See a Social Security Number? Say Something!
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Form 990

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning , 2011, 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) Room/suite
6675 HOLMES ROAD EXTENSION ATTACHED 470

City or town, state or country, and ZIP + 4
KANSAS CITY, MO 64131

D Employer identification number
23-7432481

E Telephone number
(816) 276-7555

G Gross receipts $ 2,306,692.

F Name and address of principal officer: BECKY SCHAID
6675 HOLMES ROAD SUITE 470 KANSAS CITY, MO 64131

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 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

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	22.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	8.
6	Total number of volunteers (estimate if necessary)	6	42.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	342,311.	169,814.
9	Program service revenue (Part VIII, line 2g)	9,700.	12,325.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,017,498.	2,095,606.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,846.	-10,541.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,348,663.	2,267,204.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	759,312.	898,263.
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)	274,095.	297,611.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,781.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	699,644.	556,179.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,733,051.	1,752,053.
19	Revenue less expenses Subtract line 18 from line 12	-384,388.	515,151.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,430,840.	35,279,199.
21	Total liabilities (Part X, line 26)	855,654.	692,610.
22	Net assets or fund balances Subtract line 21 from line 20	36,575,186.	34,586,589.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ X Signature of officer — X Date 9-10-12

▶ Thomas J. Bash
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
STANLEY H. HOUSE	Stan House	9/6/12	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

SCANNED OCT 5

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

JSA
1E1010 1 000

Part III **Statement of Program Service Accomplishments**

Check 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 740,051. including grants of $ 554,766.) (Revenue $)

KANSAS CITY'S MEDICINE CABINET - EMERGENCY MEDICAL ASSISTANCE. SEE SCHEDULE O FOR DISCUSSION OF PROGRAM ACCOMPLISHMENTS.

4b (Code:) (Expenses $ 397,684. including grants of $ 104,773.) (Revenue $ 12,325.)

MEDICAL EDUCATION - ANNUAL CONFERENCE FOR MEDICAL PROFESSIONALS. OTHER EDUCATION PROGRAMS INCLUDE RESIDENT EDUCATION, PATIENT EDUCATION, SCHOLARSHIPS FOR NURSING AND RESPIRATORY THERAPY STUDENTS. SEE SCHEDULE O FOR DISCUSSION OF PROGRAM ACCOMPLISHMENTS.

4c (Code:) (Expenses $ 241,232. including grants of $ 238,724.) (Revenue $)

COMMUNITY HEALTH AND OTHER PROGRAMS - SEE SCHEDULE O FOR DISCUSSION OF PROGRAM ACCOMPLISHMENTS.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,378,967.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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*	11a	X	
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*	11b	X	
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	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*	12a	X	
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*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
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
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 22		
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	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BECKY SCHAID 6675 HOLMES ROAD SUITE 470 KANSAS CITY, MO 64131 816-276-7555

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

Check 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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. SUSAN HERZBERG 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) RICH 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

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
15) DR. JACK STELMACH DIRECTOR	1.00	X						0	0	0
16) AL TIKWART JR. DIRECTOR	1.00	X						0	0	0
17) DR. DAVID TILLEMA DIRECTOR	1.00	X						0	0	0
18) CHERYL ANDERSON DIRECTOR	1.00	X						0	0	0
19) NANCY PAGEL DIRECTOR	1.00	X						0	0	0
20) JANE RUES DIRECTOR	1.00	X						0	0	0
21) CRAIG ROEDER DIRECTOR	1.00	X						0	0	0
22) SUSIE LAW DIRECTOR	1.00	X						0	0	0
23) BECKY SCHAID EXECUTIVE DIRECTOR	0			X				128,737.	0	15,777.
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								128,737.	0	15,777.
d Total (add lines 1b and 1c) ▶								128,737.	0	15,777.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 64,723.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 105,091.				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		169,814.			
Program Service Revenue		Business Code				
	2a MEDICAL EDUCATION SEMINAR FEES	611430	12,325.	12,325.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		12,325.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		920,703.			920,703.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	1,174,903.				
	d Net gain or (loss)		1,174,903.			1,174,903.
	8a Gross income from fundraising events (not including $ 64,723. of contributions reported on line 1c) See Part IV, line 18 ATCH 3	a 33,335.				
	b Less direct expenses	b 39,488.				
	c Net income or (loss) from fundraising events ATCH 4		-6,153.			-6,153.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a INCREASE IN CASH SURRENDER VALUE OF LIFE		9,997.			9,997.
	b CHANGE IN VALUE OF CRAT		-14,385.			-14,385.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		-4,388.			
	12 Total revenue. See instructions		2,267,204.	12,325.		2,085,065.

