

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.**
 ▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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) ▶ \$ <u>104,346,116</u>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	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	591,926	591,926		
	4 Dividends and interest from securities	1,338,556	1,326,202		
	5a Gross rents				
	b Net rental income or (loss)	-3,142			
	6a Net gain or (loss) from sale of assets not on line 10	4,682,333			
	b Gross sales price for all assets on line 6a	4,682,333			
	7 Capital gain net income (from Part IV, line 2)		4,682,333		
	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)	1,557,085	1,557,085			
12 Total. Add lines 1 through 11	8,169,900	8,157,546			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	235,008	14,175		195,806
	14 Other employee salaries and wages	296,288	17,872		246,863
	15 Pension plans, employee benefits	98,046	5,914		81,690
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	60,494	2,183		48,943
	17 Interest	40,355	1,449		32,663
	18 Taxes (attach schedule) (see instructions)	141,662	21,457		0
	19 Depreciation (attach schedule) and depletion	41,075	1,475		
	20 Occupancy	12,178	551		12,429
	21 Travel, conferences, and meetings	23,327	5,422		17,416
	22 Printing and publications	1,638	116		1,277
	23 Other expenses (attach schedule)	1,874,356	1,480,031		370,596
	24 Total operating and administrative expenses. Add lines 13 through 23	2,824,427	1,550,645		1,007,683
	25 Contributions, gifts, grants paid	4,936,835			4,936,835
26 Total expenses and disbursements. Add lines 24 and 25	7,761,262	1,550,645		5,944,518	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	408,638				
b Net investment income (if negative, enter -0-)		6,606,901			
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	2,561,261	1,722,069	1,722,069
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	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	5,191	9,075	9,075
	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 ▶ _____ 1,726,198 Less accumulated depreciation (attach schedule) ▶ _____ 337,990	1,421,903	1,388,208	1,388,208
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	106,329,072	101,226,564	101,226,564
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	110,317,627	104,346,116	104,346,116	
Liabilities	17 Accounts payable and accrued expenses	55,444	39,367	
	18 Grants payable	1,906,108	205,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	1,202,868	1,160,763	
	23 Total liabilities (add lines 17 through 22)	3,164,420	1,405,130	
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	107,153,207	102,940,986	
	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)	107,153,207	102,940,986		
31 Total liabilities and net assets/fund balances (see instructions) .	110,317,627	104,346,116		

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	107,153,207
2 Enter amount from Part I, line 27a	2	408,638
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	107,561,845
5 Decreases not included in line 2 (itemize) ▶ _____	5	4,620,859
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	102,940,986

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)
1 a FROM K-1'S	P		2018-12-31
b FROM K-1'S	P		2018-12-31
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 1,721,574			1,721,574
b 2,960,759			2,960,759
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			1,721,574
b			2,960,759
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	4,682,333
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))
2017	4,762,207	101,532,558	0.046903
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

2 Total of line 1, column (d)	2	0.272270
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.054454
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	104,696,207
5 Multiply line 4 by line 3	5	5,701,127
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	66,069
7 Add lines 5 and 6	7	5,767,196
8 Enter qualifying distributions from Part XII, line 4	8	5,944,518

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)

Table with 11 rows for excise tax calculations. Includes categories like 'Exempt operating foundations', 'Domestic foundations that meet the section 4940(e) requirements', and 'Tax based on investment income'. Total amount owed is 85,939.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Questions include '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?' and 'Has the foundation engaged in any activities that have not previously been reported to the IRS?'. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

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

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 or authority over a bank, securities, or other financial account in a foreign country.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements for 2018.

