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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.

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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)

6601 ROCKHILL ROAD

Room/suite

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

KANSAS CITY, MO 64131

F Name and address of principal officer

BECKY SCHAID

6601 ROCKHILL ROAD KANSAS CITY, MO 64131

D Employer identification number

23-7432481

E Telephone number

(816) 276-7555

G Gross receipts \$ 1,399,869.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(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) ☐ 501(c) () (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		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT IN THE GREATER KANSAS CITY AREA 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	21.				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5.				
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					
8	Contributions and grants (Part VIII, line 1h)	Prior Year	198,462.	Current Year	342,311.		
9	Program service revenue (Part VIII, line 2g)		7,485.		9,700.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-710,035.		1,017,498.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,581.		-20,846.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-509,669.		1,348,663.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,297,394.		759,312.		
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)		246,819.		274,095.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
b	Total fundraising expenses (Part IX, column (D), line 25)						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d)		411,058.		699,644.		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,955,271.		1,733,051.		
19	Revenue less expenses Subtract line 18 from line 12		-2,464,940.		-384,388.		
20	Total assets (Part X, line 16)	Beginning of Current Year	34,189,848.	End of Year	37,430,840.		
21	Total liabilities (Part X, line 26)		910,051.		855,654.		
22	Net assets or fund balances Subtract line 21 from line 20		33,279,797.		36,575,186.		

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 ☒ Signature of officer ☒ Date 9-19-11

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Stanley H. House

Preparer's signature [Signature]

Date 9/6/11

Check if self-employed ☐

PTIN P00642974

Firm's name HOUSE PARK & DOBRATZ, P.C.

Firm's EIN 43-1562209

Firm's address 605 WEST 47TH STREET, SUITE 301 KANSAS CITY, MO 64112

Phone no 816-931-3393

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
ATTACHMENT 1

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 \$ 639,571. including grants of \$ 454,962.) (Revenue \$ _____)
KANSAS CITY'S MEDICINE CABINET - EMERGENCY MEDICAL ASSISTANCE. SEE ATTACHED DISCUSSION OF PROGRAM ACCOMPLISHMENTS.

4b (Code _____) (Expenses \$ 282,152. including grants of \$ 60,525.) (Revenue \$ 9,700.)
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 \$ 246,728. including grants of \$ 243,825.) (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 **▶ 1,168,451.**

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	☒	☐
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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	☐	☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	☒	☐
b 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	☒	☐
c 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	☐	☒
d 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	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☒	☐
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	☒	☐
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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, Parts I and IV	☐	☒
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, Parts II and IV	☐	☒
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, Parts III and IV	☐	☒
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 (see instructions)	☐	☒
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	☐	☒
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	☐	☒
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	☐	☐

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.	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.	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.		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 line 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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.		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.		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.		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.		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.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		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.		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.		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. ☐ Yes ☒ No		
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.		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.		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.	X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 14		
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	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 5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b X	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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	X	
b If "Yes," enter the name of the foreign country: ATTACHMENT 2 See instructions for 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 line 5a or 5b, did the organization file Form 8886-T? 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X	X	
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 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		X
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 21		
b Enter the number of voting members included in line 1a, above, who are independent 1b 21		
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 governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant 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 9		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		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b 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 ContractorsCheck if Schedule O contains a response to any question in this Part VII. ☐**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BETTE CROES CHAIR	4.00	X		X				0.	0.	0.
(2) SARA COLT VICE CHAIR	4.00	X		X				0.	0.	0.
(3) THOMAS BASH TREASURER	4.00	X		X				0.	0.	0.
(4) DR. JAMES EARNEST DIRECTOR	1.00	X						0.	0.	0.
(5) VIRGINIA COPPINGER DIRECTOR	1.00	X						0.	0.	0.
(6) REV. ROGER GIESCHEN IMMEDIATE PAST CHAIR	1.00	X						0.	0.	0.
(7) DR. ROBERT DURIE DIRECTOR	1.00	X						0.	0.	0.
(8) CAROLINE FRENCH DIRECTOR	1.00	X						0.	0.	0.
(9) SARA GOODBURN DIRECTOR	1.00	X						0.	0.	0.
(10) NEAL JONES DIRECTOR	1.00	X						0.	0.	0.
(11) MARTI LEE SECRETARY	4.00	X		X				0.	0.	0.
(12) SANDY MITCHELL DIRECTOR	1.00	X						0.	0.	0.
(13) JACKIE POWELL DIRECTOR	1.00	X						0.	0.	0.
(14) DR. STEVE SALANSKI DIRECTOR	1.00	X						0.	0.	0.
(15) DR. JACK STELMACH DIRECTOR	1.00	X						0.	0.	0.
(16) AL TIKWART JR. 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 (describe hours for related organizations in Schedule O)	(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			
(17) DR. DAVID TILLEMA DIRECTOR	1.00	X						0.	0.	0.
(18) CHERYL ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(19) SCOTT WAGNER DIRECTOR	1.00	X						0.	0.	0.
(20) JANE RUES DIRECTOR	1.00	X						0.	0.	0.
(21) RICH JONES DIRECTOR	1.00	X						0.	0.	0.
(22) SUSIE LAW DIRECTOR	1.00	X						0.	0.	0.
(23) BECKY SCHAID EXECUTIVE DIRECTOR	40.00			X	X	X		123,786.	0.	15,437.
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								123,786.	0.	15,437.
c Total from continuation sheets to Part VII, Section A								123,786.	0.	15,437.
d Total (add lines 1b and 1c)								123,786.	0.	15,437.

