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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public
InspectionA For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable	Please use IRS label or print or type. See Specific Instructions		C Name of organization BAPTIST HEALTH CARE FOUNDATION OF MONTGOMERY	D Employer identification number 23-7281996
<input type="checkbox"/> Address change			Doing Business As	E Telephone number 334-273-4258
<input type="checkbox"/> Name change			Number and street (or P O box if mail is not delivered to street address) P O BOX 244030	F Gross receipts \$ 3,439,841
<input type="checkbox"/> Initial return			Room/suite	G
<input type="checkbox"/> Termination				
<input type="checkbox"/> Amended return			City or town, state or country, and ZIP + 4 MONTGOMERY AL 36124-4030	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			F Name and address of principal officer	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No

I Tax-exempt status 501(c) (3) ▶ (insert no) 4947(a)(1) or 527J Website ► **N/A**K Type of organization Corporation Trust Association Other ► **FOUNDATION** L Year of formation **1972** M State of legal domicile **AL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Baptist Health Care Foundation develops financial resources to support Baptist Health's ministry in providing the best quality healthcare services and programs to the people of South Central Alabama.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3 25	
	3 Number of voting members of the governing body (Part VI, line 1a)	4 25	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5 0	
	5 Total number of employees (Part V, line 2a)	6 0	
	6 Total number of volunteers (estimate if necessary)	7a 0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b 0	
b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	749,079	149,713
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91,327	101,459
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,523	240,102
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,089,929	491,274
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	700,504	483,950
	14 Benefits paid to or for members (Part IX, column (A), line 4)	221,429	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	35,016	
	17 Other expenses (Part IX, column (A), lines 1-3, 5-11d, 11f-24f)	229,928	60,919
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,151,861	544,869
19 Revenue less expenses Subtract line 18 from line 12	-61,932	-53,595	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	8,497,987	8,271,231	
	1,150,161	638,820	
	7,347,826	7,632,411	

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 by preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

B. BLAINE BROWN III

VP/GEN COUNSEL

05/13/2011

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature	<i>Blaine Brown III</i>	Date 5/13/11	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) P00454415
Firm's name (or yours if self-employed), address, and ZIP + 4	Richard, Harris, Ingram and Bozeman PC 7029 Halcyon Park Drive Montgomery, AL 36117	EIN ► 63-1019880	Phone no ► 334-277-8135	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Baptist Health Care Foundation develops financial resources to support Baptist Health's ministry in providing the best quality healthcare services and programs to the people of South Central Alabama.

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 \$ 30,225 including grants of \$ 30,225) (Revenue \$ 68,475)
Baptist Hospice Foundation provides operational grants to offset the cost of Hospice's indigent care program.

4b (Code) (Expenses \$ 225,000 including grants of \$ 225,000) (Revenue \$ 118,426)
Medical Outreach Ministries-Operational grants to non-profit clinic that serves as a medical home for uninsured patients whose household income does not exceed 200% of the national poverty level.

4c (Code) (Expenses \$ 28,786 including grants of \$ 28,786) (Revenue \$ 62,263)
Institute for Patient Safety and Medical Simulation-Capital and operational grants to support the training of healthcare professional, EMTS, nursing students, and public health nurses.

4d Other program services (Describe in Schedule O)

(Expenses \$ 199,939 including grants of \$ 199,939) (Revenue \$ 215,832)

4e Total program service expenses ► 483,950

Form 990 (2009)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

- 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 securities in 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 related 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

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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

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

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

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
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	
24a 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 line 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	
25a 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

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	0	Yes	No
1b	0		

1c

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	0	Yes	No
2b			

3a Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

3b

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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

1a Enter the number of voting members of the governing body 1a 25
 b Enter the number of voting members that are independent 1b 25

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 8a X
 a The governing body? 8b X
 b Each committee with authority to act on behalf of the governing body?

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 9 X

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

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 X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12b X
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c 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 13 X

13 Does the organization have a written whistleblower policy? 14 X

14 Does the organization have a written document retention and destruction policy? 15a 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? 15b X
 a The organization's CEO, Executive Director, or top management official
 b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a X

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? 16b
 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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

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 ► **CHRISTINE BRUTON** 301 BROWN SPRINGS ROAD
MONTGOMERY AL 36117 334-273-4258