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				Yes	No
(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.			5b		
Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>					
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	6b		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>					
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	7b		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?					
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MEREDITH S BENTON 2928 SIDCO DRIVE NASHVILLE, TN 37204	SENIOR PROGRAM OFFIC 40 00	114,820	9,893	0
JENNIFER M OLDHAM 2928 SIDCO DRIVE NASHVILLE, TN 37204	PROGRAM OFFICER 40 00	80,557	8,519	0
CASEY L MCCORMICK 2928 SIDCO DRIVE NASHVILLE, TN 37204	OFFICE MANAGER 40 00	63,050	8,018	0
CATHERINE SMITH 2928 SIDCO DRIVE NASHVILLE, TN 37204	PROGRAM ASSOCIATE 40 00	57,200	7,550	0
Total number of other employees paid over \$50,000.				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	104,379,375
b	Average of monthly cash balances.	1b	1,911,190
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	106,290,565
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	106,290,565
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,594,358
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	104,696,207
6	Minimum investment return. Enter 5% of line 5.	6	5,234,810

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	5,234,810
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	66,069
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	66,069
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	5,168,741
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	5,168,741
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	5,168,741

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	5,944,518
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	5,944,518
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	66,069
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	5,878,449

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				5,168,741
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			648,902	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>5,944,518</u>				
a Applied to 2017, but not more than line 2a			648,902	
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 2018 distributable amount.				5,168,741
e Remaining amount distributed out of corpus	126,875			
5 Excess distributions carryover applied to 2018 (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	126,875			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
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 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	126,875			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.	126,875			

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

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 DRIVE
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 *ORGANIZATION 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				
b <i>Approved for future payment</i>				
Total ▶ 3b				

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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(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. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 3 columns: Question/Item, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

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) (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

Table for Paid Preparer Use Only with columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Form 990FP 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
MARK BACURIN 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
DR STEPHANIE BAILEY 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
GAIL CARR-WILLIAMS 2928 SIDCO DRIVE NASHVILLE, TN 37204	CHAIR 1 00	0	0	0
TOM CURTIS 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
MARK FIORAVANTI 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
JOSE GONZALEZ 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
AILEEN KATCHER 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
SUMITA KELLER 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
LANI ROSSMAN 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
JOHN WILSON 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
LUTHER WRIGHT JR 2928 SIDCO DRIVE NASHVILLE, TN 37204	TRUSTEE 1 00	0	0	0
KRISTEN KEELY-DINGER 2928 SIDCO DRIVE NASHVILLE, TN 37204	CEO 40 00	197,600	13,271	0
MATT DEEB 2928 SIDCO DRIVE NASHVILLE, TN 37204	CFO 40 00	50,765	6,062	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>				
ASHLEYS PLACE315 W SMITH ST GALLATIN, TN 37066	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	18,500
ASSOCIATION FOR GUIDANCE AID PLACEMENT & EMPATHY 455 TROUSDALE DR NASHVILLE, TN 37204	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	32,000
ASSOCIATION OF INFANT MENTAL HEALTH IN TENNESSEE 446 METROPLEX DR STE A224 NASHVILLE, TN 37211	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	6,500
Total				4,936,835

▶ **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>				
BRIDGES OF WILLIAMSON COUNTY PO BOX 1592 FRANKLIN, TN 37065	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	65,000
BUILDING LIVES FOUNDATION INC PO BOX 210184 NASHVILLE, TN 37221	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,000
CAREGIVER RELIEF PROGRAM OF BEDFORD COUNTY PO BOX 584 SHELBYVILLE, TN 37162	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	7,400
Total ▶ 3a				4,936,835

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 INC 224 WEST FORT ST MANCHESTER, TN 37355	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	14,500
CATHOLIC CHARITIES OF TENNESSEE INC 10 S 6TH STREET NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
CENTER OF HOPE 2441 PARK PLUS DR COLUMBIA, TN 38401	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	80,000
Total				4,936,835

▶ **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>				
CHARIS HEALTH CENTER 2620 N MT JULIET RD MT JULIET, TN 37122	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,000
CHILD ADVOCACY CENTER FOR THE 23RD JUDICAL DISTRICT INC PO BOX 468 604 SPRING STREET CHARLOTTE, TN 37036	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	21,398
CHRISTIAN COUNSELING CENTER OF CUMBERLAND COUNTY 348 TAYLOR ST STE 105 CROSSVILLE, TN 38555	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	9,914
Total ▶ 3a				4,936,835