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).

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	228,599.	228,599.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	669,664.	669,664.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	144,514.	79,483.	36,128.	28,903.
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	122,117.	85,896.	24,111.	12,110.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,595.	4,275.	660.	660.
9 Other employee benefits	7,555.	7,480.	37.	38.
10 Payroll taxes	17,830.	7,546.	7,746.	2,538.
11 Fees for services (non-employees)				
a Management	0			
b Legal	5,886.	200.	5,686.	
c Accounting	14,578.	4,855.	9,723.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	166,126.		166,126.	
g Other	229,527.	213,685.	1,842.	14,000.
12 Advertising and promotion	0			
13 Office expenses	2,035.	459.	1,576.	
14 Information technology	10,549.	3,399.	5,235.	1,915.
15 Royalties	0			
16 Occupancy	2.		2.	
17 Travel	2,079.	1,781.	149.	149.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	28,858.	26,389.	1,172.	1,297.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,689.	384.	5,305.	
23 Insurance	5,875.	1,956.	3,919.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	2,013.	1,500.	513.	
b PRINTING, POSTAGE & PROMOTIO	33,126.	11,985.	3,361.	17,780.
c AGENCY ALLOCATION	26,222.	26,222.		
d DONOR CULTIVATION AND RECOGN	11,531.	417.		11,114.
e All other expenses	12,083.	2,792.	9,014.	277.
25 **Total functional expenses.** Add lines 1 through 24e	1,752,053.	1,378,967.	282,305.	90,781.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	1,278,208.	2	1,572,460.
	3	Pledges and grants receivable, net	131,717.	3	8,647.
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges ATCH. 5	3,749.	9	5,402.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 178,689.			
	b	Less accumulated depreciation — 10b: 28,295.	2,209.	10c	150,394.
	11	Investments - publicly traded securities ATCH 6	29,148,403.	11	27,211,468.
	12	Investments - other securities See Part IV, line 11	6,151,932.	12	5,606,209.
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	714,622.	15	724,619.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	37,430,840.	16	35,279,199.
Liabilities	17	Accounts payable and accrued expenses	123,199.	17	121,109.
	18	Grants payable	694,500.	18	535,750.
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	37,955.	25	35,751.
	26	**Total liabilities.** Add lines 17 through 25	855,654.	26	692,610.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	29,511,042.	27	27,976,875.
	28	Temporarily restricted net assets	4,560,998.	28	4,096,571.
	29	Permanently restricted net assets	2,503,146.	29	2,513,143.
		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	36,575,186.	33	34,586,589.
	34	Total liabilities and net assets/fund balances	37,430,840.	34	35,279,199.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,267,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,752,053.
3	Revenue less expenses. Subtract line 2 from line 1	3	515,151.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,575,186.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,503,748.
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	34,586,589.

Part XII Financial Statements and Reporting

Check 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 [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	234,982.	687,850.	198,462.	342,311.	169,814.	1,633,419.
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	234,982.	687,850.	198,462.	342,311.	169,814.	1,633,419.
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)						8,963.
6 Public support. Subtract line 5 from line 4						1,624,456.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	234,982.	687,850.	198,462.	342,311.	169,814.	1,633,419.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	412,510.	555,652.	544,079.	489,754.	920,703.	2,922,698.
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	100.				-4,388.	-4,288.
11 Total support. Add lines 7 through 10						4,551,829.

12 Gross receipts from related activities, etc. (see instructions)	12	294,697.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	35.69%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	41.02%

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	100.					100.
INCREASE IN CASH SURRENDER VAL					9,997.	9,997.
CHANGE IN CRAT					-14,385.	-14,385.
TOTALS	100.				-4,388.	-4,288.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the 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 section 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 ▶ $ _____

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

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

5 During the year, did the organization 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 the 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	4,438,847.	4,305,256.	3,421,728.	4,175,777.	
b Contributions	42,261.	30,167.	830,331.	203,972.	
c Net investment earnings, gains, and losses	-5,443.	197,416.	276,090.	-532,786.	
d Grants or scholarships	46,146.	55,641.	96,328.	324,272.	
e Other expenditures for facilities and programs	77,931.	38,351.	126,565.	100,963.	
f Administrative expenses					
g End of year balance	4,351,588.	4,438,847.	4,305,256.	3,421,728.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.0000 %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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 property	(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		129,048.	1,434.	127,614.
d Equipment		47,746.	26,861.	20,885.
e Other		1,895.		1,895.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				150,394.

