See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

6601 ROCKHILL ROAD

City or town, state or country, and ZIP + 4

KANSAS CITY, MO 64131

EXTENSION ATTACHED

D Employer identification number 23-7432481

E Telephone number (816) 276-7555

G Gross receipts $ 871,459.

F Name and address of principal officer BECKY SCHAID
6601 ROCKHILL ROAD KANSAS CITY, MO 64131

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BTLLF.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation. 2003 **M** State of legal domicile MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE SUPPORT IN THE GREATER KANSAS CITY ARE FOR CRISIS RELATED MEDICAL ASSISTANCE, NEIGHBORHOOD SCHOOL HEALTH GRANTS, AND HEALTH EDUCATION PROGRAMS AND SERVICES.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5 Total number of employees (Part V, line 2a)	5	6
6 Total number of volunteers (estimate if necessary)	6	40
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	19,488,686.	198,462.
	9 Program service revenue (Part VIII, line 2g)	21,345.	7,485.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,933,216.	-710,035.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,451.	-5,581.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,598,266.	-509,669.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	912,273.	1,297,394.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	233,022.	246,819.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,132,142.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	376,405.	411,058.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,521,700.	1,955,271.
	19 Revenue less expenses Subtract line 18 from line 12	16,076,566.	-2,464,940.
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	29,539,112.	34,189,848.
	21 Total liabilities (Part X, line 26)	433,288.	910,051.
	22 Net assets or fund balances Subtract line 21 from line 20	29,105,824.	33,279,797.

RECEIVED
AUG 23 2010
OGDEN, UT
IRS-OSC

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

X Signature of officer — X Date 8-15-10

Thomas J. Bash Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 8/10/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions) P00642974
Firm's name (or yours if self-employed), address, and ZIP + 4	HOUSE PARK & DOBRATZ, P.C. 605 W 47TH STREET, SUITE 301 KANSAS CITY, MO 64112	EIN ▶	43-1562209
		Phone no ▶	816-931-3393

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

JSA
9E1010 1 000

917

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code.) (Expenses $ 576,783. including grants of $ 427,094) (Revenue $)
KANSAS CITY'S MEDICINE CABINET - EMERGENCY MEDICAL ASSISTANCE. SEE ATTACHED DISCUSSION OF PROGRAM ACCOMPLISHMENTS.

4b (Code) (Expenses $ 214,844 including grants of $ 46,299.) (Revenue $)
MEDICAL EDUCATION - ANNUAL CONFERENCE FOR MEDICAL PROFESSIONALS. OTHER EDUCATION PROGRAMS INCLUDE RESIDENT EDUCATION, PATIENT EDUCATION, SCHOLARSHIPS FOR NURSING AND RESPIRATORY THERAPY STUDENTS. SEE ATTACHED INFORMATION.

4c (Code) (Expenses $ 831,446. including grants of $ 824,001.) (Revenue $)
COMMUNITY HEALTH AND OTHER PROGRAMS - SEE ATTACHED INFORMATION

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,623,073.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 4 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
a	Enter the number of voting members of the governing body	1a	24		
1b	Enter the number of voting members that are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 *Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest* policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ BECKY SCHAID 6601 ROCKHILL ROAD KANSAS CITY, MO 64131
816-276-7555

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER GIESCHEN CHAIR	4.00	X		X				0.	0.	0.
BETTE CROES VICE CHAIR	4.00	X		X				0.	0.	0.
SARA COLT SECRETARY	4.00	X		X				0.	0.	0.
THOMAS BASH TREASURER	4.00	X		X				0.	0.	0.
DR. JAMES EARNEST DIRECTOR	1.00	X						0.	0.	0.
VIRGINIA COPPINGER DIRECTOR	1.00	X						0.	0.	0.
DR. JANE RUES IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
DR. ROBERT DURIE DIRECTOR	1.00	X						0.	0.	0.
CAROLINE FRENCH DIRECTOR	1.00	X						0.	0.	0.
SARA GOODBURN DIRECTOR	1.00	X						0.	0.	0.
DR. FREDERICK HARTWIG DIRECTOR	1.00	X						0.	0.	0.
NEAL JONES DIRECTOR	1.00	X						0.	0.	0.
DON KING DIRECTOR	1.00	X						0.	0.	0.
MARTI LEE DIRECTOR	1.00	X						0.	0.	0.
SANDY MITCHELL DIRECTOR	1.00	X						0.	0.	0.
JACKIE POWELL DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. STEVE SALANSKI DIRECTOR	1.00	X						0.	0.	0.
DR. BOB SMITH DIRECTOR	1.00	X						0.	0.	0.
DON STEELE DIRECTOR	1.00	X						0.	0.	0.
DR. JACK STELMACH DIRECTOR	1.00	X						0.	0.	0.
AL TIKWART DIRECTOR	1.00	X						0.	0.	0.
DR. DAVID TILLEMA DIRECTOR	1.00	X						0.	0.	0.
CHERYL ANDERSON DIRECTOR	1.00	X						0.	0.	0.
SCOTT WAGNER DIRECTOR	1.00	X						0.	0.	0.
BECKY SCHAID EXECUTIVE DIRECTOR	40.00			X	X	X		107,640.	0.	20,602.
1b Total ▶								107,640.	0.	20,602.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 23-7432481