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
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
W. RUSSELL TYNER PRES/CEO	40.00	X		X			0	641,619	116,053
ROBERT B. ADAMS BOARD MEMBER	0.50	X					0	0	0
RAY ALLEN BOARD MEMBER	0.50	X					0	0	0
JOHN L. BAKER 2 VICE CHAIR	0.50	X					0	0	0
JANE R. EDWARDS BOARD MEMBER	0.50	X					0	0	0
BRUCE CHRISTIAN BOARD MEMBER	0.50	X					0	0	0
JOHN ALLEN DEES BOARD MEMBER	0.50	X					0	0	0
TONY EDWARDS BOARD MEMBER	0.50	X					0	0	0
KIM DAVIS BOARD MEMBER	0.50	X					0	0	0
POLLY HARDEGREE BOARD MEMBER	0.50	X					0	0	0
TULL N. GEARREALD CHAIRMAN	0.50	X					0	0	0
JAMES MARTIN BOARD MEMBER	0.50	X					0	0	0
CAROL W. JONES BOARD MEMBER	0.50	X					0	0	0
JOSEPH MATHIS BOARD MEMBER	0.50	X					0	0	0
KAY K. MILLER BOARD MEMBER	0.50	X					0	0	0
CHARLES B. HUNTER BOARD MEMBER	0.50	X					0	0	0
WILLIAM (BILL) HARPER SEC/TREASUER	0.50	X					0	0	0

DAA

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

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

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

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

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 ►

Part VIII Statement of Revenue

		(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 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 50,000 1f 99,713 1g 1h 149,713			
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f ►	2a b c d e f g	Busn. Code		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► 6a Gross Rents (i) Real 485,159 b Less rental exps 424,377 c Rental inc or (loss) 60,782 d Net rental income or (loss) ► 7a Gross amount from sales of assets other than inventory (i) Securities 2,435,340 b Less cost or other basis & sales exps 2,430,615 c Gain or (loss) 4,725 d Net gain or (loss) ► 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a 229,808 b Less direct expenses b 93,575 c Net income or (loss) from fundraising events ► 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 ► 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 ► 11a OTHER FUNDRAISING b c d All other revenue e Total. Add lines 11a-11d ► 12 Total Revenue. See instructions ►	3 4 5 6a b c d 7a b c d 8a 9a 10a 11a b c d e 12	96,734 96,734 60,782 60,782 4,725 136,233 136,233 43,087 43,087 491,274 240,102 0 101,459	96,734 96,734 60,782 60,782 4,725 136,233 136,233 43,087 43,087 240,102 0 101,459	

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	483,950	483,950		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	18,007	18,007		
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,873	1,587	14,286	
23 Insurance				
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 TAXES AND LICENSES	9,464		946	8,518
b GIFT DEVELOPMENT	7,301			7,301
c MAINTENANCE	5,457		546	4,911
d LANDSCAPE	4,350		4,350	
e OTHER EXPENSE	467		467	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	544,869	483,950	25,903	35,016
26 Joint costs. Check here ► <input type="checkbox"/> 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	200	1	200
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	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	1,136,484	9	4,179
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,305,331		
	b Less accumulated depreciation	1,775,264	10c	3,530,067
	11 Investments—publicly traded securities	3,724,476	11	3,694,729
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	1,042,056
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,497,987	16	8,271,231
Liabilities	17 Accounts payable and accrued expenses	51,091	17	20,710
	18 Grants payable		18	
	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	1,099,070	25	618,110
	26 Total liabilities. Add lines 17 through 25	1,150,161	26	638,820
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,249,620	27	4,334,788
	28 Temporarily restricted net assets	3,098,206	28	3,297,623
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	7,347,826	33	7,632,411
	34 Total liabilities and net assets/fund balances	8,497,987	34	8,271,231

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

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?

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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form **990** (2009)

SCHEDULE A
 (Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service
Public Charity Status and Public Support

OMB No 1545-0047

2009Open to Public
InspectionComplete 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.

Name of the organization **BAPTIST HEALTH CARE FOUNDATION
OF MONTGOMERY**Employer identification number
23-7281996**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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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	
OUTREACH MANAGEMENT SERVICES, INC.	63-1125356		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
MONTGOMERY	BAPTIST OUTREACH SERVICES CORPORATION	63-0813275	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HEALTH CARE	AUTH FOR BAPTIST HEALTH	20-3204949	115		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
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						► <input type="checkbox"/>

Section C: Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

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						
10a 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	%
19a 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		

Schedule A (Form 990 or 990-EZ) 2009 **BAPTIST HEALTH CARE FOUNDATION** **23-7281996** **Page 4**

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

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

2009Open to Public
Inspection

Name of the organization

**BAPTIST HEALTH CARE FOUNDATION
OF MONTGOMERY**

Employer identification number

23-7281996**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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space	
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 Tax 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 taxable 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	► \$ _____

Schedule D (Form 990) 2009 **BAPTIST HEALTH CARE FOUNDATION** 23-7281996 Page 2**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

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

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

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 solicit 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, custodian 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 XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

