**	EXTENDED TO NOV	•	
Form 990-T	Exempt Organization Bus	siness Income Tax Ret	urn OMB No 1545-0047
,	(and proxy tax und	er section 6033(e))	1912 2019
-	For calendar year 2019 or other tax year beginning	, and ending	<u> </u>
Department of the Treasury	Go to www.irs.gov/Form990T for in		(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service	Do not enter SSN numbers on this form as it may		[DEmployer identification number
A Check box if address changed	Name of organization (Check box if name c	nanged and see instructions.)	(Employees' trust, see instructions)
B Exempt under section	Print FORMERLY BAPTIST HEALI	NG HOSPITAL TRUST	52-2362225
X 501(c)(3 03	or Number, street, and room or suite no. If a P.O. box		E Unrelated business activity code
408(e) 220(e)	Type 2928 SIDCO DRIVE	,, 000 1101 00101	(See Instructions)
408A 530(a)	City or town, state or province, country, and ZIP or	r foreign postal code	
529(a)	NASHVILLE, TN 37204		523920
C Book value of all assets	F Group exemption number (See instructions.)		
115,337,6	17. G Check organization type X 501(c) corp	poration 501(c) trust 4	01(a) trust Other trust
H Enter the number of the	organization's unrelated trades or businesses.	Describe the only (or lin	
	INVESTMENTS	. If only one, complete Part	
	ank space at the end of the previous sentence, complete Pa	arts I and II, complete a Schedule M for each ad	lditional trade or
business, then complete	Parts III-V. the corporation a subsidiary in an affiliated group or a parer	at aubaidian, controlled group?	Yes X No
	nd identifying number of the parent corporation.	it-substituary controlled group?	Tes LAND
	► KRISTEN KEELY-DINGER	Telephone number	▶ 615-284-2683
	Trade or Business Income	(A) Income (B) Exp	
1a Gross receipts or sale			
b Less returns and allow	vances c Balance	1c	
2 Cost of goods sold (S	chedule A, line 7)	2	
3 Gröss prótit. Subtract	line 2 from line 1c	3	
	e (attach Schedule D)	4a 158,001.	158,001.
· · · · ·	4797, Part II, line 17) (attach Form 4797)	4b	
c Capital loss deduction		4c	r 11 -239,134.
	partnership or an S corporation (attach statement)		-239,134.
6 Rent income (Schedu		6 7	
	ed income (Schedule E) valties, and rents from a controlled organization (Schedule F)	8	
	a section 501(c)(7), (9), or (17) organization (Schedule G)	_ <u> </u>	
	/ity income (Schedule I)	10	
	chedule J)	11	
	tructions; attach schedule)	12	
13 Total, Combine lines	3 through 12	13 -81,133.	-81,133.
Part II Deductio	ns Not Taken Elsewhere (See instructions fo	or limitations on deductions.)	
	must be directly connected with the unrelated busin	ness income.)	
	cers, directors, and trustees (Schedule K)		14
15 Salaries and wages	ance Menohed Us Bank . USB		16
16 Repairs and mainten17 Bad debts			17
		· · · · · · · · · · · · · · · · · · ·	18
19 Taxes and licenses	dule) (see instructions) NGV 3 0 2020	· · · · · · · · · · · · · · · · · · ·	19
20 Depreciation (attach		20	
21 Less depreciation cla	imed on Schedule A and elsewhere on return	21a	21b
22 Depletion	TO THE COURT OF TH	4	22
23 Contributions to defe	rred compensation plans		23
24 Employee benefit pro	grams		24
25 Excess exempt expel			25
	sts (Schedule J)		26
27 Other deductions (att			27 0.
	Id lines 14 through 27	A line 20 from Inc. 42	04 4 2 2
	exable income before net operating loss deduction. Subtrac		29 -81,133.
/	erating loss arising in tax years beginning on or after Januai	ann amammann 1	12 30 0.
(see instructions) 31 Unrelated business to		• • •	31 -81,133.
a . Oth oration productions in		<u> </u>	