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c 47,993.				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 150,469.				
	g Noncash contributions included in lines 1a-1f $ 10,595.				
	h Total. Add lines 1a-1f ▶	198,462.			
Program Service Revenue		Business Code			
	2a MEDICAL EDUCATION SEMINAR FEES		7,485.	7,485.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶	7,485.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5 ▶	627,865.			627,865.
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0.			
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶	0.			
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses 1,337,900				
	c Gain or (loss) -1,337,900				
	d Net gain or (loss) ▶	-1,337,900.			-1,337,900
	8a Gross income from fundraising events (not including $ 47,993. of contributions reported on line 1c) ATCH 6				
	See Part IV, line 18 a 13,982.				
	b Less direct expenses b 43,228				
	c Net income or (loss) from fundraising events ATCH 7 ▶	-29,246.			
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶	0.			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶	0			
	Miscellaneous Revenue	Business Code			
	11a INCREASE IN CASH SURRENDER VALUE OF LIFE		18,527.		18,527.
	b CHANGE IN VALUE OF CRAT		5,138.		5,138.
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶	23,665			
	12 Total Revenue. See instructions ▶	-509,669	7,485		-686,370.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	799,609.	799,609.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	497,785.	497,785.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	128,242.	57,709.	25,648.	44,885.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	91,044.	66,855.	15,267.	8,922.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,274.	4,846.	714.	714.
9 Other employee benefits	6,112.	6,036.	38.	38.
10 Payroll taxes	15,147.	8,991.	2,432.	3,724.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	18,950.	2,018.	16,932.	
c Accounting	13,509.		13,509.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	100,417.		100,417.	
g Other	156,147.	114,137.	681.	41,329.
12 Advertising and promotion	0.			
13 Office expenses	1,668.	412.	1,256.	
14 Information technology	10,520.	514.	3,417.	6,589.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	2,713.	2,273.	220.	220.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	30,772.	27,489.	2,385.	898.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,798.		6,798.	
23 Insurance	4,464.		4,464.	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES AND SUBSCRIPTIONS	4,467.	4,100.	367.	
b PRINTING, POSTAGE & PROMOTIO	31,828.	11,257.	1,342.	19,229.
c AGENCY ALLOCATION	14,571.	14,571.		
d DONOR CULTIVATION AND RECOGN	6,296.	702.		5,594.
e EDUCATION AND SEMINARS	1,090.	1,090.		
f All other expenses	6,848.	2,679.	4,169.	
25 **Total functional expenses.** Add lines 1 through 24f	1,955,271.	1,623,073.	200,056.	132,142.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	5,482,508.	2	2,178,541.
	3	Pledges and grants receivable, net	125,200.	3	56,104.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	14,812.	9	4,740.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 24,814.			
	b	Less: accumulated depreciation — 10b: 20,395.	11,217.	10c	4,419.
	11	Investments - publicly traded securities ATCH 9	16,877,990.	11	24,404,780.
	12	Investments - other securities See Part IV, line 11	6,353,442.	12	6,848,795.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	673,943.	15	692,469.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	29,539,112.	16	34,189,848.
Liabilities	17	Accounts payable and accrued expenses	23,934.	17	20,827.
	18	Grants payable	364,825.	18	848,916.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	44,529.	25	40,308.
	26	**Total liabilities.** Add lines 17 through 25	433,288.	26	910,051.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	22,435,061.	27	26,461,866.
	28	Temporarily restricted net assets	4,210,297.	28	4,336,938.
	29	Permanently restricted net assets	2,460,466.	29	2,480,993.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	29,105,824.	33	33,279,797.
	34	Total liabilities and net assets/fund balances	29,539,112.	34	34,189,848.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ *Separate basis* ☐ *Consolidated basis* ☐ *Both consolidated and separate basis*			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION	23-7432481

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	254,227.	203,885.	234,982.	687,850.	150,469.	1,531,413.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	254,227	203,885.	234,982	687,850.	150,469.	1,531,413.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,000
6 **Public support.** Subtract line 5 from line 4						1,511,413

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	254,227.	203,885	234,982	687,850.	150,469	1,531,413.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	374,921.	388,409.	412,510.	555,652.	544,079	2,275,571.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH. 1		7,368	100			7,468.
11 **Total support.** Add lines 7 through 10						3,814,452
12 Gross receipts from related activities, etc (see instructions)					12	215,930.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	39.62 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	43.75 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME		7,368.	100.			7,468.
TOTALS		7,368.	100.			7,468.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0	
2	Aggregate contributions to (during year)	0.	
3	Aggregate grants from (during year)	36,096.	
4	Aggregate value at end of year	0.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- [ ] Preservation of land for public use (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶$ _____

8 *Does each conservation easement reported on line 2(d) above satisfy the requirements of section* 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and *balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes* the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) *Revenues included in Form 990, Part VIII, line 1* ▶$ _____

(ii) Assets included in Form 990, Part X ▶$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the *following amounts required to be reported under SFAS 116 relating to these items:*

a Revenues included in Form 990, Part VIII, line 1 ▶$ _____

b Assets included in Form 990, Part X ▶$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solici t or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,421,728	4,175,777			
b Contributions	830,331.	203,972.			
c Net investment earnings, gains, and losses	276,090.	-532,786.			
d Grants or scholarships	96,328.	324,272.			
e Other expenditures for facilities and programs	126,565.	100,963			
f Administrative expenses					
g End of year balance	4,305,256.	3,421,728.			

2 Provide the estimated percentage of the y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,814.	20,395.	4,419.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				4,419.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other HEDGE FUNDS	6,054,919.	FMV
BENEFICIAL INTEREST IN TRUST	793,876.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	6,848,795.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
CRAT LIABILITY	40,308.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	40,308.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-509,669.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,955,271.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,464,940.
4	Net unrealized gains (losses) on investments	4	6,638,913.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	6,638,913.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,173,973.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	6,026,931.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	6,638,913.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	6,638,913.
3	Subtract line 2e from line 1			3	-611,982.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,313.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	102,313.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	-509,669.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,852,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,852,958.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	102,313.		
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	102,313.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	1,955,271.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number
23-7432481