	Amount
1c	
1d	
1e	
1f	

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

(i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

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	839,888			839,888
b Buildings	3,708,187		1,228,686	2,479,501
c Leasehold improvements				
d Equipment	310,122		270,264	39,858
e Other	447,134		276,314	170,820

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

3,530,067

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		

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

Part IX Other Assets. See Form 990 Part X, col (B) line 15

(a) Description	(b) Book value
CANTEY TRUST	687,580
CASH SURRENDER LIFE INSURANCE	306,851
HUNTER TRUST	47,625

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		
CANTEY TRUST		452,852
INTERCOMPANY PAYABLE		135,055
HUNTER TRUST		30,203
PAYABLE-BAPTIST HEALTH		
LIABILITY UNDER CHARITABLE REMAINDER		
ANNUITY		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		618,110

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
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
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
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
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	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **BAPTIST HEALTH CARE FOUNDATION
OF MONTGOMERY**

Employer identification number
23-7281996

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

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 BIRDIES/BABIES (event type)	(b) Event #2 MONTGOMERY FAMI (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 119,839	49,099	60,870	229,808
	2 Less Charitable contributions			
	3 Gross revenue (line 1 minus line 2) 119,839	49,099	60,870	229,808
Direct Expenses	4 Cash prizes			
	5 Noncash prizes 4,000			4,000
	6 Rent/facility costs 11,850		24,209	36,059
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 26,312	21,935	5,269	53,516
	10 Direct expense summary Add lines 4 through 9 in column (d)			93,575
	11 Net income summary Combine line 3, column (d), and line 10			136,233

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				
	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
6 Volunteer labor				
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				

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?
b If "No," Explain

	Yes	No
9a		
10a		
11		
12		

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

	Yes	No
13a	%	
13b	%	

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- 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?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a

17a

BAPTIST HEALTH CARE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part V 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
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Part IV Supplements Complete this part to provide the information required in Part I, line 2, and any other additional information

二二

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open To Public
Inspection

Name of the organization	BAPTIST HEALTH CARE FOUNDATION OF MONTGOMERY	Employer identification number 23-7281996
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization	4a	
a Receive a severance payment or change-of-control payment?	X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	5a	
a The organization?	X	
b Any related organization?	X	
If "Yes" to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	6a	
a The organization?	X	
b Any related organization?	X	
If "Yes" to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	X	
	9	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
W. RUSSELL TYNER	(i) 0	0	0	0	0	0
	(ii) 410,944	121,496	109,179	108,917	7,136	757,672
KATRINA BELT	(i) 0	0	0	0	0	0
	(ii) 272,845	48,012	17,580	67,847	655	406,939
B BLAINE BROWN III	(i) 0	0	0	0	0	0
	(ii) 170,007	0	22,483	2,854	6,424	201,768
BEN KELLEY	(i) 0	0	0	0	0	0
	(ii) 153,652	0	3,240	2,486	4,157	163,535
KEN SELVAGGI	(i) 0	0	0	0	0	0
	(ii) 0	0	0	0	0	0
	(iii) 0	0	0	0	0	0
	(iv) 0	0	0	0	0	0
	(v) 0	0	0	0	0	0
	(vi) 0	0	0	0	0	0
	(vii) 0	0	0	0	0	0
	(viii) 0	0	0	0	0	0
	(ix) 0	0	0	0	0	0
	(x) 0	0	0	0	0	0
	(xi) 0	0	0	0	0	0
	(xii) 0	0	0	0	0	0
	(xiii) 0	0	0	0	0	0
	(xiv) 0	0	0	0	0	0
	(xv) 0	0	0	0	0	0
	(xvi) 0	0	0	0	0	0
	(xvii) 0	0	0	0	0	0
	(xviii) 0	0	0	0	0	0
	(xix) 0	0	0	0	0	0
	(xx) 0	0	0	0	0	0
	(xxi) 0	0	0	0	0	0
	(xxii) 0	0	0	0	0	0
	(xxiii) 0	0	0	0	0	0
	(xxiv) 0	0	0	0	0	0
	(xxv) 0	0	0	0	0	0
	(xxvi) 0	0	0	0	0	0
	(xxvii) 0	0	0	0	0	0
	(xxviii) 0	0	0	0	0	0
	(xxix) 0	0	0	0	0	0
	(xxx) 0	0	0	0	0	0
	(xxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	0
	(xxxvii) 0	0	0	0	0	0
	(xxxviii) 0	0	0	0	0	0
	(xxxix) 0	0	0	0	0	0
	(xxxxi) 0	0	0	0	0	0
	(xxxii) 0	0	0	0	0	0
	(xxxiii) 0	0	0	0	0	0
	(xxxiv) 0	0	0	0	0	0
	(xxxv) 0	0	0	0	0	0
	(xxxvi) 0	0	0	0	0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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

2009Open to Public
InspectionName of the organization **BAPTIST HEALTH CARE FOUNDATION
OF MONTGOMERY**Employer identification number
23-7281996**Form 990, Part III, Line 4d - All Other Achievements**

Provide nursing and allied health scholarships and
operating/capital grants to Baptist Health entities.