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>				
COFFEE COUNTY CHILDRENS ADVOCACY CENTER 104 N SPRING ST MANCHESTER, TN 37355	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	17,635
CONEXIAN AMERICAS 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
COURT APPOINTED SPECIAL ADVOCATES 601 WOODLAND ST NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	67,000
Total ▶ 3a				4,936,835

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>				
CROSSBRIDGE INC 335 MURFREESBORO RD NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	39,800
CUMBERLAND CRISIS PREGNANCY CENTER PO BOX 1037 HENDERSONVILLE, TN 37077	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
DOMESTIC VIOLENCE PROGRAM INC 2106 EAST MAIN ST MURFREESBORO, TN 37133	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total				4,936,835

▶ **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>				
DOORS OF HOPE428 E BELL ST MURFREESBORO, TN 37130	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
ELDERS FIRST ADULT DAY SERVICES ASSOCIATION PO BOX 332966 MURFREESBORO, TN 37133	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	10,000
END SLAVERY TENNESSEE 50 VANTAGE WAY SUITE 255 NASHVILLE, TN 37228	NONE	PUBLIC	SLL - 11/05/19 03 51PM WORKSHEET PRIVATE FOUNDATION	30,000
Total				4,936,835

▶ **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>				
EXCHANGE CLUB HOLLAND J STEPHENS CTR PREVENTION OF CHILD ABUSE 616 N CHURCH ST B LIVINGSTON, TN 38570	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	62,000
FAITH FAMILY MEDICAL CENTER 326 21ST AVE N NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
FAMILY AND CHILDRENS SERVICE 201 23RD AVE N NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	166,000
Total				4,936,835

▶ **3a**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
HAVEN OF HOPE INCORPORATED PO BOX 1271 MANCHESTER, TN 37349	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	4,500
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	59,935
HOPE FAMILY HEALTH SERVICES 12124 NEW HIGHWAY 52 W WESTMORELAND, TN 37186	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	88,070
Total				4,936,835

▶ 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>				
INTERFAITH DENTAL CLINIC OF NASHVILLE 1721 PATTERSON ST NASHVILLE, TN 37203	NONE	PUBLIC	SLL - 11/05/19 03 54PM WORKSHEET PRIVATE FOUNDATION	63,000
JUNIORS HOUSE INC704 W MAPLE ST FAYETTEVILLE, TN 37334	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,000
KIDS PLACE A CHILD ADVOCACY CENTER 614 WEST POINT RD LAWRENCEBURG, TN 38464	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	22,000
Total				4,936,835

▶ **3a**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
KIPP NASHVILLE 3410 KNIGHT DR NASHVILLE, TN 37027	NONE	PUBLIC	SLL - 11/05/19 03 56PM WORKSHEET PRIVATE FOUNDATION	40,000
KYMARI HOUSE INC 308 N SPRING ST MURFREESBORO, TN 37130	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	24,500
MARTHA OBRYAN CENTER INC 711 SOUTH SEVENTH ST NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
Total				4,936,835

▶ **3a**

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
MARY PARRISH CENTER PO BOX 60009 NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	38,500
MEDICAL FOUNDATION OF NASHVILLE 3301 WEST END AVE STE 100 NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
MENDING HEARTS INC 4305 ALBION ST NASHVILLE, TN 37209	NONE	PUBLIC	SLL - 11/05/19 03 57PM WORKSHEET PRIVATE FOUNDATION	35,019
Total				4,936,835

▶ **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>				
MENTAL HEALTH ASSOCIATION OF MIDDLE TENNESSEE 446 METROPLEX DR STE A224 NASHVILLE, TN 37211	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	79,488
MENTAL HEALTH CENTERS & CLINICS OF TENNESSEE PO BOX 4755 CHATTANOOGA, TN 37405	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
MERCY HEALTH SERVICES INC 1113 MURFREESBORO RD STE 319 FRANKLIN, TN 37064	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
Total ▶ 3a				4,936,835

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>				
MID-CUMBERLAND HUMAN RESOURCE AGENCY 1101 KERMIT DRIVE STE 300 NASHVILLE, TN 37217	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
MUSIC HEALTH ALLIANCE INC 2021 RICHARD JONES ROAD STE 160 NASHVILLE, TN 37215	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
NASHVILLE CHILDRENS ALLIANCE INC 1264 FOSTER AVE NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total ▶ 3a				4,936,835