		THE HEALING TRUST FORMERLY BAPTIST HEALING HOSPI	TAL T	I'R 5	2-2362	225	Page 2
Par		Total Unrelated Business Taxable Income					~~
32	Total b	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		1 3		11,1	33.
33	Amour	nts paid for disallowed fringes		3	3		
34		ible contributions (see instructions for limitation rules)		3	1		0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lin	es 32 and 3	35[3;	5 - 8	1,1	
36			MT. 13				0.
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		7 3	<i>i</i> – 8	1,1	
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	-	\mathcal{S}	3	1,0	00.
39	Unrela	sted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		., Π			
	enter ti	he smaller of zero or line 37		3	3 – 8	1,1	33.
Par	t IV	Tax Computation		1			
40		izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		▶ 40			0.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
		ax rate schedule or Schedule D (Form 1041)	Þ	▶ 41	-		
42		tax. See instructions		▶ 42	2		
43			-	43			
44		Noncompliant Facility Income. See instructions	•	44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
	t V	Tax and Payments			<u> </u>		
		Account (company) and the form 1110 to the character of the company (company) and the character of the chara		\neg	T		
	•	405					
				\dashv	1		
		Il business credit. Attach Form 3800		-			
							
		redits. Add lines 46a through 46d		47			0.
47		ct line 46e from line 45	 ach schedule	· -			
48				·			0.
49		ax. Add lines 47 and 48 (see instructions)		50			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	•• •• ••••	1 30	' 		-••
		nts: A 2018 overpayment credited to 2019					
		stimated tax payments		-	J		
	•	posited with Form 8868		-			
	•	organizations: Tax paid or withheld at source (see instructions)		-	ł		
	•	withholding (see instructions)		-			
		for small employer health insurance premiums (attach Form 8941) 51f					
g		redits, adjustments, and payments: Form 2439			}		
		orm 4136 Other Total ▶ 51g			_		
52	•	ayments. Add lines 51a through 51g		52			
53		ted tax penalty (see instructions). Check if Form 2220 is attached		53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		► <u>54</u>			
55	-	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	🗜	► <u>55</u>			
56		ne amount of line 55 you want: Credited to 2020 estimated tax		► 56	<u> </u>		
Part		Statements Regarding Certain Activities and Other Information (see instruction	ons)				
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				·	
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			•		الميسا
	here	>					X
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?				X
	If "Yes,"	see instructions for other forms the organization may have to file.					j
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲					
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the precit, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my k	nowledg	e and bellef, it is	true,	•
Sign		greet, and complete Declaration of prepare (other than taxpayer) is based on an information of which prepare has any knowledge.	ſ	May the	IRS discuss thi	s return v	with
Here		Kman kulonin- 11.12.20 DCEO			arer shown belo		
		Signature of officer Date Title		instructi	ons)? X Y	es 🗌	No
		Print/Type preparer's name Preparer's signature Date Ch	eck	ıf P	TIN		
Dei-			lf- employe	ed			
Paid		SANDRA L. LONG SANDRA L. LONG 11/10/20	,		P00547	043	
-	Only	<u></u>	irm's EIN	>	62-071	325	0
use	Only	555 GREAT CIRCLE ROAD					
			hone no.	615	-242-7	351	
	01-27-20				Form 9		(0010)