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**

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

	Yes	No
3		X
4		X
5		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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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 **0**

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	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	75,489.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	266,822.			
	g	Noncash contributions included in lines 1a-1f \$		5,171.			
	h	Total. Add lines 1a-1f		342,311.			
Program Service Revenue			Business Code				
	2a	MEDICAL EDUCATION SEMINAR FEES	611430	9,700.	9,700.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,700.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3		863,583.			863,583.
	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.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	153,915.				
	d	Net gain or (loss)		153,915.			153,915.
	8a	Gross income from fundraising events (not including \$ 75,489. of contributions reported on line 1c). See Part IV, line 18	ATCH 4				
	b	Less: direct expenses	21,639. 51,206.				
	c	Net income or (loss) from fundraising events	ATCH. 5.	-29,567.			-29,567.
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	INCREASE IN CASH SURRENDER VALUE OF LIFE		22,153.			22,153.	
b	CHANGE IN VALUE OF CRAT		-13,432.			-13,432.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,721.				
12	Total revenue. See instructions		1,348,663.	9,700.		996,652.	

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 . . .	229,976.	229,976.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	529,336.	529,336.		
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	139,223.	90,495.	27,845.	20,883.
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	106,336.	83,175.	15,242.	7,919.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	5,244.	4,294.	475.	475.
9 Other employee benefits	6,741.	6,681.	30.	30.
10 Payroll taxes	16,551.	11,834.	2,849.	1,868.
11 Fees for services (non-employees)	0.			
a Management	5,830.	530.	5,300.	
b Legal	14,095.		14,095.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	395,982.		395,982.	
g Other	171,322.	144,327.	557.	26,438.
12 Advertising and promotion	0.			
13 Office expenses	1,944.	461.	1,483.	
14 Information technology	7,814.	833.	2,752.	4,229.
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	1,933.	1,525.		408.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	26,696.	23,223.	3,260.	213.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,209.		2,209.	
23 Insurance	4,891.		4,891.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	3,808.	3,470.	338.	
b PRINTING, POSTAGE & PROMOTIO	22,357.	11,027.	2,331.	8,999.
c AGENCY ALLOCATION	22,806.	22,806.		
d DONOR CULTIVATION AND RECOGN	12,211.	1,130.		11,081.
e EDUCATION AND SEMINARS	415.		295.	120.
f All other expenses	5,331.	3,328.	2,003.	
25 Total functional expenses. Add lines 1 through 24f	1,733,051.	1,168,451.	481,937.	82,663.
26 Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720). 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	2,178,541.	2	1,278,208.
	3 Pledges and grants receivable, net	56,104.	3	131,717.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,740.	9	3,749.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	24,814.		
	10b Less accumulated depreciation	22,605.		
	10c	4,419.	10c	2,209.
	11 Investments - publicly traded securities	24,404,780.	11	29,148,403.
	12 Investments - other securities See Part IV, line 11	6,848,795.	12	6,151,932.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	692,469.	15	714,622.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,189,848.	16	37,430,840.	
Liabilities	17 Accounts payable and accrued expenses	20,827.	17	123,199.
	18 Grants payable	848,916.	18	694,500.
	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	40,308.	25	37,955.
	26 Total liabilities. Add lines 17 through 25	910,051.	26	855,654.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	26,461,866.	27	29,511,042.
	28 Temporarily restricted net assets	4,336,938.	28	4,560,998.
	29 Permanently restricted net assets	2,480,993.	29	2,503,146.
	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	33,279,797.	33	36,575,186.
	34 Total liabilities and net assets/fund balances	34,189,848.	34	37,430,840.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,348,663.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,733,051.
3	Revenue less expenses Subtract line 2 from line 1	3	-384,388.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,279,797.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,679,777.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	36,575,186.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