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 DRUG COURT FOUNDATION INC 1300 DIVISION ST STE 107 NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	49,500
NASHVILLE SAFE HAVEN FAMILY SHELTER 1234 3RD AVE S NASHVILLE, TN 37210	NONE	PUBLIC	SLL - 11/05/19 04 03PM WORKSHEET PRIVATE FOUNDATION	99,000
NASHVILLE YOUNG WOMENS CHRISTIAN ASSOCIATION 1608 WOODMONT BLVD NASHVILLE, TN 37215	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	126,000
Total ▶ 3a				4,936,835

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>				
NURSES FOR NEWBORNS 50 VANTAGE WAY SUITE 101 NASHVILLE, TN 37228	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	79,038
OASIS CENTER INC 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
OUR KIDS INC 1804 HAYES ST NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	49,500
Total				4,936,835

▶ **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>				
PARTNERS FOR HEALING 109 W BLACKWELL ST TULLAHOMA, TN 37388	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,304
PASTORAL COUNSELING AND CONSULTATION CENTERS OF TENNESSEE 678 BROOK HOLLOW RD NASHVILLE, TN 37205	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
REFUGE CENTER FOR COUNSELING INC 103 FORREST CROSSINGS BLVD STE 102 FRANKLIN, TN 37064	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	49,500
Total ▶ 3a				4,936,835

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>				
RENEWAL HOUSE INC 3410 CLARKSVILLE PIKE NASHVILLE, TN 37218	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	99,000
ROCKETOWN OF MIDDLE TENNESSEE 601 FOURTH AVE S NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
RUTHERFORD COUNTY PRIMARY CARE 1453 HOPE WAY MURFREESBORO, TN 37129	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
Total ▶ 3a				4,936,835

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>				
SAFE SOLDIERS AND FAMILIES EMBRACED INC 1812 HAYNES ST CLARKSVILLE, TN 37043	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	33,200
SAINT THOMAS RUTHERFORD FOUNDATION 1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37128	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	-20,652
SALVUS CLINIC INC 556 HARTSVILLE PIKE STE 200 GALLATIN, TN 37066	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	27,000
Total ▶ 3a				4,936,835

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>				
SEXUAL ASSAULT CENTER 101 FRENCH LANDING DR NASHVILLE, TN 37228	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
SILOAM FAMILY HEALTH CENTER 820 GALE LN NASHVILLE, TN 37204	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	126,000
SPECIAL KIDS INC 2208 E MAIN ST MURFREESBORO, TN 37130	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total ▶ 3a				4,936,835

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>				
STARS NASHVILLE 1704 CHARLOTTE AVE STE 200 NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	126,000
STEM PREPARATORY ACADEMY 1162 FOSTER AVENUE NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	28,500
TENNESSEE ASSOCIATION OF ALCOHOL AND DRUG ABUSE SERVICES INC 1321 MURFREESBORO PIKE STE 155 NASHVILLE, TN 37217	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	75,000
Total ▶ 3a				4,936,835

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 FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,000
TENNESSEE HEALTH CARE CAMPAIGN INC 500 INTERSTATE DR STE 231 NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	65,000
TENNESSEE JUSTICE CENTER INC 301 CHARLOTTE AVE NASHVILLE, TN 37201	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	117,272
Total ▶ 3a				4,936,835

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 PRIMARY CARE ASSOCIATION 710 SPENCE LANE NASHVILLE, TN 37217	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	70,000
TENNESSEE RESPITE COALITION PO BOX 331337 NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
THE FAMILY CENTER INC 139 THOMPSON LANE NASHVILLE, TN 37211	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total ▶ 3a				4,936,835

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 NEXT DOOR402 22ND AVE N NASHVILLE, TN 37203	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	148,250
THISTLE FARMS INC 5122 CHARLOTTE PIKE NASHVILLE, TN 37209	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
UNITED NEIGHBORHOOD HEALTH SERVICES INC 905 MAIN ST NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	126,000
Total ▶ 3a				4,936,835