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 PRIDE OF KC TIP (event type)	(b) Event #2 (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	61,975.			61,975.
	2 Less. Charitable contributions	47,993.			47,993.
	3 Gross income (line 1 minus line 2)	13,982.			13,982.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	21,258.			21,258.
	8 Entertainment	20,257.			20,257.
	9 Other direct expenses	1,713.			1,713.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(43,228.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-29,246.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain.			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in.			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ _____			
	Address ▶ _____			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____.			
c	If "Yes," enter name and address of the third party:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶$ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER KANSAS CITY 3100 BROADWAY ST, SUITE 1020	44-0546002	501(C)(3)	30,000.				ARTHRITIS PROGRAM
SERVICE PARTNERS ORGANIZATION 2316 EAST MEYER BLVD KANSAS CITY, MO 64132	30-0163090	501(C)(3)	36,096.				HEALTH CARE GRANTS
SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	14,017				MEDICAL EQUIPMENT
SAMUEL U. ROGERS HEALTH CENTER 825 EUCLID KANSAS CITY, MO 64124	43-0899356	501(C)(3)	14,017.				MEDICAL EQUIPMENT
KANSAS CITY FREE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	14,017				MEDICAL EQUIPMENT
UNIVERSITY ACADEMY 6801 HOLMES ROAD KANSAS CITY, MO 64131	43-1867721	501(C)(3)	625,000				HEALTH CLINIC ON SIT
UMKC DENTAL SCHOOL 650 E 25TH STREET KANSAS CITY, MO 64108	43-6003859	501(C)(3)	50,000.				DENTAL CARE FOR SPEC NEEDS PATIENTS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 12

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMERGENCY MEDICAL ASSISTANCE	2,164	427,094.			
MEDICAL EDUCATION	828	46,167.			
OTHER ASSISTANCE AND GRANTS	8	5,108.			
RESPIRATORY AND NURSING SCHOLARSHIPS	6	19,416.			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS REVIEW AND APPROVAL PROCESS

SCHEDULE I PART I LINE 2

THERE IS A HEALTH EDUCATION COMMITTEE OF THE BOARD THAT REVIEWS ALL GRANT REQUESTS AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE AND THE FULL BOARD. GRANTEES ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS. THE FOUNDATION MAINTAINS FILES ON ALL OPEN AND COMPLETED GRANTS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

ATTACHMENT 2

990 REVIEW PROCESS

PART VI SECTION A LINE 11A

THE 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR AND EXECUTIVE COMMITTEE OR TREASURER.

COMPENSATION EVALUATION

PART VI SECTION B LINE 15-

SALARY COMPARISONS OF PEOPLE IN SIMILAR POSITIONS WERE PRESENTED TO PERSONNEL COMMITTEE TO ASSIST IN DETERMINING COMPENSATION. PERSONNEL COMMITTEE GIVES RECOMMENDATION TO EXECUTIVE COMMITTEE FOR APPROVAL.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

PART VI SECTION C LINE 19

DOCUMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE SUPPORT IN THE GREATER KANSAS CITY AREA FOR CRISIS RELATED MEDICAL ASSISTANCE, NEIGHBORHOOD SCHOOL HEALTH GRANTS, AND HEALTH EDUCATION PROGRAMS AND SERVICES.
TO SEEK PHILANTHROPIC SUPPORT FOR THESE AREAS OF EMPHASIS.
TO CONTINUE THE TRADITION AND RELIGIOUS HERITAGE OF THE FOUNDERS AND DONORS OF BAPTIST MEDICAL CENTER AND TRINITY LUTHERAN HOSPITAL AND

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THEIR FOUNDATIONS.

ATTACHMENT 4

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

IRELAND

CAYMAN ISLANDS

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS FROM INVESTMENTS	627,865.			627,865.
TOTALS	627,865.			627,865.

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
COUNTRY CONCERT	47,993.
TOTAL	47,993.

ATTACHMENT 7

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

ATTACHMENT 7 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
COUNTRY CONCERT	13,982.	43,228.	-29,246.
TOTALS	13,982.	43,228.	-29,246.

ATTACHMENT 8

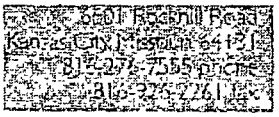
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	4,740.
TOTALS	4,740.

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS & ETF - FIXED INC	7,167,068.	FMV
MUTUAL FUNDS & ETF - EQUITY	6,038,121.	FMV
US GOVERNMENT AND AGENCY SEC	737,957.	FMV
CORPORATE BONDS	653,290.	FMV
COMMON STOCK	9,808,344.	FMV
TOTALS	24,404,780.	



Education

L.A. Hollinger, M.D. Scholarship

The L A. Hollinger, M D. Scholarship was established to honor Dr. Hollinger's contributions as a physician, educator, and colleague. The scholarship promotes his strong commitment to education with an emphasis on continually improving patient care and supporting future nurses and respiratory therapists. The scholarship is awarded to those who are currently pursuing a Nursing or Respiratory Therapy undergraduate or graduate degree

Dr. Hollinger received his medical degree, did his residency and was a fellow at Kansas University School of Medicine. In 1967 he joined the staff of Baptist Medical Center Through the years, Dr Hollinger made significant personal and professional contributions not only to Baptist Medical Center but to the community as well

Among those accomplishments:

- Founder and director of the Department of Pulmonary Medicine, 1967-1991
- Founder and director of Johnson County Community College School of Respiratory Therapy, 1967-1991
- President of Baptist Medical Center Medical Staff, 1978-1979
- Vice-president of Medical Affairs at Baptist Medical Center, 1992-1993
  Awards:
  - Baptist Medical Center Physician of the Year, 1977
  - Baptist Medical Center Teacher of the Year, 1980 and 1986

It is our desire that the recipients of this scholarship continue Dr Hollinger's spirit and dedication to the delivery of quality patient care.

Back

You Can Make a Difference

The BTL Legacy Foundation depends on the donations of people like you to help us continue to meet the healthcare needs of our community. Click below to make a difference today!

contribute ▶

Scholarship Application

L.A. Hollinger, M.D. Scholarship

GENERAL INFORMATION

- Scholarships will be awarded only to those currently enrolled in an accredited Nursing or Respiratory Therapy program.
- Scholarships for Nursing students will be for tuition assistance and will be sent directly to the college of the recipient's choice.
- Scholarships for Respiratory Therapy students will be for payment to the National Board for Respiratory Care for the applicant to take the Certified Respiratory Test (CRT) and the Registered Respiratory Test (RRT). Tests must be taken within 18 months from date of NBRC eligibility.
- Nursing applicants do not need to submit this application. Your Trinity Lutheran Scholarship application will be used instead.
- All applications must be submitted or postmarked by May 15th.