		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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	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 separate basis, consolidated 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?		X
3b	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		

Form 990 (2010)

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

2010

Open to Public Inspection

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

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?
- (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)		
11g(ii)		
11g(iii)		

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	203,885.	234,982.	687,850.	198,462.	342,311.	1,667,490.
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.	203,885.	234,982.	687,850.	198,462.	342,311.	1,667,490.
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						1,667,490.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	203,885.	234,982.	687,850.	198,462.	342,311.	1,667,490.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	388,409.	412,510.	555,652.	544,079.	489,754.	2,390,404.
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						4,065,362.
12 Gross receipts from related activities, etc. (see instructions)					12	281,981.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	41.02 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	39.62 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	7,368.	100.				7,468.
TOTALS	<u>7,368.</u>	<u>100.</u>				<u>7,468.</u>

2010 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, uninsured and under insured. From January 1, 2010 through December 31, 2010 2,398 people were assisted and 2,585 services provided. This compared to 2,140 people served and 2,297 services provided in 2009. 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 17 intake sites through the metropolitan Kansas City area.

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

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

35 scholarships were awarded to nursing students

6 scholarships were awarded to respiratory therapy students 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 funded the second year of a three year commitment to the neighborhood YMCA for continued support their arthritis program.

The Foundation funded the last of a five year commitment to support an in-school Wellness Center at a neighborhood charter school. A new five year commitment will begin in 2011.

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

2010

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		
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?		☐ 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?		☐ 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 education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

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

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

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

Schedule D (Form 990) 2010

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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:

	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 XIV

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	4,305,256.	3,421,728.	4,175,777.		
b Contributions	30,167.	830,331.	203,972.		
c Net investment earnings, gains, and losses	197,416.	276,090.	-532,786.		
d Grants or scholarships	55,641.	96,328.	324,272.		
e Other expenditures for facilities and programs	38,351.	126,565.	100,963.		
f Administrative expenses					
g End of year balance	4,438,847.	4,305,256.	3,421,728.		

2 Provide the estimated percentage of the year 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 possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

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

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

Part VI 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.	22,605.	2,209.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				2,209.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	5,310,493.	FMV
(B) BENEFICIAL INTEREST IN TRUST	841,439.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	6,151,932.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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
(1) Federal income taxes	
(2) CRAT LIABILITY	37,955.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	37,955.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	1,348,663.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,733,051.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-384,388.
4	Net unrealized gains (losses) on investments	4	3,679,777.
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	3,679,777.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	3,295,389.

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	4,632,458.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,679,777.
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	3,679,777.
3	Subtract line 2e from line 1	3	952,681.
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	395,982.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	395,982.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,348,663.

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

1	Total expenses and losses per audited financial statements	1	1,337,069.
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	1,337,069.
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	395,982.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	395,982.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,733,051.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

FIN 48 FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION'S CURRENT ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. THE FOUNDATION HAS NO UNCERTAIN INCOME TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009. THE TAX YEARS DECEMBER 31, 2009, 2008 AND 2007 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES.

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

2010

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

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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 PRIDE OF KC TIP	(b) Event #2	(c) Other Events	(d) Total events
	(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue				
1 Gross receipts	97,128.			97,128.
2 Less Charitable contributions	75,489.			75,489.
3 Gross income (line 1 minus line 2).	21,639.			21,639.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	12,464.			12,464.
8 Entertainment	30,868.			30,868.
9 Other direct expenses	7,874.			7,874.
10 Direct expense summary Add lines 4 through 9 in column (d)				(51,206.)
11 Net income summary Combine line 3, column (d), and line 10				-29,567.