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	4,838,932.	FMV
(B) BENEFICIAL INTEREST IN TRUST	767,277.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	5,606,209.	

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

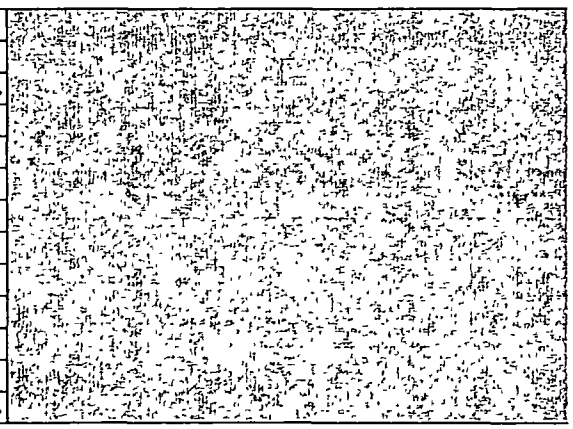
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

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) Book value
(1) Federal income taxes	
(2) CRAT LIABILITY	35,751.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	35,751.



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	2,267,204.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,752,053.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	515,151.
4	Net unrealized gains (losses) on investments	4	-2,503,748.
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	-2,503,748.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-1,988,597.

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	-394,269.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	-2,503,748.		
b	Donated services and use of facilities	2b	8,401.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	-2,495,347.
3	Subtract line 2e from line 1			3	2,101,078.
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	166,126.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	166,126.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,267,204.

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

1	Total expenses and losses per audited financial statements			1	1,594,328.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
a	Donated services and use of facilities	2a	8,401.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	8,401.
3	Subtract line 2e from line 1			3	1,585,927.
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	166,126.		
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	166,126.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	1,752,053.

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, 2011 AND 2010. THE FOUNDATION IS NO LONGER SUBJECT TO AUDITS BY THE IRS FOR YEARS PRIOR TO 2008. 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
2011
Open to Public Inspection

Name of the organization
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number
23-7432481

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
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 CONCERT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	98,058.			98,058.
	2 Less: Charitable contributions	64,723.			64,723.
	3 Gross income (line 1 minus line 2)	33,335.			33,335.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,633.			6,633.
	8 Entertainment	32,732.			32,732.
	9 Other direct expenses	123.			123.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(39,488.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-6,153.

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. _____

10a 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)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number
23-7432481

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. 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) SETON CENTER, INC. 2816 E. 23RD STREET KANSAS CITY, MO 64127	43-0926003	501(C)(3)	13,000.				DENTAL CLINIC EQUIPM
(2) SUSAN G. KOMEN - GREATER KC AFFILIATE 1111 MAIN ST. STE 450 KANSAS CITY, MO 64105	75-2844634	501(C)(3)	16,599.				CANCER RESEARCH
(3) YMCA OF GREATER KANSAS CITY 3100 BROADWAY ST, STE 1020	44-0546002	501(C)(3)	10,000.				WELLNESS ARTHRITIS
(4) OZANAM 421 EAST 137TH STREET KANSAS CITY, MO 64145	44-0545442	501(C)(3)	10,000.				PE4LIFE PROGRAM
(5) SHARED CARE FREE CLINIC OF JACKSON COUNTY 17611 E. US 24 HWY, STE 103	43-1482136	501(C)(3)	12,000.				MEDICAL EQUIPMENT
(6) SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501(C)(3)	8,000.				MEDICAL EQUIPMENT
(7) KANSAS CITY FREE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	9,072.				EQUIPMENT FOR CLINIC
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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	2,588.	554,766.			
2	MEDICAL EDUCATION	1,188.	104,773.			
3	OTHER ASSISTANCE AND GRANTS	12.	10,125.			
4	RESPIRATORY AND NURSING SCHOLARSHIPS	49.	153,560.			
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.

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.