Form 990-T (2019) FORMERLY BAPTIST HEALING HOSPITAL TRUST 52-2362225

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A	1	<u> </u>			
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6	Ĺ	
2 Purchases	. 2		7	Cost of goods sold. S	ubtract i	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,]	
4a Additional section 263A costs			7	line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	1263A (\	with respect to		Yes	No
b Other costs (attach schedule)	. 4b		_	property produced or a	acquired	I for resale) apply to			_
5 Total. Add lines 1 through 4b	5			the organization?	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Pe	rsonal Property	Lease	ed With Real Pro	pert	y) 	
1. Description of property								•	
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued			•	24 1-			
(a) From personal property (if the personal property is mon 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percent property exceeds 50% or if led on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected (b) (cted with the Incomo (attach schedule)	e in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		<u> </u>	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del			netn	ictions)	<u> </u>	Parti, inte e, column (b)			
Concado E Cinciatos Do	<u> </u>	111001110 (300		2. Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)									
(2)							\bot		
(3)					L				
(4)							<u> </u>		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5	reportable (column (column 6		8. Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	enmulo:	
(1)	<u> </u>		<u> </u>	%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A).		Enter here and on pa Part I, line 7, column	-
Totals						0			0.
Total dividends-received deductions in	cluded in column								0.
								Form 990-	T (2019)

Schedule F - Interest,	Annuitie	s, Royalt	ies, ar					zatio	ns (see in	structio	ns)	
				Exempt (Controlled O	rganızat	ions					
1. Name of controlled organizat	tion	2. Empl identifica numbi	ition		elated income instructions)		tal of specified ments made	includ	rt of column 4 ded in the con zation's gross	troiling	6. Deductions directly connected with income in column 5	
(1)	· ·					-	<u>.</u>	-				
(2)											· · · · · · · · · · · · · · · · · · ·	
(3)	•									1		
(4)			· · ·	<u> </u>								
Nonexempt Controlled Organi	zations	*		 				<u> </u>				
7. Taxable Income		nrelated income see Instructions)	(loss)	9. Total o	of specified payi made	nents	10. Part of colui in the controlli gross	mn 9 tha ing orga income	nization's		reductions directly connected th income in column 10	
(1)					——————————————————————————————————————							
(2)					 					<u> </u>	······	
_(3)												
(4)										<u> </u>		
	•	,		•			Add colun Enter here and line 8, c		e 1, Part I,	l	here and on page 1, Part I, line 8, column (B).	
Totals						▶			0.		0.	
Schedule G - Investme		me of a S	ection	501(c)(7	7), (9), or	(17) Or	ganization)				
(see instr	uctions)						0		<u> </u>		T = =	
1. Descr	iption of inco	me			2. Amount of	Income	 Deduction directly connected (attach sched) 	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)												
				ļ	Enter here and o Part I line 9, co	lumn (A)	и съд е къд тех т. т.	itive ~o	, marian Galak Mil Cara - Milos C	B HIMOTI CD	Part I, line 9, column (B)	
Totals				<u>▶</u>		0.					0.	
Schedule I - Exploited (see instru		Activity I	ncom	e, Other	Than Ad	vertisi	ng Income)				
	0 -		3. Exc	enses	4. Net Incom		5				7. Excess exempt	
Description of exploited activity	2. G unrelated income trade or t	business e from	directly c with pro of unre business	onnected duction elated	from unrelated business (co minus columi gain, compute through	lumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelate business inco 	hat ed	6. Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)	
(1)		·	· · · · · · · · · · · · · · · · · · ·			1				<u>-</u> , .		
(2)						1						
(3)						Ì						
(4)						i						
Totals	Enter her page 1, line 10,	, Parti,	Enter her page 1 line 10,	, Part I,	A TOTAL TO A SECOND SEC	รูเล่าเครื่อง เมื่อสาร	ng ^P endan ngang Lucia at Mase	An ta	ស្តី (ស្ត្រីស្តី ភូមិការ	15-11-5	Part II line 25.	
Schedule J - Advertisir	na Incor		truction				•				I	
Part I Income From F					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Adverti or (loss) (co col 3), if a ga cols, 5 th	l 2 minus in, comput	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)	····											
(2)											-a. 's t	
(3)			1			11						
(4)					1							
Totals (carry to Part II, line (5))	•	0		0	•						0.	