QUALIFICATIONS

1. All applicants must have a cumulative GPA of 2.5.
2. All nursing applicants must be a recipient of a Trinity Lutheran Hospital School of Nursing Alumnae Scholarship for the current year.
3. Respiratory Therapy applicants must be enrolled in the Respiratory Therapy program at either Johnson County Community College or the University of Kansas.

L.A. HOLLINGER, M.D. SCHOLARSHIP

APPLICATION

Mr. ❑ Mrs. ❑ Ms. ❑

Name _____
Last First Middle

Address: _____
Street Apt. City State/Zip

Phone: (_____) _____ (_____) _____
Home Work

Email Address: _____

School/College you currently attend: _____
(or anticipated graduation date)

Cumulative GPA _____ Anticipated date of graduation: _____

Current/Previous Education *(Please attach official transcript)*

Institution	Area of Specialty/Degree	Date Graduated

Work Experience for past five years *(List most current position first)*

Employer	Dates	Position/Specialty

Professional or Community Memberships/Activities

Organization	Year	Position/Activity

L.A. Hollinger, M.D. Scholarship

References: Provide a minimum of two references, which may include, but are not limited to faculty, counselors or supervisors. Each reference should send a personal letter of reference DIRECTLY to **Baptist-Trinity Lutheran Legacy Foundation, 6601 Rockhill Road Kansas City, MO, 64131.** Each letter of reference must include the author's relationship to the applicant.

Name	Address	City/State/Zip	Phone	Years Known

PLEASE ENCLOSE OFFICIAL TRANSCRIPTS PLUS A PERSONAL STATEMENT WHICH SHOULD ADDRESS:

- **Reason(s) for applying for scholarship**
- **Reason(s) for selecting nursing or respiratory therapy as a career**
- **Career objectives upon graduation or licensing**

FOR ALL APPLICANTS:
I certify that the statements made in this application packet are correct to the best of my knowledge. Any falsification may result in a forfeiture of the scholarship. I understand that the committee may verify any or all statements in this application. Additional information may be requested at a later date as per the discretion of the selection committee. The award will be made with no regard to race, age, sex, disability, religion or national origin.

Signature _____ Date application submitted _____

REMINDER
APPLICATION MUST BE SUBMITTED OR POSTMARKED BY MAY 15th

Please submit all necessary information to:

Baptist-Trinity Lutheran Legacy Foundation
6601 Rockhill Road
Kansas City, MO 64131
(816) 276-7555

For more information this and other scholarships, please visit our website: www.btllf.org

6601 Rockhill Road
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2761 fax

Education

Trinity Lutheran School of Nursing Alumnae Scholarship

Trinity Lutheran Hospital School of Nursing provided the highest quality education for nurses for over 65 years. The School of Nursing Alumnae are committed to preserving the history of Trinity Lutheran Hospital School of Nursing and supporting the future of the nursing profession.

The Trinity Lutheran Hospital School of Nursing Alumnae Scholarship fund was established to assist those pursuing a career in nursing (such as undergraduate, advanced degree, etc) who need financial assistance

Applications, with accompanying documentation, must be received in the Foundation office by May 1, 2011 to be considered for the 2011/2012 academic year.

This Scholarship Fund is Perpetuated Through the Generosity Of The Following:

- The Clara Hagg Tischer Bequest (1930)
- The Arthur S. Peck Bequest
- The Edith Webster Witmer Bequest (1937)
- The Geneva Anderson Nursing Education Fund (1950)
- The Bob and Joy Cottrell Charitable Fund (1945)
- The Norma Miller Lero Memorial Fund (1951)
- The Education and Education Assistance Funds of Baptist-Trinity Lutheran Legacy Foundation
- The Florence Gallimore Nursing Fund
- The Edwin John Yentzer Trust
- The Roger DeWitt Trust
- The Robert C. Rhoades Trust
- The J. Roger DeWitt Trust
- The Service Partners Organization
- Alumnae of the Trinity Lutheran Hospital School of Nursing

Back

You Can Make a Difference

The BTL Legacy Foundation depends on the donations of people like you to help us continue to meet the healthcare needs of our community Click below to make a difference today!

contribute ▸

Scholarship Application

Trinity Lutheran Hospital School of Nursing Alumnae Nursing Scholarship Fund

QUALIFICATIONS FOR SCHOLARSHIP

1. Be a student currently enrolled in an accredited RN school of nursing or in an accredited higher education nursing program.

2. Have completed at least one semester at an accredited school.

3. The applicant must be a full or part-time student and the course work must be continuous.

4. Applicants must have a cumulative GPA of 2.5.

Note: If the recipient does not complete the semester for which the scholarship was awarded, reimbursement of the money will be required.

APPLICATION PROCEDURE:

1. Applications for the scholarship must be received by May 1st.

2. Each applicant is eligible for one scholarship per semester, if the qualifications are met.

3. Applications may be obtained from the Baptist-Trinity Lutheran Legacy Foundation office, by calling 816-276-7555, or on the website *www.btllf.org.*

4. A copy of the applicant's previous year's official transcript (for previous course work) must accompany this application.

5. Scholarship recipients who apply for second semester assistance will be asked to provide documentation of the successful completion of first semester course work.

6. Renewal of the scholarship is possible each year for those who reapply and meet the criteria.

7. The scholarship will be paid to the school.

8. The number of scholarships and amounts granted will be determined by the Trinity Lutheran Hospital School of Nursing Alumnae Scholarship Committee.