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2011

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 LOSSES OF $2,503,748

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990 PART III LINES 4A TO 4D

KANSAS CITY'S MEDICINE CABINET, AN EMERGENCY MEDICAL ASSISTANCE PROGRAM CREATED BY THE FOUNDATION IN JULY OF 2005 CONTINUED TO MEET THE NEEDS OF

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

KANSAS CITY'S LOW INCOME, UNINSURED AND UNDER-INSURED. FROM JANUARY 1, 2011 THROUGH DECEMBER 31, 2011, 2,558 PEOPLE WERE ASSISTED AND 2,788 SERVICES PROVIDED. THIS IS AN 8% INCREASE OVER CLIENTS SERVED IN 2010. DURING THE YEAR, ADDITIONAL SOCIAL SERVICE AGENCIES WERE ADDED TO MEET THE GROWING NEED AND PROVIDE EASIER ACCESS, BRINGING THE NUMBER OF SOCIAL SERVICE AGENCIES INVOLVED TO 10 WITH 20 INTAKE SITES THROUGH THE METROPOLITAN KANSAS CITY AREA. IN ADDITION, THE PROGRAM CONTINUES TO WORK WITH THE LOCAL DOMESTIC VIOLENCE SHELTERS AND BEGAN WORKING WITH LOCAL CANCER PATIENTS THROUGH CANCER ACTION. (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.)

SUPPORT WAS PAID FOR ORIGINAL "LIFELINE" (MEDICAL ALERT SERVICE) SUBSCRIBERS NEEDING ASSISTANCE WITH MONTHLY FEES.

48 SCHOLARSHIPS WERE AWARDED TO NURSING STUDENTS.
1 SCHOLARSHIP WAS AWARDED TO A RESPIRATORY THERAPY STUDENT FOR HIS CERTIFICATION AND REGISTRATION EXAMS.

THE FOUNDATION SPONSORED A COMMUNITY SMOKING CESSATION PROGRAM.

THE FOUNDATION SPONSORED A NEONATAL CONFERENCE FOR HEALTH CARE PROVIDERS.

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

THE FOUNDATION SPONSORED A PANCREATIC CANCER RESEARCH STUDY THROUGH A LOCAL HOSPITAL.

THE FOUNDATION SUPPORTED A BREAST CANCER COMMUNITY ASSESSMENT STUDY THROUGH SUSAN G. KOMEN.

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 FOUR NON-PROFIT HEALTH CLINICS IN THE METROPOLITAN AREA.

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

THE FOUNDATION COMPLETED ITS THREE YEAR COMMITMENT TO THE NEIGHBORHOOD YMCA FOR CONTINUED SUPPORT OF THEIR ARTHRITIS PROGRAM AND MADE A NEW COMMITMENT FOR ADDITIONAL ARTHRITIS SUPPORT AS WELL AS A HEALTHY LIFESTYLE INITIATIVE.

THE FOUNDATION FUNDED THE FIRST YEAR OF A SECOND FIVE YEAR GRANT TO SUPPORT AN IN-SCHOOL WELLNESS CENTER AT A NEIGHBORHOOD CHARTER SCHOOL.

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

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS FROM INVESTMEN	920,703.			920,703.
TOTALS	920,703.			920,703.

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CONCERT	64,723.
TOTAL	64,723.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CONCERT	33,335.	39,488.	-6,153.
TOTALS	33,335.	39,488.	-6,153.

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	5,402.
TOTALS	5,402.

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
COMMON AND PREFERRED STOCK	11,536,379.	FMV
EQUITY MUTUAL FUNDS	3,220,808.	FMV

Name of the organization: BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION

Employer identification number: 23-7432481

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
FIXED INCOME MUTUAL FUNDS	7,705,990.	FMV
US GOVERNMENT & AGENCY SECURI	1,056,223.	FMV
CORPORATE BONDS	551,982.	FMV
MASTER LIMITED PARTNERSHIPS	3,140,086.	FMV
TOTALS	27,211,468.	

Baptist-Trinity Lutheran
LEGACY FOUNDATION

6675 Holmes Road, Suite 470
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2261 fax

Kansas City's Medicine Cabinet

KANSAS CITY'S MEDICINE CABINET

Each day, hundreds of Kansas City families must make heartbreaking choices Buy groceries? Pay rent and utilities? Or take care of a medical need? Rising insurance costs and expensive prescriptions force many of our neighbors to seek emergency medical assistance

Families seeking immediate, short-term medical care can get the help they need through Kansas City's Medicine Cabinet, LLC – a program of Baptist-Trinity Lutheran Legacy Foundation

Support of Kansas City's Medicine Cabinet provides much needed assistance in these main areas:

- **Dental emergencies**
- **Diabetic supplies**
- **Durable medical goods**
- **Prescriptions**
- **Vision Care**

The Foundation searched for areas where healthcare support was lacking in the metro area and found that emergency medical assistance was the greatest need for low income individuals with little or no insurance Kansas City's Medicine Cabinet was launched to fill this gap

With the support of generous contributors, The Medicine Cabinet is making a positive impact on health throughout our community.

