

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 9/30, 2006

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions

BAPTIST HEALTH CARE FOUNDATION, INC.
POST OFFICE BOX 17500
PENSACOLA, FL 32522

D Employer Identification Number

59-0192265

E Telephone number

F Accounting method

Cash Accrual

Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.EBAPTISTHEALTHCARE.ORG

J Organization type (check only one)

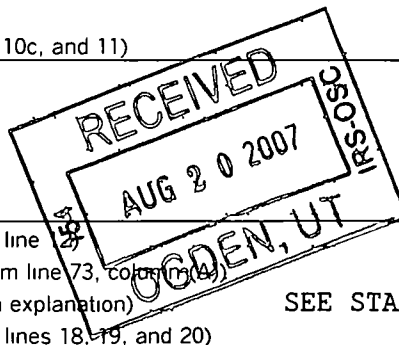
501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,311,377.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1 a	794,754.	
	b Indirect public support	1 b	488,616.	
	c Government contributions (grants)	1 c	53,525.	
	d Total (add lines 1a through 1c) (cash \$ 1,336,895. noncash \$ _____)	1 d		1,336,895.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		2,650.
	4 Interest on savings and temporary cash investments	4		313,186.
	5 Dividends and interest from securities	5		
	6a Gross rents	6 a		
	b Less rental expenses	6 b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6 c		
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	89,292.	8 a		
	91,233.	8 b		
	-1,941.	8 c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d		-1,941.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a	162,001.		
b Less direct expenses other than fundraising expenses	9 b	77,588.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c	STATEMENT 2	84,413.	
10a Gross sales of inventory, less returns and allowances	10 a	405,752.		
	b Less cost of goods sold	10 b	285,403.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c	STATEMENT 3	120,349.
11 Other revenue (from Part VII, line 103)	11		1,601.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,857,153.	
13 Program services (from line 44, column (B))	13		1,711,543.	
14 Management and general (from line 44, column (C))	14		39,598.	
15 Fundraising (from line 44, column (D))	15		556,763.	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		2,307,904.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-450,751.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,875,960.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-93,658.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,331,551.	



SCANNED SEP 05 2007

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 5 (cash \$ 1422978. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,422,978.	1,422,978.		
23	Specific assistance to individuals (att sch) ST 6	23 284,465.	284,465.		
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 0.	0.	0.	0.
26	Other salaries and wages	26 77,742.			77,742.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 5,158.		5,158.	
34	Telephone	34			
35	Postage and shipping	35 9,454.			9,454.
36	Occupancy	36 25,898.		25,898.	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39 1,176.			1,176.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 7,484.		7,484.	
43	SEE STATEMENT 6A Other expenses not covered above (itemize)				
a	BAD DEBTS	43a 452,183.			452,183.
b	DUES & SUBSCRIPTIONS	43b 440.			440.
c	OTHER EXPENSE	43c 15,768.			15,768.
d	PASTORAL STIPEND	43d 4,100.	4,100.		
e	PROFESSIONAL FEES	43e 1,058.		1,058.	
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 2,307,904.	1,711,543.	39,598.	556,763.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 7</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)
<p>a <u>BAPTIST HEALTH CARE FOUNDATION, INC. IS ORGANIZED AND OPERATED TO SUPPORT HEALTH CARE RELATED SERVICES BY PROVIDING FINANCIAL AND FUNDRAISING ASSISTANCE OF BAPTIST HEALTH CARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES.</u></p> <p>(Grants and allocations \$ <u>1,422,978.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	1,711,543.
<p>b <u>ANNUAL COMMUNITY BENEFIT REPORT ATTACHED - SEE STATEMENT 23</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c <u>IN THE AFTERMATH OF HURRICANE KATRINA, BAPTIST HEALTH CARE FOUNDATION, INC. PROVIDED FINANCIAL ASSISTANCE TO QUALIFYING BAPTIST HOSPITAL, INC.'S EMPLOYEES IN ORDER TO KEEP BAPTIST HOSPITAL, INC. OPERATIONAL.</u></p> <p>(Grants and allocations \$ <u>25,186.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d <u>EMPLOYEE FUNDED "HELPING HANDS" EMPLOYEE ASSISTANCE PROGRAM FOR PERSONAL EMERGENCIES.</u></p> <p>(Grants and allocations \$ <u>259,279.</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	1,711,543.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	269,827.	45	1,549,043.
	46 Savings and temporary cash investments	418,913.	46	401,238.
	47a Accounts receivable	47a 79.		
	b Less allowance for doubtful accounts	47b 79.	47c	79.
	48a Pledges receivable	48a 67,550.		
	b Less allowance for doubtful accounts	48b 775,847.	48c	67,550.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	81,519.	52	136,416.
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) SEE ST 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,335,913.	54	3,229,963.
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b	55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 119,264.			
b Less accumulated depreciation (attach schedule) STATEMENT 9	57b 74,719.	17,671.	57c 44,545.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	201,011.	58	161,439.	
59 Total assets (must equal line 74) Add lines 45 through 58	6,100,780.	59	5,590,273.	
LIABILITIES	60 Accounts payable and accrued expenses	30,309.	60	81,768.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 11)	194,511.	65	176,954.
66 Total liabilities. Add lines 60 through 65	224,820.	66	258,722.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,120,783.	67	1,659,374.
	68 Temporarily restricted	2,348,820.	68	3,621,820.
	69 Permanently restricted	1,406,357.	69	50,357.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	5,875,960.	73	5,331,551.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,100,780.	74	5,590,273.

