INCENTIVES	75,357	0		75,357
AWARDS & SPONSORSHIPS	80,000	0		80,000
K-1 OTHER DEDUCTIONS	1,450,710	1,450,710		0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTANTS AND CONTRACT LABOR	81,377	204		80,373

TY 2017 Other Income Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS	1,696	1,696	1,696
K-1 OTHER INCOME	2,323,241	2,303,376	2,323,241

TY 2017 Other Increases Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Amount
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	5,602,244
PY AUDIT RESTATEMENT ADJUSTMENT	914,457

TY 2017 Other Liabilities Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Beginning of Year - Book Value	End of Year - Book Value
NOTE PAYABLE	1,243,484	1,202,868
PBGC SETTLEMENT ACCRUAL	8,500,000	0

TY 2017 Other Professional Fees Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	28,435	1,208		22,291
INVESTMENT FEES - STATE STREET	106,774	106,774		0
INVESTMENT FEES - GMO	20,040	20,040		0

TY 2017 Taxes Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	45,315	2,474		35,290
FEDERAL TAXES	242,147	0		0
K-1 FOREIGN TAXES	12,057	12,057		0