Today Kansas City's Medicine Cabinet continues to expand and serve even more families and individuals seeking crisis medical attention With over 100 referring agencies – and new intake sites being added regularly – our reach is increasing

Partnerships with Hy-Vee Pharmacies, Eye Care Optical, Hometown Hearing and Audiology, the UMKC Dental Clinic and other organizations, help make it even more convenient and practical for our neighbors to find the help they need

You Can Make a Difference

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

contribute ▸

How To Get Help

Visit the
KC Medicine Cabinet
Website

Find us on Facebook

Baptist-Trinity Lutheran LEGACY FOUNDATION

6675 Holmes Road, Suite 470
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2261 fax

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!

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Scholarship Application

L.A. Hollinger, M.D. Scholarship

1933 – 1993

The L.A. Hollinger, M.D. Scholarship was established to honor Dr. Hollinger's contributions as a physician, educator, and colleague. The intent of this scholarship is to promote his strong commitment to education with the emphasis on continually improving the quality of patient care and ensuring the continued preparation of future nurses and respiratory therapists to meet that objective. The scholarship is awarded to those who are currently pursuing a Nursing or Respiratory Therapy undergraduate or graduate degree.

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

Among those accomplishments:

- *Founder and director of the Department of Pulmonary Medicine, 1967-1991*
- *Founder and director of Johnson County Community College School of Respiratory Therapy, 1967-1991*
- *President of Baptist Medical Center Medical Staff, 1978-1979*
- *Vice-president of Medical Affairs at Baptist Medical Center, 1992-1993*

Awards:

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

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

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, 6675 Holmes 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
6675 Holmes Rd., Suite 470
Kansas City, MO 64131
(816) 276-7555

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

6675 Holmes Road, Suite 470
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 **Since inception, 284 nursing scholarships have been awarded totaling $873,750 in financial assistance.**

Applications, with accompanying documentation, must be received in the Foundation office by May 1, 2013 to be considered for the 2013/2014 academic year

Please note our office has moved
6675 Holmes Rd, Suite 470
Kansas City, MO 64131

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

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!

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Scholarship Application

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Home | About Us | Kansas City's Medicine Cabinet | Education/Grants | Kansas City Tip-Off | Contribute | Contact Us

Trinity Lutheran Hospital School of Nursing Alumnae Nursing Scholarship Fund

Trinity Lutheran Hospital School of Nursing was committed to providing 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 persons who wish to pursue a career in nursing (such as undergraduate, advanced degree, etc.) and need financial assistance.

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*
- *Members of the Trinity Lutheran Hospital School of Nursing Alumnae*

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, 6675 Holmes Rd., Suite 470 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
6675 Holmes Rd., Suite 470 • Kansas City, Missouri 64131
(816) 276-7555

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

Baptist-Trinity Lutheran
LEGACY FOUNDATION

6675 Holmes, Road, Suite 470
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2261 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

The 2012 Orear Conference will take place June 28th and 29th at the InterContinental Hotel in Kansas City, Missouri

Click here to register online

Click here to download the brochure to register via email or mail it in

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Upcoming Conference:

25th Annual Course
June 28-29, 2012

Past Conferences Schedules HERE

INSTITUTE

RECENT ADVANCES IN MEDICINE

OREAR
INSTITUTE
FOR POST GRADUATE STUDIES

OREAR

Anniversary

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

RECENT ADVANCES IN MEDICINE

CONFERENCE REGISTRATION

JUNE 28-29, 2012

Name & Degree _____

Address _____

City/State/Zip _____ Phone _____

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 6/1/12	Payment after 6/1/12	Lunch Fee	Indicate Amount of Payment
❑ Former Baptist-Lutheran Medical Center and/or Current Research Medical Center Medical Staff (Active and Courtesy)	$25.00 lunch not included	$25.00 lunch not included	$25.00 per day*	$_____
❑ Other Physicians	$325 both days $175 one day*	$350 both days $200 one day*	Included	$_____
❑ Family Practice Residency Graduates (Trinity, Baptist or Research Hospitals) ❑ Active Military Physicians ❑ Retired Physicians	$225 both days $150 one day*	$250 both days $175 one day*	Included	$_____
❑ Other Medical, Pharmacy and Nursing ❑ Students ❑ Residents ❑ Fellows ❑ Advance Practice Nurses ❑ Physician Assistants	$175 both days $125 one day*	$200 both days $150 one day*	Included	$_____