Form **990-T** (2019)

Form 990-T (2019) FORMERLY BAPTIST HEALING HOSPITAL TRUST Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

1. Name of periodical	2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1					
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col. (B).		ŕ	,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K -	Compensation	of Officers, Directo	rs, and i	Trustees	(see instructions)

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		.	0.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11
DESCRIPTION	NET INCOME OR (LOSS)
CF STRATEGIC SOULUTIONS REAL ESTATE OPPORTUNITY FUND 2014, LP - ORDINARY BUS	-8,512.
CF STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - ORDINARY BUSINESS CF STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP -	-702.
NET RENTAL REAL E CF STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP -	-1,339.
INTEREST INCOME CF STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP - CF STRATEGIC SOLUTIONS RE OP FUND C/O THE TOWNSEND GROUP -	822.
DIVIDEND INCOME CF STRATEGIC SOLUTIONS RE OF FUND C/O THE TOWNSEND GROUP -	21.
OTHER INCOME (LOS CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	59.
II, L ORDINARY CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	-1,106.
II, L NET RENTA CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	-414.
II, L OTHER NET CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	178.
II, L INTEREST CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	5,165.
II, L DIVIDEND CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	2,190.
II, L ROYALTIES CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	40.
II, L OTHER POR CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND	7,854.
II, L OTHER INC CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	-31,523.
LP - ORDINARY BUS CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	1,954.
LP - NET RENTAL R CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	-1.
LP - OTHER NET RE CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	2.
LP - INTEREST INC CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	4,841.
LP - DIVIDEND INC CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	543.
LP - ROYALTIES CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	80.
LP - OTHER PORTFO CF CAPITAL STRATEGIC SOLUTIONS GLOBAL PRIVATE EQUITY FUND,	929.
LP - OTHER INCOME CF GLOBAL DISTRESSED INVESTORS, LLC - ORDINARY BUSINESS	-12,537.
INCOME (LOSS) CF CAPITAL VENTURE PARTNERS X, LP - ORDINARY BUSINESS	-9.
INCOME (LOSS)	-1,454.

THE HEALING TRUST FORMERLY BAPTIST HEALI	52-2362225
CF CAPITAL VENTURE PARTNERS X, LP - INTEREST INCOME CF CAPITAL VENTURE PARTNERS X, LP - OTHER INCOME (LOSS)	40.
CF CAPITAL VENTURE PARTNERS X, LP - OTHER INCOME (LOSS)	-465.
CF CAPITAL VENTURE PARTNERS IX, L.P ORDINARY BUSINESS	
INCOME (LOSS)	-1,265.
CF CAPITAL VENTURE PARTNERS IX, L.P NET RENTAL REAL ESTATE INCOME CF CAPITAL VENTURE PARTNERS IX, L.P INTEREST INCOME CF CAPITAL VENTURE PARTNERS IX, L.P DIVIDEND INCOME CF CAPITAL VENTURE PARTNERS IX, L.P OTHER INCOME (LOSS)	3
CE CADIMAL VENULEE DADWARDS IN I.D INTEREST INCOME	44.
CE CAPITAL VENTURE PARTNERS IX, L.P DIVIDEND INCOME	13.
CF CAPITAL VENTURE PARTNERS IX. L.P OTHER INCOME (LOSS)	-952.
CF CAPITAL SECONDARY PARTNERS 2015, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-6,056.
CF CAPITAL SECONDARY PARTNERS 2015, L.P NET RENTAL REAL	•
ESTATE INCOME	-1.
CF CAPITAL SECONDARY PARTNERS 2015, L.P OTHER NET	
RENTAL INCOME (LOSS)	3.
CF CAPITAL SECONDARY PARTNERS 2015, L.P INTEREST INCOME	5,685.
CF CAPITAL SECONDARY PARTNERS 2015, L.P DIVIDEND INCOME	665.
CF CAPITAL SECONDARY PARTNERS 2015, L.P ROYALTIES	50.
RENTAL INCOME (LOSS) CF CAPITAL SECONDARY PARTNERS 2015, L.P INTEREST INCOME CF CAPITAL SECONDARY PARTNERS 2015, L.P DIVIDEND INCOME CF CAPITAL SECONDARY PARTNERS 2015, L.P ROYALTIES CF CAPITAL SECONDARY PARTNERS 2015, L.P OTHER PORTFOLIO INCOME (LOSS)	204
INCOME (LOSS)	394.
CF CAPITAL SECONDARY PARTNERS 2015, L.P OTHER INCOME	-4,783.
(LOSS)	-4,763.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P ORDINARY	2,813.
BUSINESS INCOME (LO CF CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P INTEREST	2,013.
INCOME	570.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P DIVIDEND	370.
INCOME	348.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P OTHER	
PORTFOLIO INCOME (LOSS	973.
CF CAPITAL PRIVATE EQUITY PARTNERS VIII, L.P OTHER	
INCOME (LOSS)	-5,026.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - ORDINARY	
BUSINESS INCOME (LO	13,201.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - NET RENTAL	
REAL ESTATE INCOM	19.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - OTHER NET	_
RENTAL INCOME (LOS	7.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - INTEREST	71
INCOME	71.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - DIVIDEND	2.
INCOME	927.
CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - ROYALTIES CF CAPITAL NATURAL RESOURCES PARTNERS VIII LP - OTHER	341.
INCOME (LOSS)	-51,748.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P ORDINARY	31/,101
BUSINESS INCOME (LO	40,388.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P NET RENTAL	20,000
REAL ESTATE INCOM	3.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P OTHER NET	
RENTAL INCOME (LOS	97.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P INTEREST	
INCOME	545.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P DIVIDEND	
INCOME	67.