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Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,531,429.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ SEE STM 12	b4	1,724,546.	
	Add lines b1 through b4		b	1,724,546.
c	Subtract line b from line a		c	-193,117.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____ SEE STM 13	d2	2,050,270.	
	Add lines d1 and d2		d	2,050,270.
e	Total revenue (Part I, line 12) Add lines c and d		e	1,857,153.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,717,698.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____ SEE STMT 14	b4	357,545.	
	Add lines b1 through b4		b	357,545.
c	Subtract line b from line a		c	1,360,153.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____ SEE STMT 15	d2	947,751.	
	Add lines d1 and d2		d	947,751.
e	Total expenses (Part I, line 17) Add lines c and d		e	2,307,904.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 16		0.	0.	0.

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 a	X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 a	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 a	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85 a	N/A
c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 c	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 d	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	85 e	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	85 f	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	85 g	N/A
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0. b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	85 h	N/A
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.	86 a	N/A
90 a List the states with which a copy of this return is filed ▶ NONE b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) SEE SIMT 17A	86 b	N/A
91 a The books are in care of ▶ REVONDA CANIPE Telephone number ▶ 850-469-7419 Located at ▶ ACCT'G DEPT BAPTIST HOSPITAL, PENSACOLA FL ZIP + 4 ▶ 32522	86 c	N/A
b 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)? If 'Yes,' enter the name of the foreign country ▶	87 a	N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements	87 b	N/A
91 c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	88	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	89 a	X
BAA	89 b	X

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					2,650.
95 Interest on savings & temporary cash invmnts			14	313,186.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-1,941.	
101 Net income or (loss) from special events			1	84,413.	
102 Gross profit or (loss) from sales of inventory			3	120,349.	
103 Other revenue a _____					
b DISCOUNTS			1	30.	
c WOMEN'S BOARD EVENTS			1	1,571.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				517,608.	2,650.
105 Total (add line 104, columns (B), (D), and (E))					520,258.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	MEMBERSHIP DUES FOR BAPTIST HEALTH CARE FOUNDATION'S WOMEN BOARD.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: *Joseph Falkner* Date: 8-15-07

Type or print name and title: Joseph Falkner

Paid Preparer's Use Only

Preparer's signature: *W. Edward Phillips* Date: 8/10/2007

Firm's name (or yours if self-employed) address, and ZIP + 4: PERSHING YOAKLEY & ASSOCIATES, P.C. 525 PORTLAND STREET KNOXVILLE, TN 37919-2363

Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): P00451499

EIN: 62-1517792

Phone no: (865) 673-0844

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

Supplementary Information — (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545 0047

2005

Name of the organization

BAPTIST HEALTH CARE FOUNDATION, INC.