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				

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? ☐ Yes ☐ No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ 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 ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**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.

Department of the Treasury
Internal Revenue Service
Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

OMB No 1545-0047

2010

**Open to Public
Inspection**

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? ☒ 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. Part II can be duplicated 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
(1)	OZANAH 421 EAST 127TH STREET KANSAS CITY, MO 64145	44-0545442	501(C)(3)	6,123.				HEALTHY LIFESTYLES INITIATIVE
(2)	SAMUEL U. ROGERS HEALTH CENTER 825 EUCLID KANSAS CITY, MO 64124	43-0899356	501(C)(3)	13,333.				EQUIPMENT FOR CLINIC
(3)	KANSAS CITY FREE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	13,333.				EQUIPMENT FOR CLINIC
(4)	KU ENDOWMENT 3901 RAINBOW BLVD, KANSAS CITY, KS 66160	48-0547734	501(C)(3)	19,641.				AHUJA SCHOLARSHIP FUND
(5)	CENTER FOR PRACTICAL BIOETHICS 1111 MAIN ST STE 500, KANSAS CITY, MO 64105	48-0985815	501(C)(3)	5,536.				KC 4 AGING IN COMMUNITY
(6)	SETON CENTER 2816 EAST 23RD ST KANSAS CITY, MO 64127	43-0926003	501(C)(3)	13,333.				EQUIPMENT FOR CLINIC
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

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.
Part III can be duplicated 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
1 EMERGENCY MEDICAL ASSISTANCE	2,401.	454,962.			
2 MEDICAL EDUCATION	197.	60,525.			
3 OTHER ASSISTANCE AND GRANTS	114.	13,848.			
4 RESPIRATORY AND NURSING SCHOLARSHIPS	39.	154,750.			
5					
6					
7					

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.

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.

Respiratory students should submit their applications by May 15th. Nursing students will be considered only if they have received a Trinity Lutheran School of Nursing Scholarship. There is no need for nursing students to complete both applications.

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:

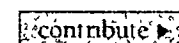
- Baptist Medical Center Physician of the Year, 1977
- Baptist Medical Center Teacher of the Year, 1980 and 1986

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!



[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.btlf.org



Baptist-Trinity Lutheran
LEGACY FOUNDATION

6601 Rockhill Road
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2261 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 2, 2011 to be considered for the 2011/2012 academic year.

Additionally, any student who receives a Trinity Lutheran School of Nursing Scholarship is automatically considered for the [LA Hollinger MD scholarship](#). There is no need for students to complete both applications.

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
- The Virginia Abbott Legacy Fund
- Alumnae of the Trinity Lutheran Hospital School of Nursing

[Back](#)

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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.btlf.org



Baptist-Trinity Lutheran
LEGACY FOUNDATION

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

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](#)

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Registration:

24rd Annual Course

June 23-24, 2011 

I N S T I T U T E

RECENT ADVANCES IN MEDICINE



Orear

INTERNATIONAL JOURNAL OF
401 West 10th Street
Kansas City, Missouri 64105

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

RECENT ADVANCES IN MEDICINE

CONFERENCE REGISTRATION

JUNE 23-24, 2011

Name & Degree _____

Address _____

City/State/Zip _____ Office Phone _____

Office Fax _____ E-Mail _____

Specialty _____

Fees include continental breakfast, refreshments at 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 6/1/11	Payment after 6/1/11	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 23 or _____ Friday, June 24.

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 BTL Legacy Foundation) 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: 816-916-8592
Fax: 816/276-4470
E-Mail: OrearInstitute@kc.rr.com