* Please indicate which day you will attend: _____Thursday, June 28 or _____ Friday, June 29.
Do you require a vegetarian lunch? _____ yes _____ no

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
E-Mail: OrearInstitute@kc.rr.com

CONFERENCE SCHEDULE

THURSDAY, JUNE 28, 2012

7:30 am Registration & Continental Breakfast
8:00 am Welcome & Introductions
Larry A. Rues, MD, Moderator
OREAR MEMORIAL LECTURE
8:10 am **Top Selling Dietary Supplements: A Critical Review of the Evidence**
Tieraona Low Dog, MD
9:10 am **Evidence-Based Weight Loss I: Medical Facts and Lifestyle Changes**
Steven Masley, MD, FAAFP, CNS, FACN, CCD
10:10 am Break
10:30 am **Screening for Breast Cancer: Recommendations and Controversies**
Michael LeFevre, MD
11:30 am **Evidence-Based Weight Loss II: Beyond Lifestyle, Future Weight Loss Options**
Steven Masley, MD, FAAFP, CNS, FACN, CCD
12:30 pm Lunch
1:30 pm **The Nutrition Prescription**
Tieraona Low Dog, MD
2:30 pm **Osteoporosis Review 2012**
Kathryn Diemer, MD
3:30 pm Break
3:45 pm **The Evolving Story of Screening for Prostate Cancer**
Michael LeFevre, MD
4:45 pm Adjournment

FRIDAY, JUNE 29, 2012

7:30 am Registration & Continental Breakfast
8:00 am Welcome & Introductions
Melvin Glazer, MD, Moderator
8:10 am **Future Options for Osteoporosis Care, 2012 and Beyond**
Kathryn Diemer, MD
9:10 am **Prevention of Cardiovascular Events: Facts and Fictions**
Steven Masley, MD, FAAFP, CNS, FACN, CCD
10:10 am Break
10:30 am **Optimal Aging: Strategies for Life**
Tieraona Low Dog, MD
JACK HILL LECURE
11:30 am **2012 Guidelines for Cervical Cancer Screening: What To Do, How Often, and What To Do With The Results?**
Michael LeFevre MD
12:30 pm Lunch
1:30 pm **Why "Normal" Still Isn't Healthy**
Bowen White MD
2:30 pm Workshops
1. Osteoporosis Case Presentations
Kathryn Diemer, MD
2. Infectious Diseases Cases
David McKinsey, MD
3:30 pm Break

3:45 pm Workshops (Repeated)
1. Osteoporosis Case Presentations
Kathryn Diemer, MD
2. Infectious Disease Cases
David McKinsey, 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.

Kathryn M. Diemer, MD

Dr. Diemer was born and raised in St. Louis, Mo. She attended the University of Missouri –Kansas City, which is a six-year, combined BA-MD program. She graduated with Honors in 1985. She served her internship in Obstetrics and Gynecology at Truman Medical Center in Kansas City before returning to St. Louis. In 1986, Dr. Diemer began her residency training in Internal Medicine at the Jewish Hospital of St. Louis at Washington University School of Medicine. She served as Chief Resident in Internal Medicine in 1989. In 1990, she began work with Dr. Louis Avioli who was Chief of the Division of Bone and Mineral Metabolism at Washington University School of Medicine. Dr. Diemer presently serves as the Clinical Director of the Bone Health Program seeing patients with osteoporosis and other metabolic bone diseases. She was named the Clinical Instructor of the Year at the International Society of Clinical Densitometry national meeting in 2006. She has lectured both nationally and internationally on the subjects of osteoporosis and bone densitometry.

Dr. Diemer is also involved with education of medical students and residents and as the associate Program Director of the Internal Medicine Primary Care Residency Program at Barnes-Jewish.