THE HEALING TRUST FORMERLY BAPTIST HEALI	52-2362225
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P ROYALTIES	2,076.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P OTHER PORTFOLIO INCOME (LOSS	-10.
CF CAPITAL NATURAL RESOURCES PARTNERS X, L.P OTHER INCOME (LOSS)	-53,472.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS	117,623.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - NET RENTAL REAL ESTATE INCOME	1.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER NET RENTAL INCOME (LOSS)	-317.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - INTEREST INCOME	951.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - DIVIDEND INCOME	4.
CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - ROYALTIES CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER	329.
PORTFOLIO INCOME (LOSS) CF CAPITAL NATURAL RESOURCES PARTNERS IX LP - OTHER INCOME	-2,882.
(LOSS) CF CAPITAL INTERNATIONAL PARTNERS - ORDINARY BUSINESS	-189,977.
INCOME (LOSS)	651.
CF CAPITAL INTERNATIONAL PARTNERS - INTEREST INCOME	62.
CF CAPITAL INTERNATIONAL PARTNERS - DIVIDEND INCOME	2.
CF CAPITAL INTERNATIONAL PARTNERS - OTHER PORTFOLIO INCOME	4.
(LOSS) CF CAPITAL VENTURE PARTNERS XII, L.P INTEREST INCOME	90.
CF CAPITAL VENTURE PARTNERS XII, L.P OTHER PORTFOLIO	50.
INCOME (LOSS)	2.
CF CAPITAL VENTURE PARTNERS XII, L.P OTHER INCOME	
(LOSS)	-4,917.
CF CAPITAL VENTURE PARTNERS XII, LP - ORDINARY BUSINESS	
INCOME (LOSS)	-38.
CF CAPITAL VENTURE PARTNERS XII, LP - INTEREST INCOME	277. 103.
CF CAPITAL VENTURE PARTNERS XII, LP - DIVIDEND INCOME CF CAPITAL VENTURE PARTNERS XII, LP - OTHER PORTFOLIO	103.
INCOME (LOSS)	57.
CF CAPITAL VENTURE PARTNERS XII, LP - OTHER INCOME (LOSS)	-19,009.
CF CAPITAL NATURAL RESOURCES PARTNERS XI LP - ORDINARY	
BUSINESS INCOME (LOSS	-22,974.
CF CAPITAL NATURAL RESOURCES PARTNERS XI LP - OTHER NET	·
RENTAL INCOME (LOSS)	3.
CF CAPITAL NATURAL RESOURCES PARTNERS XI LP - INTEREST	
INCOME	41.
CF CAPITAL NATURAL RESOURCES PARTNERS XI LP - ROYALTIES	3,992.
CF CAPITAL NATURAL RESOURCES PARTNERS XI LP - OTHER INCOME	21 720
(LOSS)	-31,739.
CF PRIVATE CREDIT FUND 2018, LP - ORDINARY BUSINESS INCOME (LOSS)	296.
CF CAPITAL VENTURE PARTNERS XI,LP - ORDINARY BUSINESS	250.
INCOME (LOSS)	-158.
CF CAPITAL VENTURE PARTNERS XI, LP - INTEREST INCOME	61.
CF CAPITAL VENTURE PARTNERS XI, LP - DIVIDEND INCOME	36.
CF CAPITAL VENTURE PARTNERS XI, LP - OTHER PORTFOLIO INCOME (LOSS)	11.