CONFERENCE SCHEDULE

THURSDAY, JUNE 23, 2011

- 7:30 am Registration & Continental Breakfast
8:00 am Welcome & Introductions
Larry A. Rues, MD, Moderator
8:10 am Diagnosis and Management of Alzheimer's Disease and Other Dementias
David B. Carr, MD
9:10 am Primary Care Evaluation and Management of Chronic Kidney Disease
Richard S. Muther, MD
10:10 am Break
10:30 am The Important Relationship Between CKD and Cardiovascular Events
Richard S. Muther, MD
11:30 am Why Normal Isn't Healthy
Bowen F. White, MD
12:30 pm Lunch
1:30 pm Dementias and Mild Cognitive Impairment
David B. Carr, MD
2:30 pm THE OREAR MEMORIAL LECTURE
Thyroid Nodules and Goiter
E. Chester Ridgway, MD
3:30 pm Break
3:45 pm The Coming Alzheimer's Epidemic: Challenges and Promising Future Therapies
David B. Carr, MD
4:45 pm Adjournment

FRIDAY, JUNE 24, 2011

- 7:30 am Registration & Continental Breakfast
8:00 am Welcome & Introductions
Melvin L. Glazer, MD, Moderator
8:10 am An Integrative Approach to Functional Digestive Disorders
Gerard E. Mullin, MD
9:10 am What's New with Hyperlipidemia in 2011?
Brian V. Reamy, MD
10:10 am Break
10:30 am Rational Interpretation of Thyroid Tests and Hormone Management
E. Chester Ridgway, MD
11:30 am Nutritional Modulation of Inflammatory Bowel Disease
Gerard E. Mullin, MD
12:30 pm Lunch
1:30 pm Case Studies Applying Integrative Medicine to Gut Disorders
Gerard E. Mullin, MD
2:30 pm Workshops
1. Analysis and Management of Lipid Disorders
Brian V. Reamy, MD
2. Case Studies of Thyroid Disorders
E. Chester Ridgway, MD
3:30 pm Break
3:45 pm Workshops (Repeated)
1. Analysis and Management of Lipid Disorders
Brian V. Reamy, MD
2. Case Studies of Thyroid Disorders
E. Chester Ridgway, MD
4:45 pm Adjourn

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.

David B. Carr, MD is an Associate Professor in the Department of Medicine and Neurology at Washington University at St. Louis. He is a board certified internist and geriatrician, and completed his fellowship training in geriatrics at Duke University in 1990.

Dr. Carr accepted a position as Clinical Director in the Division of Geriatrics and Nutritional Science at Washington University in 1994. He maintains a consultative practice there. He has been a clinician in the Memory and Aging project in the Alzheimer's Disease Research Center for the past 15 years. He is the director of the geriatric fellowship program. Dr. Carr is Medical Director of The Rehabilitation Institute of St. Louis, an 80-bed inpatient rehabilitation hospital. He is also Medical Director of Parc Provence, a long-term care facility for dementia in the greater St. Louis area.

Dr. Carr's research interests are in medical conditions that affect driving and especially, issues of assessing driving safety and driving cessation for older drivers with dementia and stroke.

Gerard E. Mullin, MD is an associate professor in the Department of Medicine as well as Director of Integrative Gastroenterology Nutrition Services and Director of Capsule Endoscopy at The Johns Hopkins Hospital.

He is an internist, gastroenterologist and nutritionist and the only physician in the United States who is board certified by the American Board of Internal Medicine for Gastroenterology, American Society of Enteral and Parenteral Nutrition, American College of Nutrition, and the American

Board of Nutrition Physician Specialists.

Nationally and internationally renowned for his work in integrative gastroenterology and nutrition, Dr. Mullin has accumulated over 15 years of clinical experience in the field and earned his master's degree in nutrition while in practice.

He is an associate editor of several nutrition and integrative medicine journals. Dr. Mullin was selected by Dr. Andrew Weil to serve as a senior editor for the first book for physicians on integrative gastroenterology by Oxford Press to be released in March of 2011.

Dr. Mullin's writing and communications skills are diverse in both the medical and lay communities. He has been interviewed on radio and television and has contributed to stories in The New York Times, the Associated Press, ABC News, Good Morning America, Chicago Tribune, Newsday, Martha Stewart Living, Rodale Press, Consumers Digest, Reader's Digest, Prevention, Natural Health magazine, More Magazine, Ladies Home Journal, Body & Soul, Cooking Light, Women's World, Men's Health, Good Housekeeping, Glamour and more.

Dr. Mullin's contributions and discoveries have led to multiple awards and his continued selection as one of America's Top Physicians by the Consumer's Research Council of America since 2004. In 2009 he was named by the American Dietetic Association's honorary member of the year.