9. All Trinity Scholarship recipients will automatically be considered for the L.A. Hollinger, M.D. Scholarship. For details visit *www.btllf.org.*

TRINITY LUTHERAN HOSPITAL SCHOOL OF NURSING
ALUMNAE SCHOLARSHIP FUND APPLICATION

Name _____ Address _____
Last First Middle Street

City _____ State/Zip _____

Phone: Home: _____ Work: _____ Email: _____

CURRENT STATUS: _____

_____

CURRENT/PREVIOUS EDUCATION *(Please attach a list of pertinent course work and grade obtained)*

Institution | Area of Specialty/Degree | Date Graduated

_____

_____

_____

PREVIOUS WORK EXPERIENCE *(Past five years – list most current position first)*

Employer | Dates | Position/Specialty

_____

_____

_____

_____

PROFESSIONAL OR COMMUNITY MEMBERSHIPS/ACTIVITIES

Organization | Year | Position/Activity

_____

_____

REFERENCES

(Provide three (3) references, which may include, but are not limited to, faculty, counselors or supervisors. Each reference should send a personal letter of reference directly to Baptist-Trinity Lutheran Legacy Foundation, 6601 Rockhill Road, Kansas City, MO 64131.)

Name | Address City/State/Zip | Phone | Years Known | Relationship to Applicant

_____

_____

_____

Trinity Lutheran Hospital School of Nursing Alumnae Nursing Scholarship Fund

School/College you currently attend_____

Hours of study completed _____ Area of study _____

Anticipated date of graduation_____ Current GPA _____

State amount of other scholarships received, tuition reimbursement, etc.

_____

PLEASE ATTACH A ONE-PAGE TYPED STATEMENT WHICH INCLUDES THE FOLLOWING:
A. Briefly state your reasons for applying for this scholarship
B. Future plans relating to your nursing career.

I certify that the above statements are correct to the best of my knowledge. Additional information may be requested at a later date as per the discretion of the scholarship committee. The award will be made with no regard to race, age, sex, disability, religion or national origin. I also understand that should I not maintain a 2.5 GPA, a full or part time student status in a medically-related formal curriculum or drop out of school, I will be obligated to reimburse the fund for all or part of the scholarship monies awarded.

Signature _____ Date application submitted _____

SUBMIT APPLICATION, REFERENCES AND ATTACHMENTS TO:
Baptist-Trinity Lutheran Legacy Foundation
6601 Rockhill Road • Kansas City, Missouri 64131
(816) 276-7555

For more information on this and other scholarships, please visit our website: www.btllf.org

Education

Orear Institute for Post-Graduate Medical Studies

This annual symposium provides the opportunity to learn about recent advances in medicine from leading experts. Held annually, the conference is interactive and encourages lively interaction between attendees and speakers.

The Institute hosts the conference for the benefit of

- **practicing physicians**
- **physician assistants**
- **advanced nurse practitioners**

Sessions focus on recent controversies within each topic to be addressed. An emphasis is placed on areas undergoing dramatic change in treating common outpatient problems and hospital care.

Back

You Can Make a Difference

The BTL Legacy Foundation depends on the donations of people like you to help us continue to meet the healthcare needs of our community. Click below to make a difference today!

contribute ▶

Registration:

23rd Annual Course
June 24-25, 2010

INSTITUTE

orear

RECENT ADVANCES IN MEDICINE

OREAR
INSTITUTE
FOR POST GRADUATE STUDIES

23RD ANNUAL COURSE

JUNE 24-25, 2010

INTERCONTINENTAL KANSAS CITY AT THE PLAZA
401 WARD PARKWAY
KANSAS CITY, MISSOURI 64112

Presented by
The Orear Institute of
Baptist-Trinity Lutheran Legacy Foundation
Kansas City, Missouri

RECENT ADVANCES IN MEDICINE

CONFERENCE REGISTRATION
JUNE 24-25, 2010

Name & Degree_____

Address _____

City/State/Zip_____ Office Phone _____

Office Fax_____ E-Mail_____

Specialty _____

Fees include continental breakfast, breaks, luncheon, name badge & syllabus (hard copy and CD). A $75 cancellation fee will apply for registrations cancelled within 2 weeks of the conference.

Registration Category	Payment by 6/1/10	Payment after 6/1/10	Lunch Fee	Indicate Amount of Payment
❑ Former Baptist-Lutheran Medical Center and Current Research Medical Center Medical Staff (Active and Courtesy)	$25 00 without lunch	$25 00 without lunch	$25 00 per day*	$_____
❑ Other Physicians	$275 both days $150 one day*	$300 both days $175 one day*	Included	$_____
❑ Family Practice Residency Graduates (Trinity, Baptist or Research Hospitals) ❑ Active Military Physicians ❑ Retired Physicians	$200 both days $125 one day*	$225 both days $150 one day*	Included	$_____
❑ Other Medical, Pharmacy and Nursing ❑ Students ❑ Residents ❑ Fellows ❑ Advance Practice Nurses ❑ Physician Assistants	$150 both days $100 one day*	$175 both days $125 one day*	Included	$_____

* Please indicate which day you will attend: _____Thursday, June 24 or _____ Friday, June 25.

GUARANTEE: We are so confident about the quality of this conference that we will refund your tuition if you are dissatisfied.

Detach registration form and mail with check (payable to Orear Institute) to:

OREAR INSTITUTE
Baptist-Trinity Lutheran Legacy Foundation
P.O. Box 8741
Kansas City, MO 64114-8741

FOR QUESTIONS, CONTACT THE CONFERENCE COORDINATOR AT:

Telephone: 816/276-4467
Fax: 816/276-4470
E-Mail: OrearInstitute@kc.rr.com

CONFERENCE SCHEDULE

THURSDAY, JUNE 24, 2010

7 30 am	Registration & Continental Breakfast
8 00 am	Welcome & Introductions Larry A Rues, MD, Moderator
8.10 am	**Health Care Reform – What Happened and What Now?** *Ted Epperly, MD*
9 10 am	**Decreasing Cardiovascular Events Without a Prescription** *James O'Keefe, MD*
10·10 am	Break
10 30 am	THE RICHARD OREAR MEMORIAL LECTURE **The Bright (?)Future of Primary Care** *Ted Epperly, MD*
11 30 am	**From Diagnosis to Recovery: Evolving Issues in Ischemic Stroke** *Marilyn Rymer, MD*
12·30 pm	Lunch
1 30 pm	**Acute Stroke Intervention** *Coleman Martin, MD*
2 30 pm	**Why What You Eat Can Kill You** *James O'Keefe, MD*
3 30 pm	Break
3 45 pm	**Bipolar Disorder – Differential Diagnosis** *J. Sloan Manning, MD*
4 45 pm	Adjournment

FRIDAY, JUNE 25, 2010

7 30 am	Registration & Continental Breakfast
8 00 am	Welcome & Introductions Melvin Glazer, MD, Moderator
8 10 am	THE JACK HILL LECTURE **Cancer Screening Controversies** *Christopher Sirridge, MD*
9.10 am	**Update in Infectious Diseases** *David McKinsey, MD*
10 10 am	Break
10 30 am	**What's New/Promising in Oncology Care** *Christopher Sirridge, MD*
11 30 am	**Epilepsy for Primary Care** *John Croom, MD, PhD*
12.30 pm	Lunch
1 30 pm	**Bipolar Disorder – Treatment Options** *J Sloan Manning, MD*
2 30 pm	Workshops **1. PCP Office Management of Common Psychiatric Disorders** *J. Sloan Manning, MD* **2. Office and Hospital Infectious Diseases: Case Management** *Joel McKinsey, MD*
3 30 pm	Break
3 45 pm	Workshops (Repeated) **1. PCP Office Management of Common Psychiatric Disorders** *J. Sloan Manning, MD* **2. Office and Hospital Infectious Diseases: Case Management** *Joel McKinsey, MD*
4 45 pm	Adjournment

SPEAKER INFORMATION

All speakers have been selected based on first-hand recommendations of members of the Orear Steering Committee. You will find their presentations informative, practical and enjoyable.

John E. Croom, MD, PhD is currently the Medical Director of the Comprehensive Epilepsy Center at the St. Luke's Brain and Stroke Institute in Kansas City. He graduated from the MD, PhD program at the University of Oklahoma College of Medicine and then completed his internship and residency in neurology at the Harvard Medical School Neurology Training Program/Beth Israel Deaconess Medical Center in Boston, Massachusetts. He then completed a two year fellowship in epilepsy and was on the faculty at Harvard Medical School before joining Neurological Consultants of Kansas City in 2006 where he specializes in diagnosing and treating adults and teenagers with seizures and epilepsy.

Ted Epperly, MD, FAAFP, a family physician in Boise, Idaho, is board chair of the American Academy of Family Physicians. Previously, he served one-year terms as president and president-elect and three years as a member of the AAFP Board of Directors.

Dr. Epperly is program director and chief executive officer of the Family Medicine Residency of Idaho, Boise. He also is clinical professor of family medicine at the University of Washington School of Medicine, Seattle. As AAFP board chair, Dr. Epperly advocates on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health care system.

Dr. Epperly has held all the elected positions in the Uniformed Services Academy of Family Physicians, including President. He retired as a colonel from the U.S. Army in 2001 and returned to his home state of Idaho.

Dr. Epperly earned his bachelor's degree at Utah State University, Logan, graduating magna cum laude. He earned his medical degree at the University of Washington School of Medicine, and completed his residency at Madigan Army Medical Center, Fort Lewis, Washington, where he served as chief resident. He completed a family medicine faculty development fellowship at the University of North Carolina, Chapel Hill. Dr. Epperly is board certified by the American Board of Family Medicine with a Certificate of Added Qualification in Geriatrics. He also has the AAFP Degree of Fellow. Dr. Epperly is a member of the editorial board of the *Annals of Family Medicine* and the advisory board of *Men's Health* magazine. He also is a reviewer for the *Annals of Family Medicine* and *American Family Physician*

Dr. Epperly serves as a commissioner of the Central District Board of Health for the four-county area surrounding Boise. In addition, he has published more than 45 peer-reviewed scientific articles and book chapters, and given hundreds of lectures nationally and internationally. Dr. Epperly has granted more than 500 media interviews to major television, radio and print publications nationwide. He has met and spoken with President Obama on several occasions, including in the Oval Office, and testified before the U.S. Congress on multiple occasions about the centrality and importance of family medicine. *Modern Healthcare* ranked Dr. Epperly as one of the 100 Most Powerful People in Healthcare in 2009.

J. Sloan Manning, MD is Adjunct Associate Professor in the Department of Family Medicine at the University of North Carolina in Chapel Hill. He serves as Co-Director of the Mood Disorders Clinic at the Moses Cone Family Practice Residency in Greensboro.

Dr. Manning earned his Bachelor of Science degree in Biological Engineering from Mississippi State University. After receiving his medical degree from the University of Mississippi Medical Center, he completed his residency in Family Practice at Baptist Memorial Hospital in Gadsden, Alabama. He is board certified by the American Board of Family Practice.

Dr. Manning is the founding editor of *The Primary Care Companion to the Journal of Clinical Psychiatry*, and has authored or co-authored more than 50 let-

"Each year, this is the best overall conference that I attend."

ters, articles, and editorials in a variety of Family Medicine and Psychiatry journals.

Dr. Manning is the recipient of a variety of research grants, including one from the Health Resources and Services Administration. He has lectured at research conferences on bipolar disorder in family practice for the National Institute of Mental Health and the Society of Teachers of Family Medicine. In 1999, he served on an international task force on dysthymia in medical practice for the World Health Organization in Geneva, Switzerland.

His research interests include integrated somatic/mental health care systems in primary care, physician education in primary care psychiatry, and disorders of the bipolar spectrum, including their temperamental underpinnings and pharmacologic management. He was a member of the National Coordinating Council for the STABLE project – researching performance measures and quality improvement initiatives for bipolar treatment.