THE HEALING TRUST FORMERLY BAPTIST HEALI									
CF CAPITAL VENTURE PARTNERS XI,LP - OTHER INCOME (LOSS) TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5									
									NET
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR						
8,170.	0.	8,170.	8,170.						
R AVAILABLE THIS	YEAR	8,170.	8,170.						
NET	OPERATING LOSS	DEDUCTION	STATEMENT 13						
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR						
39,219. 73,684. 44,023. 122,109.	0. 0. 0.	39,219. 73,684. 44,023. 122,109.	39,219. 73,684. 44,023. 122,109. 167,198.						
	NET SS SUSTAINED 39,219. 73,684. 44,023.	LOSS PREVIOUSLY APPLIED 39,219. 0. 73,684. 0. 44,023. 0. 122,109. 0.	NET OPERATING LOSS DEDUCTION LOSS PREVIOUSLY LOSS REMAINING 39,219. 0. 39,219. 73,684. 0. 73,684. 44,023. 122,109. 0. 122,109.						

446,233.

446,233.

NOL CARRYOVER AVAILABLE THIS YEAR

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

➤ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

➤ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE HEALING TRUST FORMERLY BAPTIST HEALING HOSPITAL TRUST

52-2362225

Did the corporation dispose of any investm	ent(s) ın a qualified opportu	nity fund during the tax y	/ear?		. ▶ L Yes L.X.i No
If "Yes," attach Form 8949 and see its instr			r gain or loss.		
Part I Short-Term Capital Ga	ains and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	In 19.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g) 	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			and an approximate the contract of the contrac	agair agus sa	
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					<u> </u>
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					F 404
Form(s) 8949 with Box C checked	<u> </u>		<u></u>		5,481.
4 Short-term capital gain from installment sale		7.		4	
5 Short-term capital gain or (loss) from like-kii	-			5	
6 Unused capital loss carryover (attach compu				6	[(
7 Net short-term capital gain or (loss). Combin			···	7	5,481.
Part II Long-Term Capital Ga	ins and Losses (See i	nstructions.)	···		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(0) Adjustments to gal or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g))	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked		<u></u>	1		
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on				:	02 540
Form(s) 8949 with Box F checked			J		83,548.
11 Enter gain from Form 4797, line 7 or 9				11	68,972.
12 Long-term capital gain from installment sale		7		12	
13 Long-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			13	
14 Capital gain distributions				14	450 500
15 Net long-term capital gain or (loss). Combin		nh		15	152,520.
Part III Summary of Parts I an					<u> </u>
16 Enter excess of net short-term capital gain (I				16	5,481.
17 Net capital gain. Enter excess of net long-teri			:7)	17	152,520.
18 Add lines 16 and 17. Enter here and on Form				40	1 69 007
Note: If losses exceed gains, see Capital Lo		oper line on other returns	1	18	158,001.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

LHA

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

THE HEALING TRUST

FORMERLY BAPTIST HEALING HOSPITAL TRUST

Social security number or taxpayer identification no.