Employer identification number

59-0192265

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter 'None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000		0		

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter 'None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter 'None ' See instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services		0

Part III Statements About Activities (See instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 19	X	
3b	Do you have a section 403(b) annuity plan for your employees?		X
3c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii). (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 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 charitable, etc. 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) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting **SEE STMT 20**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,547,376.	1,157,884.	1,057,574.	962,908.	4,725,742.
16 Membership fees received	4,676.	2,475.	5,076.		12,227.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	371,486.	286,716.	362,962.	414,890.	1,436,054.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	117,701.	116,510.	82,287.	73,009.	389,507.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 20	26,110.	95,731.	1,986.		123,827.
23 Total of lines 15 through 22	2,067,349.	1,659,316.	1,509,885.	1,450,807.	6,687,357.
24 Line 23 minus line 17	1,695,863.	1,372,600.	1,146,923.	1,035,917.	5,251,303.
25 Enter 1% of line 23	20,673.	16,593.	15,099.	14,508.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 105,026.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 196,250.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 5,251,303.
d Add Amounts from column (e) for lines	18 389,507.	19	22 123,827.	26b 196,250.	26d 709,584.
e Public support (line 26c minus line 26d total)					26e 4,541,719.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.49 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____	17 _____	20 _____	21 _____
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____ %

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32a	Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33a	33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----		
34a	34a Does the organization receive any financial aid or assistance from a governmental agency?		
34b	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **SEE STATEMENT 24**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	717,436.	
38 Total lobbying expenditures (add lines 36 and 37)	38	717,436.	0.
39 Other exempt purpose expenditures	39	513,011,479.	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	513,728,915.	0.
41 Lobbying nontaxable amount Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
41		1,000,000.	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	250,000.	0.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.	0.
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50) **SEE STATEMENT 21**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.			2,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					3,000,000.
47 Total lobbying expenditures	717,436.	564,934.			1,282,370.
48 Grassroots non-taxable amount	250,000.	250,000.			500,000.
49 Grassroots ceiling amount (150% of line 48(e))					750,000.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements.
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 89,292.
 COST OR OTHER BASIS: 91,233.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -1,941.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,941.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
FASHION/DENIM	89,824.	0.	89,824.	30,723.	59,101.
GOLD SALE	28,785.	0.	28,785.	19,035.	9,750.
LEATHER SALE	18,126.	0.	18,126.	13,354.	4,772.
OTHER EVENTS	25,266.	0.	25,266.	14,476.	10,790.
TOTAL	<u>\$ 162,001.</u>	<u>\$ 0.</u>	<u>\$ 162,001.</u>	<u>\$ 77,588.</u>	<u>\$ 84,413.</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

GROSS SALES	\$ 405,752.
GROSS SALES	<u>\$ 405,752.</u>
LESS RETURNS & ALLOWANCES	0.
NET SALES	<u>\$ 405,752.</u>
LESS COST OF GOODS SOLD	285,403.
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 120,349.</u>

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	\$ -17,955.
NET ASSETS FROM LAKEVIEW FOUND. MERGER REL. FROM RESTRICTION	-42,421.
NET UNREALIZED GAINS ON INVESTMENTS	239,314.
NET UNREALIZED LOSS ON INVESTMENTS	-272,596.
TOTAL	<u>\$ -93,658.</u>

BAPTIST HEALTH CARE FOUNDATION, INC.

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**STATEMENT 5
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: SEE STATEMENT 22
AMOUNT GIVEN: \$ 1,422,978.

TOTAL GRANTS AND ALLOCATIONS \$ 1,422,978.

**STATEMENT 6
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS**

EMPLOYEE ASSISTANCE PROGRAM \$ 259,279.
HURRICANE ASSISTANCE "BAPTIST HOSPITAL" 25,186.
TOTAL \$ 284,465.

**STATEMENT 7
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

BAPTIST HEALTH CARE FOUNDATION, INC. IS ORGANIZED AND OPERATED TO SUPPORT HEALTH CARE RELATED SERVICES BY PROVIDING FINANCIAL AND FUNDRAISING ASSISTANCE OF BAPTIST HEALTH CARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES.

**STATEMENT 8
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES**

<u>OTHER PUBLICLY TRADED SECURITIES</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
STRATEGIC INVESTMENT FUND	MARKET VALUE	\$ 449,085.
WACHOVIA INVESTMENTS	MARKET VALUE	2,066,706.
RESTRICTED ASSET - NW FL KIDNEY CENTER	MARKET VALUE	714,172.
	TOTAL	\$ <u>3,229,963.</u>

TOTAL INVESTMENTS - SECURITIES \$ 3,229,963.