Richard S. Muther, MD has practiced nephrology for 30 years in the Kansas City area. He is an Alpha Omega Alpha graduate of the University of Kansas

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

Medical Center where he also completed a residency in Internal Medicine. Dr. Muther served a nephrology fellowship at the University of Oregon Health Sciences Center in Portland. Dr. Muther is Medical Director of the Dialysis Clinics, Inc. and Founding Partner of the Kidney Associates of Kansas City, Missouri. For over 30 years, Dr. Muther has been in this private group practice and a consultant in nephrology at Research Medical Center in Kansas City, Missouri. Among his many clinical and medical leadership awards, Dr. Muther is sought and recognized for his outstanding abilities as a teacher.

Brian V. Reamy, MD is the Associate Dean for Faculty and Professor of Family Medicine of the F. Edward Hebert School of Medicine at Uniformed Services University (USU) School of Medicine in Bethesda, Maryland. He is the immediate past-Chair of the Department of Family Medicine at USU where he served from 2001-2009. Dr. Reamy has an extensive record of research, publications and speaking in the prevention of cardiovascular disease through the control of hyperlipidemia.

Dr. Reamy earned his medical degree from Georgetown University Medical School in 1987. He completed his residency in Family Medicine at David Grant Medical Center, Travis AFB, California. He also completed a Fellowship in Faculty Development at the University of California, San Francisco in 1997.

Dr. Reamy is a Fellow of the American Academy of Family Physicians. He has served on the Board of Directors of the Uniformed Services Academy of Family Physicians (USAFP). He has also served as the Vice President and President of that organization – the eighth largest Chapter of

the AAFP. He has served as Chief of Family Practice at Eielson AFB, Alaska and as faculty and then Residency Director of two Air Force residency Training Programs at Travis AFB, California and then Andrews AFB, Maryland.

E. Chester Ridgway, MD received his undergraduate degree at Dartmouth College and his M.D. degree from the University of Colorado Medical School. Following his residency and fellowship at Harvard Medical School, he joined the faculty at Harvard University and the Massachusetts General Hospital where he was Head of the Thyroid Unit. In 1985 he was recruited back to the University of Colorado School of Medicine as the Head of the Division of Endocrinology, Metabolism and Diabetes, a position he held until 2007. In 1995 Dr. Ridgway was appointed Senior Associate Dean for Academic Affairs within the School of Medicine. In 2006 he was appointed Vice Chair for the Department of Medicine and he was Interim Chair for the Department of Medicine from April-December 2010.

Dr. Ridgway's clinical interests are in disorders of the thyroid and pituitary glands. Dr. Ridgway does both basic and clinical research in the area of endocrinology emphasizing pituitary and thyroid disorders. Additionally, Dr. Ridgway continues to be an active member of both the national American Thyroid Association and The Endocrine Society. He served as the President of the American Thyroid Association in 1997 and President of the Endocrine Society in 2003. Dr. Ridgway is currently Editor-in-Chief for Endocrine Reviews. He is a past speaker at this Recent Advances in Medicine conference.

SPEAKER INFORMATION CONTINUED

Bowen F. White MD earned undergraduate degrees in Political Science and Chemistry. The former was received from the University of Kansas in 1969 and the latter from the University of Missouri in 1975. Dr. White received his Medical Doctor degree from the University of Kansas in 1979. He completed a Family Practice residency at Baptist Medical Center's Goppert Family Care Center in Kansas City, MO in 1982. He is Board Certified in Family Medicine. He was in the private practice of Family Medicine in Kansas City from 1982 to 1984.

Because of his entertaining and thought-provoking style, Dr. White founded and was Medical Director of the Department of Preventive and Stress Medicine at Baptist

Medical Center from 1983 to 85 and also served then as Medical Director of the Department of Wellness and Health Promotion at Baptist. Dr. White wrote a weekly column "Patient Potential" for the Kansas City Business Journal from 1983 to 1986 and did a Weekly Medical segment on the CBS affiliate station in Kansas City from 1983 to 1990.

Dr. White has spoken at medical conferences throughout the USA, also in Canada, Mexico, India, Panama, Spain, Austria, Germany, Israel and Scotland. Dr. White has been in private practice and practice in organizational medicine from 1985 to the present. He wrote the book, "Why Normal Isn't Healthy" and co-authored "A Clinicians Guide to Spirituality."