52-2362225

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transact transactions, see page 2. Note: You may aggregate al							adulatmenta ar					
codes are required. Enter the	e totals directly on	Schedule D, line 1	a; you aren't requir	ed to report these tran	sactions or	n Form 8949 (see ins	tructions).					
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one b	ox. If more than one to	oox applies for your shes, complete as many	ort-term transactions, con forms with the same box	nplete a sepa checked as v	rate Form 8949, page 1, ou need.	for each applicable box.					
(A) Short-term transactions re												
(B) Short-term transactions re	ported on Form(s) 1099-B showii	ng basis wasn't i	reported to the IRS								
(C) Short-term transactions no	ot reported to yo	u on Form 1099-	В									
Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	column (i). See msauchons.		Gain or (loss). Subtract column (e) from column (d) &					
								(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)		
								CF CAPITAL				
					STRATEGIC							
SOLUTIONS GLOBAL												
PR							1,315.					
CF CAPITAL												
STRATEGIC												
SOLUTIONS GLOBAL												
PR							294.					
CF CAPITAL VENTURE												
PARTNERS X, LP							<1.					
CF CAPITAL												
SECONDARY PARTNERS												
2015, L.P.							717.					
CF CAPITAL PRIVATE												
EQUITY PARTNERS												
VIII,				<u> </u>			<18.					
CF CAPITAL NATURAL		<u>-</u>										
RESOURCES PARTNERS												
<u>x</u> ,				<u> </u>			2,184.					
CF CAPITAL NATURAL												
RESOURCES PARTNERS				<u> </u>		l						
IX				<u> </u>			17.					
CF CAPITAL				<u> </u>								
INTERNATIONAL				<u> </u>								
PARTNERS				<u> </u>			<444.					
CF CAPITAL VENTURE				<u> </u>		·	<u></u>					
PARTNERS XII, L.P.							33.					
CF CAPITAL VENTURE												
PARTNERS XII, LP							720.					
CF CAPITAL VENTURE												
PARTNERS XI,LP							664.					
				ļ								
2 Totals. Add the amounts in column	nns (d), (e), (g), a	nd (h) (subtract										
negative amounts). Enter each to	tal here and inclu	ide on your										
Schedule D, line 1b (if Box A abo	ve is checked), l	ine 2 (if Box B]								
above is checked), or line 3 (if Bo	x C above is ch	ecked)		<u> </u>			5,481.					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Social security number or taxpayer identification no.

THE HEALING TRUST FORMERLY BAPTIST HEALING HOSPITAL TRUST

52-2362225

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box ctions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (a) (c) loss. If you enter an amount Gain or (loss). Proceeds Date sold or Cost or other Description of property Date acquired in column (g), enter a code in column (f). See instructions. Subtract column (e) (sales price) basis. See the (Example: 100 sh. XYZ Co.) disposed of (Mo., day, yr.) from column (d) & Note below and (Mo., day, yr.) combine the result see *Column (e*) ın Amount of Code(s) with column (g) the instructions adjustment CF STRATEGIC SOLUTIONS RE OP 112. FUND C/O TH CF CAPITAL STRATEGIC SOLUTIONS GLOBAL 45,221. PR CF CAPITAL STRATEGIC SOLUTIONS GLOBAL 11,470. PR CF CAPITAL NATURAL RESOURCES PARTNERS 2,733. VΙ $\overline{\mathtt{CF}}$ CAPITAL NATURAL RESOURCES PARTNERS <452.× CF CAPITAL NATURAL RESOURCES PARTNERS 52. IX CF CAPITAL INTERNATIONAL <807.> **PARTNERS** CF CAPITAL VENTURE 4,371. PARTNERS XII, L.P. CF CAPITAL VENTURE 6,853. PARTNERS XII, LP CF CAPITAL VENTURE 13,995. PARTNERS XI, LP 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (If Box D above is checked), line 9 (If Box E 83,548.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2019)

above is checked), or line 10 (if Box F above is checked)