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 CENTER INC 480 S OLD KENTUCKY RD COOKEVILLE, TN 38501	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	24,000
URBAN HOUSING SOLUTIONS INC 822 WOODLAND ST NASHVILLE, TN 37206	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	39,970
WELCOME HOME MINISTRIES PO BOX 100183 NASHVILLE, TN 37224	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total ▶ 3a				4,936,835

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>				
WILLIAMSON COUNTY CASA INC 212 E MAIN STREET FRANKLIN, TN 37064	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	37,794
WILLIAMSON COUNTY CHILD ADVOCACY CENTER TASK FORCE 101 FORREST CROSSING BLVD STE 106 FRANKLIN, TN 37064	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	70,000
WILSON COUNTY CASA INC 111 CASTLE HEIGHTS AVE LEBANON, TN 37087	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	42,000
Total				4,936,835

▶ **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>				
DISABILITY RIGHTS TENNESSEE 2 INTERNATIONAL PLAZA SUITE 825 NASHVILLE, TN 37217	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER 1035 14TH AVENUE NORTH NASHVILLE, TN 37208	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	63,000
MEN OF VALOR504 VALOR WAY ANTIOCH, TN 37013	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	40,000
Total ▶ 3a				4,936,835

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 605 NASHVILLE, TN 37217	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	20,000
NASHVILLE CARES INC 633 THOMPSON LANE NASHVILLE, TN 37204	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	65,000
PREVENT CHILD ABUSE TENNESSEE 600 HILL AVENUE SUITE 202 NASHVILLE, TN 37210	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	90,000
Total ▶ 3a				4,936,835

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 IMMIGRANT AND REFUGEE RIGHTS COALITION 2195 NOLENSVILLE PIKE NASHVILLE, TN 37211	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	30,000
TENNESSEE VOICES FOR CHILDREN 500 PROFESSIONAL PARK DRIVE GOODLETTSVILLE, TN 37072	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	65,000
THE ARC OF TENNESSEE INC 545 MAINSTREAM DRIVE 100 NASHVILLE, TN 37228	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	30,000
Total ▶ 3a				4,936,835

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 INC 150 4TH AVENUE NORTH SUITE 1870 NASHVILLE, TN 37219	NONE	PUBLIC	TO FURTHER THE EXEMPT PURPOSES OF THE ORGANIZATION	500,000
Total ▶ 3a				4,936,835

TY 2018 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	10,594,779	10,594,779
PRIVATE CAPITAL/PARTNERSHIPS	FMV	90,631,785	90,631,785

TY 2018 Other Decreases Schedule**Name:** THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

EIN: 52-2362225

Description	Amount
UNREALIZED GAINS/LOSSES	4,620,859

TY 2018 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
CONSULTANTS & CONTRACT LABOR	124,027	6,120		107,566
AWARDS & SPONSORSHIPS	75,100	0		75,100
SPECIAL INITIATIVES	73,128	0		73,128
DUES & SUBSCRIPTIONS	45,959	2,696		39,549
TECHNOLOGY SUPPORT SERVICES	46,381	796		42,157
FURNITURE & EQUIPMENT	10,068	361		8,038
SUPPLIES	10,068	357		8,172
INSURANCE	12,178	437		9,857
COMMUNICATIONS	7,456	268		6,035
MISCELLANEOUS	402	17		384

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER DEDUCTIONS - FROM K-1S	1,468,979	1,468,979		0
CONTRIBUTIONS - FROM K-1S	610	0		610

TY 2018 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
OTHER INCOME	1,554,919	1,554,919	1,554,919
ORDINARY INCOME FROM K-1'S	-16,523	-16,523	-16,523
ROYALTY INCOME FROM K-1'S	18,689	18,689	18,689

TY 2018 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	1,202,868	1,160,763

TY 2018 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
PROFESSIONAL FEES	60,494	2,183		48,943

TY 2018 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
FEDERAL TAX	120,205	0		0
FOREIGN TAX PAID - FROM K-1S	21,457	21,457		0