Michael LeFevre, MD, MSPH

Dr. LeFevre is the Future of Family Medicine Professor and Associate Chair of Family and Community Medicine at the University of Missouri - Columbia. As Medical Director for the Department of Family Medicine, he has administrative oversight of practices in six locations with over 90,000 annual visits. He teaches residents and medical students in the inpatient and outpatient settings and maintains an active practice across the full breadth of Family Medicine including inpatient work and obstetrics. He is also Chief Medical Information Officer for the University of Missouri health system and has directed the implementation of the electronic medical record across the system since 2002. Much of his academic effort has been in the area of evidence based medicine and clinical policies, and he is currently a member of the United States Preventive Services Task Force and the Joint National Conference on Prevention, Detection and Treatment of Hypertension (JNC 8). He has B.S.E.E., M.D. and M.S.P.H. degrees from the University of Missouri and has been on faculty there since 1984.

Dr. LeFevre has lectured at this conference on two prior occasions, you will see why we asked him again.

Tieraona Low Dog, MD

Dr. Low Dog's extensive career in studying natural medicine and its role in modern health care began more than 30 years ago. Prior to attending medical school, she studied massage therapy, midwifery, herbal medicine and martial arts. After extensive experience with botanicals she went on to receive her Doctor of Medicine degree from the University of New Mexico School of Medicine. She currently serves as the Fellowship Director for the Arizona Center for Integrative Medicine and Clinical Associate Professor of Medicine at the University of Arizona Health Sciences Center.

In addition to her work as a clinician and educator, Dr. Low Dog has been involved in national health policy and regulatory issues for more than a decade. In 2000, President Bill Clinton appointed Dr. Low Dog to the White House Commission of Complementary and Alternative Medicine. She was then appointed to the Scientific Advisory Board for the National Institutes of

Health National Center for Complementary and Alternative Medicine (NCCAM) and now serves on their Board of Scientific Councilors. She chaired the United States Pharmacopoeia Dietary Supplements and Botanicals Expert Information Committee from 2000-2010 and now serves of chair of the Dietary Supplements sub-committee to oversee the evaluation of the safety of commonly used dietary supplements.

Her many honors of distinction in recognition of her work with integrative medicine include the Martina de la Cruz medal for her work with indigenous medicines (1998), Time magazine's "Innovator in Complementary and Alternative Medicine" (2001), Bioneer's award for Outstanding Contribution to Medicine (2002), the Burt Kallman Scientific Award (2007) and NPR's People's Pharmacy Award for Excellence in Research and Communication for the Public Health (2010). Dr. Low Dog also holds the rank of third degree black in Tae Kwon Do.

Dr. Low Dog has been an invited speaker at more than 500 scientific/health conferences, she has written more than 30 publications, 13 chapters for medical textbooks, two books and was co-editor for Integrative Women's Health. She has appeared on ABC's 20/20, CNN, is a frequent guest on NPR's The People's Pharmacy and has a regular column entitled "Smart Talk on Supplements" in Alternative and Complementary Therapies.

Steven Masley, MD, FAAFP, CNS, FACN, CCD

Steven Masley, M.D. is a Fellow and certified family physician and nutritionist, author, speaker, and award-winning patient educator. His research focuses on the impact of lifestyle choices on aging, cardiovascular disease, diabetes, cognitive function, and weight control. His passion is empowering people to achieve optimal health through comprehensive medical assessments and lifestyle changes.

Dr. Masley is a Clinical Assistant Professor at the University of South Florida, and he teaches programs at Eckerd College and the University of Tampa. In 2010, he received the physician Health Care Hero award by the Tampa Bay Business Journal. Dr. Masley sees patients referred from throughout North America at the Masley Optimal Health Center in St Petersburg, FL.

Dr. Masley has published several health books, including Ten Years Younger, and numerous scientific articles. His work has been featured on the Discovery Channel, the Today Show, plus over 200 media interviews. He has spoken at more than 100 CME meetings.

David S. McKinsey, MD

David McKinsey, MD received his Medical Degree from the University of Missouri – Columbia School of medicine. He completed his Internal Medicine residency at the University of Iowa, followed by a fellowship in Infectious Diseases at the University of Tennessee. He joined Infectious Disease Associates of Kansas City in 1986. Dr. McKinsey is certified by the American Board of Internal Medicine in both Internal Medicine and Infectious Diseases. He is a fellow of the Infectious Disease Society of America, President-Elect of the Kansas City Southwest Clinical Society, and a member of several other professional organizations. He has had a long-standing interest in clinical research, especially in the field of fungal infections. Dr. McKinsey's practice is based at Research Medical Center in Kansas City, Missouri. as well as several other area hospitals. He is well known for his excellence in both patient care and a CME presenter.