Examples are grants to the Neonatal Unit and Life Line
Program. Foundation furthers the tax exempt purpose of
Baptist Health.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990

THE FORM 990 WAS PROVIDED TO THE COMPLETE BOARD OF DIRECTORS FOR THEIR
REVIEW AND COMMENTS PRIOR TO THE FILING OF THE RETURN. THE FORM 990 IS
REVIEWED AND DISCUSSED AT THE EXECUTIVE BOARD MEETING BEFORE THE FILING OF
THE RETURN.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST FORM. AN OFFICER OF THE
FOUNDATION ASSISTS IN THE MONITORING OF THIS POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
COMPENSATION IS BASED ON NATIONAL COMPENSATION SURVEYS AND EVALUATIONS
WHICH ARE REVIEWED ANNUALLY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
AS A GENERAL RULE, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS,
CONFLICT OF INTEREST AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
WRITTEN REQUEST BY THE PUBLIC WOULD BE REVIEWED AND ACTED UPON BY THE

Schedule O (Form 990) 2009

Page 2

Name of the organization

BAPTIST HEALTH CARE FOUNDATION

Employer identification number

23-7281996**BOARD.**

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part V, line 33, 34, 35, 36, or 37.

► See comments, instructions

► Attach to Form 990.

Internal Revenue Service Name of the organization BAPTIST HEALTH CARE FOUNDATION
OF MONTGOMERY

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Schedule B (Form 990) 2009 BAPTIST HEALTH CARE FOUNDATION

23-7281996

because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc ?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	Yes	No
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, *Identification of Related Organizations Taxable as a Corporation or Trust*)

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part V, line 34, 35, or 36.)

Note: Complete line 1 if any entity is listed in Part II, III, or IV of this schedule.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this Schedule		1c3 No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	
b	Gift, grant, or capital contribution to other organization(s)	
c	Gift, grant, or capital contribution from other organization(s)	
d	Loans or loan guarantees to or for other organization(s)	
e	Loans or loan guarantees by other organization(s)	
f	Sale of assets to other organization(s)	
g	Purchase of assets from other organization(s)	
h	Exchange of assets	
i	Lease of facilities, equipment, or other assets to other organization(s)	
j	Lease of facilities, equipment, or other assets from other organization(s)	
k	Performance of services or membership or fundraising solicitations for other organization(s)	
l	Performance of services or membership or fundraising solicitations by other organization(s)	
m	Sharing of facilities, equipment, mailing lists, or other assets	
n	Sharing of paid employees	
o		

q Other transfer of cash or property to other organization(s)
 r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "yes" see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) MONTGOMERY BAPTIST OUTREACH SERVICE	a	245,690
(2) HEALTH CARE AUTH FOR BAPTIST HEALTH	b	322,737
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets)

(a) Name, address, and EIN of entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No	(e) Share of end-of-year assets	(f) Disproportionate allocations? <input type="checkbox"/> Yes <input type="checkbox"/> No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) General or managing partner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain partnerships.										

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization BAPTIST HEALTH CARE FOUNDATION OF MONTGOMERY	Employer identification number 23-7281996
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 244030	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTGOMERY AL 36124-4030	

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **CHRISTINE BRUTON**

Telephone No ► **334-273-4258** FAX No ► **334-273-4254**

- 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or

► tax year beginning **07/01/09**, and ending **06/30/10**.

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

3a 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	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$
c Balance Due. Subtract line 3b from line 3a. 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	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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

Form 8868 (Rev. 1-2011)

Page 2



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

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 your return. See instructions	Name of exempt organization BAPTIST HEALTH CARE FOUNDATION OF MONTGOMERY	Employer identification number 23-7281996
	Number, street, and room or suite no. If a P O box, see instructions P O BOX 244030	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTGOMERY AL 36124-4030	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ► **CHRISTINE BRUTON**

Telephone No ► **334-273-4258** FAX No ► **334-273-4254**



- 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 **05/15/11**

5 For calendar year , or other tax year beginning **07/01/09**, and ending **06/30/10**

6 If the tax year entered in line 5 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 requested to gather information to prepare a complete and accurate return and to present return to the board for their approval.

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	\$
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	\$
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	\$

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 ►

Sherry Leggan

Title ►

CPA

Date ►

2/10/11

Form 8868 (Rev. 1-2011)