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, 2011 by calling 816-303-2934 or 1-866-856-9717 or on-line 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 a "city of fountains," with 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 KC Strip runs replicas of historic trolleys between The Power & Light District, the Crossroads, 18th & Vine, 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. The Kansas City Royals will be playing the Chicago Cubs June 24-26, 2011. The play, "9 to 5," based on the hit movie comedy will be playing at Starlight Theatre June 21- 26.

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

CONFERENCE INFORMATION, CONT.

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 24th 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.

2011 CONFERENCE OBJECTIVES

1. Analyze lipid disorders and apply case-management decisions based on guidelines;
2. Identify and discuss treatment of dementia utilizing the most current, evidence based guidelines;
3. Identify the connection between our nutritional choices and how that effects inflammatory bowel disease;
4. Efficiently use and interpret thyroid tests in identification of thyroid disorders;
5. Describe integrative medicine approaches to disorders of the digestive system;
6. Analyze and discuss treatment of lipid disorders for primary and secondary prevention of cardiovascular disease;
7. Choose evidence-based management approaches for patients with thyroid disorders;

8. Examine various beliefs and obligations that unwittingly control people's lives in non-productive ways;
9. Identify and discuss treatment of the entirety of Alzheimer's Disease in a rational fashion;
10. Evaluate the causes and describe the treatment of chronic kidney disease to help prevent kidney failure;
11. Implement an integrative approach in the care of functional digestive disorders;
12. Be aware of and help control factors in chronic kidney disease that increase risk for cardiovascular events;
13. Recognize and describe mild cognitive impairment to slow the progression to dementia; and
14. Choose a rational clinical process for the identification and plan of care of thyroid nodules and goiter.

CONTINUING EDUCATION CREDIT

AAFP – This activity, Recent Advances in Medicine, with a beginning date of June 23, 2011, has been reviewed and is acceptable for up to 13.00 Prescribed and 1.00 Elective credits by the American Academy of Family Physicians.

AMA/AAFP Equivalency: AAFP Prescribed credit is accepted 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, not as Category 1.

Nursing: Research Medical Center is an approved provider of continuing nursing education by the Missouri Nurses' Association, an accredited approver by the American Nurses recertification Center's Commission on Accreditation.

The participant will receive 7.0 contact hours per day. Approval to present this program does not imply ANCC Commission on Accreditation or MONA approval or endorsement of any commercial products. Registrants are required to attend the entire program each day in order to receive credit.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

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.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

THE OTHER CHANGE IN NET ASSETS OR FUND BALANCE IS DUE TO THE UNREALIZED
GAINS OF \$3,679,777

ATTACHMENT 1

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.

Name of the organization

BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number

23-7432481

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CONTINUE THE TRADITION AND RELIGIOUS HERITAGE OF THE FOUNDERS AND
DONORS OF BAPTIST MEDICAL CENTER AND TRINITY LUTHERAN HOSPITAL AND
THEIR FOUNDATIONS.

ATTACHMENT 2FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

IRELAND

CAYMAN ISLANDS

ATTACHMENT 3FORM 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 INVESTMEN	863,583.			863,583.
TOTALS	<u>863,583.</u>			<u>863,583.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
COUNTRY CONCERT	75,489.
TOTAL	<u>75,489.</u>

Name of the organization
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number
23-7432481

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
COUNTRY CONCERT	21,639.	51,206.	-29,567.
TOTALS	<u>21,639.</u>	<u>51,206.</u>	<u>-29,567.</u>

ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	3,749.
TOTALS	<u>3,749.</u>

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS & ETF - FIXED INC	8,453,268.	FMV
MUTUAL FUNDS & ETF - EQUITY	8,287,362.	FMV
US GOVERNMENT AND AGENCY SEC	745,984.	FMV
CORPORATE BONDS	589,074.	FMV
COMMON STOCK	11,072,715.	FMV
TOTALS	<u>29,148,403.</u>	

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

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 **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**, 20**11**.

5 For calendar year **2010**, or other tax year beginning , 20 , and ending , 20 .

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 NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX 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 \$
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, 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 **Stan House**

Title **CPA**

Date **8/5/11**

Form **8868** (Rev 1-2011)

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