Bowen F. White, MD

Bowen White, MD earned undergraduate degrees in Political Science and Chemistry. The former was received from the University of Kansas in 1969 and the latter

Speaker Information Continued

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 program at Baptist Medical Center's Goppert Family Care Center in Kansas City, MO in 1982. He is Board Certified in Family Medicine. He practiced at Bannister Family Care Center in Kansas City from 1982 to 1984, and then was the founding Medical Director of the Department of Preventive and Stress Medicine at Baptist Medical Center from 1983 to 85. Because of his entertaining and thought-provoking style, 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 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 the book, *"A Clinicians Guide to Spirituality."* 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 a speaker at this conference last year. He was invited back because he has more of his impotant message to share and he does it so well.

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 May 29, 2012 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, outstanding museums, sports and performing arts. 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. Nearby, too, is the newly acclaimed Kauffman Center for the Performing Arts - an architectural masterpiece open most days.

The Kansas City Royals will be playing the Tampa Bay Rays June 27, 2012.

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
Thomas Beller, M.D.
James A. DiRenna, D.O.
Melvin Glazer, M.D.
Lydia Marien, MS, APRN-BC, FNP
Loren Meyer, M.D.
Jane Murray, M.D.
Richard Muther, M.D.
Stephen Salanski, M.D.
Mark Suenram, M.D.
Leonardo Viril, M.D.
Michael Waxman, MD.
Becky Schaid, Executive Director, Foundation

INSTITUTE OBJECTIVES

This 25th 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 common outpatient problems and hospital care as well as disease prevention and wellness.

2012 CONFERENCE OBJECTIVES

a. Review the evidence surrounding top selling dietary supplements;
b. Discuss the medical facts and lifestyle changes associated with evidence-based weight loss;
c. Describe recommendations and recognize controversies surrounding breast cancer screening;
d. State how to write a prescription to meet the ideal nutrition needs for an individual patient;
e. Review current developments in the prevention and management of osteoporosis;
f. Discuss evolving recommendations for prostate cancer screening;
g. Describe controversial issues and future options and directions for osteoporosis care;
h. Separate facts from fiction to know how best to prevent cardiovascular events;
i. Develop strategies for living to enhance function as we age as well as lengthen life;
j. Discuss recent guidelines for cervical cancer screening;
k.Examine various beliefs and obligations that unwittingly control people's lives in non-productive ways;
l. Identify factors in chronic kidney disease that increase risk for cardiovascular events, and how to control them;
m. Identify and describe how to manage various infectious diseases seen in clinical practice; and
n. Evaluate the causes and treatment options for patients with osteoporosis.

CONTINUING EDUCATION CREDIT

AAFP – This activity, Recent Advances in Medicine, with a beginning date of June 28, 2012, has been reviewed and is acceptable for up to 14.00 Prescribed 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 recredentialing Center's Commission on Accreditation.

The nursing 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. Nursing registrants are required to attend the entire program each day in order to receive credit.

6675 Holmes Road, Suite 470
Kansas City, Missouri 64131
816-276-7555 phone
816-926-2261 fax

Education

Health Education Grants to Neighborhood Schools

Good health and wellness in our schools lay the foundation for a positive and nurturing learning environment for classrooms that encourage happy, well-rounded children prepared to learn, grow and lead

In 2010, the Foundation made a second five year commitment to University Academy Located at 6801 Holmes Road, University Academy is a neighborhood charter school The Foundation helps support their wellness center The wellness center operates like a doctor's office in the school and sees all students, grades K through 12 Typical services provided include

- Physicals
- Sports Physicals
- Immunizations
- Acute Care

Providing these services within the school setting has many benefits

- Increases attendance
- Gives parents and students peace of mind
- Helps assess illness in early stages
- Keeps students' focus on learning and social development

The Foundation is pleased to be able to support this program The Foundation's commitment to University Academy will run through the year 2015 and therefore is not accepting grant proposals for additional grants to neighborhood schools at this time

Back

You Can Make a Difference

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

contribute ▶

- 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	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions: Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	BAPTIST-TRINITY LUTHERAN LEGACY FOUNDATION	[X] 23-7432481
	Number, street, and room or suite no. If a P.O box, see instructions.	Social security number (SSN)
	6675 HOLMES ROAD, SUITE 470	[ ]
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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 12 .

5 For calendar year 2011, 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 REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$
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 must be completed for Part II only.

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

Signature ▶ _____ Title ▶ CPA Date ▶ 8/6/12

Form **8868** (Rev 1-2012)

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

JSA

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