Coleman Martin, MD, an interventional neurologist, is a Clinical Assistant Professor at the University of Missouri – Kansas City, in Kansas City, Missouri. After finishing his medical education at the University of Kansas School of Medicine, Dr. Martin completed an internship and residency in neurology at the University of Iowa Hospitals and Clinics. He then completed fellowships in Cognitive Neuroscience, Stroke and Neurointervention, also at the University of Iowa Hospitals and Clinics. Dr. Martin is affiliated with Neuro Interventional and Diagnostic Associates and serves on the Medical Staffs of Saint Luke's Hospital and Saint Luke's Cancer Institute in Kansas City, Missouri, specializing in neurology and vascular neurology.

David S. McKinsey, MD received his medical degree from the University of Missouri – Columbia School of Medicine. He completed his Internal Medicine residency at the University of Iowa, followed by a fellowship in Infectious Diseases at the University of Tennessee. He joined Infectious Disease Associates of Kansas City in 1986. Dr. McKinsey is certified by the American Board of Internal Medicine in both Internal Medicine and Infectious Diseases. He is a fellow of the Infectious Disease Society of America, President-Elect of the Kansas City Southwest Clinical Society, and a member of several other professional organizations. He has had a longstanding interest in clinical research, especially in the field of fungal infections. Dr. McKinsey's practice is primarily based at Research Medical Center in Kansas City, Missouri. He is also on the staff at 7 other hospitals in the Greater Kansas City area.

Joel P. McKinsey, MD received his medical degree at University of Missouri School of Medicine, Columbia in 1990. He went on to complete a residency in Internal Medicine and fellowship in Infectious Diseases at Vanderbilt University in Nashville, Tennessee. He joined Infectious Diseases Associates of Kansas City in 2000. Dr. McKinsey is Board Certified by the American Board of Internal Medicine in both Internal Medicine and Infectious Diseases. Dr. McKinsey's practice is primarily based at Research Medical Center in Kansas City, Missouri. He is also on the staff at 7 other hospitals in the Greater Kansas City area.

Dr. McKinsey is President-Elect of the Medical Staff of Research Medical Center.

James H. O'Keefe, MD, FACC is Director of Preventive Cardiology at the Mid America Heart Institute, and Professor of Medicine at the University of Missouri – Kansas City, in Kansas City, Missouri. His postgraduate training included a cardiology fellowship at Mayo Clinic in Rochester, Minnesota. Dr. O'Keefe has contributed more than 180 articles of the medical literature and has authored numerous books on cardiovascular medicine, including *Dyslipidemia Essentials, Diabetes Essentials,* and *The Complete Guide to ECGs.* Dr. O'Keefe is Founder and Chief Medical Officer of

SPEAKER INFORMATION CONTINUED

CardioTabs, a cardiovascular nutraceutical corporation. He lectures extensively on the role of therapeutic lifestyle changes and drug therapy in cardiovascular risk reduction and has authored the best-selling consumer health book, *The Forever Young Diet and Lifestyle.* He is actively involved in patient care.

Marilyn M. Rymer, MD is the founder of the internationally recognized Stroke Center at Saint Luke's Hospital in Kansas City, which she has directed since 1993. In 2001, Dr. Rymer led the development of the Saint Luke's Brain and Stroke Institute that provides comprehensive services to people with diseases of the nervous system and spine. She was selected to occupy the Edward T. Matheny, Jr. Missouri Endowed Chair in Neuroscience in 1999 and has since focused her clinical and research efforts on acute stroke intervention, stroke center development, and regional organization of stroke care networks. She is Professor of Medicine at the UMKC School of Medicine.

Dr. Rymer is a Phi Beta Kappa graduate of Northwestern University and graduated with highest honors from Washington University School of Medicine. She did post graduate training in neurology at the Neurological Hospital at Queen Square in London, England, completing neurology residency at the University of Wisconsin. In 1996, she became the first woman to be elected Chief of Staff at Saint Luke's Hospital. She is the past Vice-President of the Saint Luke's Hospital Foundation Board and served as chair of the Funding Priorities Committee. She finished a six-year term on the VHA Board of Trustees, where she was the chair of the Finance Committee. As the National Chair for the VHA Stroke Initiative, she traveled to all parts of the country to lead accelerated learning workshops on stroke. She serves on numerous national professional committees committed to improving stroke care in the US.

Christopher F. Sirridge, MD was born in Fort Riley, Kansas, and graduated from the University of Missouri at Kansas City for both his undergraduate degree and his medical education. He completed an Internal Medicine Residency Program at the Cleveland Clinic Foundation in Cleveland, Ohio. Dr. Sirridge went on to complete fellowships in Oncology and Hematology at the Mayo Clinic in Rochester, Minnesota. He is a board certified Internist, Medical Oncologist and Hematologist. Since 1984, Dr. Sirridge has been active in the United States Army Medical Corps. He began his medical career as a Captain in 1984, was promoted to a Major in 1986 and has served as a Lieutenant Colonel for the past six years. Dr. Sirridge has received many distinguished honors within the military including the Meritorious Service Medal, the Army Commendation Medal, and the Army Achievement Medal. Throughout his medical career, Dr. Sirridge has had several academic appointments including the Director of Ambulatory Services in the Oncology Clinic at Truman Medical Center – East, the Director of the Adult Hemophilia Clinic at Truman Medical Center, the Assistant Professor of Medicine, Hematology and Oncology at the University of Missouri at Kansas City School of Medicine, and as the Assistant Clinical Professor of Medicine at the University of Colorado Medical School. Dr. Sirridge resides in Kansas City, Kansas, is married and has four children.

Conference Information

Hotel Information

The "Recent Advances in Medicine" conference is being held at the InterContinental Hotel Kansas City at the Plaza. This elegant hotel is nestled on the edge of the Country Club Plaza which offers both fine and casual dining, exciting and unique shopping. The Plaza is an outdoor museum of romantic Spanish architecture and European art, where haute couture blends with trend-setting styles, with more than 180 stores and distinctive boutiques.

A special hotel rate of $159 has been secured for seminar attendees. Please reserve your room by June 1, 2010 by calling 1-866-856-9717 or online at www.kansascityic.com. When making your reservation, please mention your attendance at the Orear conference or reference Group Code "ORE" to receive the special rate. All reservations must be guaranteed and accompanied by the first night room deposit or guaranteed with a major credit card.

Kansas City: A Fun Place for Everyone

Kansas City is the city of fountains, great barbecue, excellent jazz and outstanding museums. Whether you travel to the conference alone or bring your family, June is a fantastic time to visit Kansas City. The Nelson-Atkins Gallery is within walking distance of the Plaza and is one of the top museums in the nation. The Kansas City Trolley Co. runs replicas of historic trolleys between downtown and the River Market area, Crown Center, Westport and the Country Club Plaza. A short walk from the Crown Center stop is the gloriously restored Union Station that opened in 1914 as the third largest train station in the country. It now houses restaurants, theaters and Science City, featuring hands-on exhibits for adults and children.

For additional information on Kansas City, visit the following web sites:
www.countryclubplaza.com
www.kansascity.com
www.visitkc.com

Steering Committee Members

Larry A. Rues, M.D., Course Director
James A. DiRenna, D.O.
Melvin Glazer, M.D.
Lydia Marien, MS, APRN-BC, FNP
Jane Murray, M.D.
Stephen Salanski, M.D.
W. Jack Stelmach, M.D.
Mark Suenram, M D.
Leonardo Viril, M.D.
Michael Waxman, MD
Becky Schaid, Executive Director, Foundation

Institute Objectives

This 23rd annual course, presented by the ***Orear Institute***, is intended to provide practicing physicians, physician assistants and advanced nurse practitioners with the opportunity to learn about recent advances in medicine from the nation's leading experts. Speakers are chosen for their ability to present timely, practical information in an enjoyable fashion.

Adequate time is allowed for questions. Sessions will include a discussion of current controversies in each topic area and focus on areas undergoing major change for both common outpatient problems and hospital care.

2010 Conference Objectives

1. Prepare for changes in their practice resulting from recently adopted health care reform legislation;
2. Counsel their patients in ways to decrease their chances of suffering a cardiovascular event, even without the use of prescription medications;
3. Plan for the future challenges and prospects for primary care practitioners;
4. Incorporate evolving knowledge in the area of ischemic stroke into their medical practice;
5. Advise patients about the negative and positive cardiovascular effects of their dietary choices:
6. Counsel patients on controversial aspects of cancer screening, receive feedback, and then test appropriately;
7. Formulate a differential diagnosis for bipolar disorder and know the diagnostic intervention for that diagnosis;
8. Recognize available invasive techniques for acute ischemic stroke and refer patients appropriately;
9. Acquire new knowledge regarding the manifestation and treatment of infectious diseases.
10. Inform patients about promising treatments in cancer care and utilize appropriate diagnostic and follow-up methods;
11. Improve knowledge and skills in diagnosis and management of epilepsy;
12. Utilize appropriate treatment and referral options for patients with bipolar disorder and comorbidities;
13. Develop patient care management plans for patients with common psychiatric disorders; and
14 Implement appropriate diagnostic and management strategies for office and hospital patients with infectious diseases.

Continuing Education Credit

AAFP – This activity has been reviewed and is acceptable for up to 14.00 Prescribed credits by the American Academy of Family Physicians.

AAFP Prescribed credit is acceptable by the American Medical Association as equivalent to *AMA PRA Category 1 Credit*™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as Category 1.

2009 Statement of Program Services Accomplishments
Baptist-Trinity Lutheran Legacy Foundation

Kansas City's Medicine Cabinet, an emergency medical assistance program begun by the Foundation in July of 2005 continued to meet the needs of Kansas City's low income, un-insured and under insured. From January 1, 2009 through December 31, 2009 2,140 people were assisted and 2,297 services provided. This compared to 1,285 people served and 1,351 services provided in 2008. During the year, an additional social service agency was added to meet the growing need and provide easier access, bringing the number of social service agencies involved to 8 with 15 intake sites through the metropolitan Kansas City area.

The Medicine Cabinet added hearing aids and dentures to services provided as well as working more extensively with the domestic violence shelters in the community.

The Medicine Cabinet provides emergency short term assistance in five areas: dental, diabetic supplies, durable medical equipment, vision (eye glasses and exams) and prescriptions.

Subscriber support was paid for original "Lifeline" subscribers needing assistance with monthly fee.

19 scholarships were awarded to graduate nursing students
1 scholarship to a respiratory therapy student for their certification and registration exams.

Educational grants were provided for residents and healthcare providers to enhance their clinical skills.

Educational grants were provided to a post-graduate pastoral care program to assist in the development of spiritual and clinical skills of those providing assistance to patients and their families.

Support was provided for individuals to attend diabetes education programs.

Grants were given to support individual physician's international medicine studies.

The annual Orear Institute for post graduate medical education was held and funded through the Foundation.

Through the Lena Green Trust, new medical equipment was purchased for three non-profit health clinics in the metropolitan area.

The Foundation committed to a new three year grant to the neighborhood YMCA for continued support their arthritis program.

The Foundation committed to a new five year grant to support an in-school Wellness Center at a neighborhood charter school.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization	Employer identification number
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION	23-7432481
Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
6601 ROCKHILL ROAD	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
KANSAS CITY, MO 64131	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ BECKY SCHAID
  Telephone No. ▶ 816 276-7555 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2010.

5 For calendar year 2009, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO OBTAIN THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CPA Date ▶ 8/5/10

Form **8868** (Rev 4-2009)

HOUSE PARK & DOBRATZ, P.C.
605 W. 47TH STREET, SUITE 301
KANSAS CITY, MO 64112

House Park & Dobratz, P C.
Certified Public Accountants
605 West 47th Street, Suite 301
Kansas City, MO 64112 FED I D #43-1562209