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 119,264.	\$ 74,719.	\$ 44,545.
TOTAL	<u>\$ 119,264.</u>	<u>\$ 74,719.</u>	<u>\$ 44,545.</u>

STATEMENT 10
FORM 990, PART IV, LINE 58
OTHER ASSETS

CHARITABLE REMAINDER TRUST	\$ 303,678.
DUE FROM AFFILIATES	-140,366.
OTHER ASSETS	-1,873.
TOTAL	<u>\$ 161,439.</u>

STATEMENT 11
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

COMMITMENTS/ANNUITY	\$ 176,954.
TOTAL	<u>\$ 176,954.</u>

STATEMENT 12
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

GIFT SHOP EXP. NETTED WITH REV.	\$ 285,403.
NET ASSETS RELEASED FROM RESTRICTION	1,367,000.
SPECIAL EVENT EXP. NETTED WITH REV.	72,143.
TOTAL	<u>\$ 1,724,546.</u>

STATEMENT 13
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

BAD DEBT EXP. NETTED WITH REV.	\$ 452,183.
CHANGE IN VALUE OF SPLIT INTEREST	17,955.
CONTRIBUTIONS INCLUDED WITH NET ASSETS	1,053,258.
GRANTS INCLUDED WITH REV.	495,183.
INTEREST INC. INCLUDED IN NET ASSETS	31,691.
TOTAL	<u>\$ 2,050,270.</u>

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 14
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

GIFT SHOP EXP. NETTED WITH REV.	\$ 285,403.
SPECIAL EVENT EXP. NETTED WITH REV.	72,142.
TOTAL	\$ 357,545.

STATEMENT 15
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

BAD DEBT EXP. NETTED WITH REV.	\$ 452,183.
GRANTS NETTED WITH REV.	495,568.
TOTAL	\$ 947,751.

STATEMENT 16
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JERRY L. MAYGARDEN 1717 NORTH "E" STREET PENSACOLA, FL 32501	SENIOR VP 40	\$ 0.	\$ 0.	\$ 0.
B. KIRK BALL, SR. 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
LARRY M. BOWYER 1717 NORTH "E" STREET PENSACOLA, FL 32501	CHAIRMAN 1	0.	0.	0.
PAMELA H. CADDELL 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
JOHN BERTZ 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
ROGER MACDONALD 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
JAMES E. FLOURNOY 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 16 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RICHARD P. MORETTE 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
NEAL NASH 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
LARRY G. PARKS 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
JEFF POWELL 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
GROVER C. ROBINSON, IV 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
ELLIS W. BULLOCK, III 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
MILTON F. USRY 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
ROBIN D. HERR 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
MARGARET N. LORREN 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
SHEILA BAXLEY 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
DAVID T. CLARK 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
STEVEN M. CLAY 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 16 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BLAIR S. CROOKE 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
MICHAEL J. DEMARKO 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
MORRIS L. EADDY 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
GAIL FRY 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
CHARLERS F. GUND JR. 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
STEPHEN T. HARROD 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
SHARON HESS HERRICK 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
ADELA FERNANDEZ LUBKOWITZ 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
WRIGHT MOULTON 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
TARIS SAVELL 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
JOHN B. TRAWICK 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.
PATRICIA WOODBURN 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0.	0.	0.

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 16 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
P.C. WU 1717 NORTH "E" STREET PENSACOLA, FL 32501	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 17
FORM 990, PART V-A, LINE 75C
INDIVIDUALS COMPENSATION BY RELATED ORGANIZATIONS

JERRY L. MAYGARDEN

RELATED ORGANIZATION:	BAPTIST HEALTH CARE CORP.
FEIN:	59-2425151
RELATIONSHIP EXPLANATION:	BAPTIST HEALTH CARE FOUNDATION, INC. IS A MEMBER OF BAPTIST HEALTH CARE CORPORATION.
COMPENSATION PAID:	\$ 254,097.
BENEFIT PLAN CONTRIBUTIONS:	\$ 89,178.
EXPENSE ACCOUNT:	\$ 4,082.
COMPENSATION ARRANGEMENT:	JERRY L. MAYGARDEN IS PAID FOR SERVICES AS SENIOR VICE PRESIDENT OF BAPTIST HEALTH CARE CORPORATION.

STATEMENT 18
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
BAPTIST HEALTH CARE CORPORATION, INC.	X	
BAPTIST HEALTH VENTURES, INC. AND SUBS		X
BAPTIST HOSPITAL, INC.	X	
BAPTIST MANOR INC.	X	
BAPTIST MEDICAL PARK SURGERY CENTER, LLC		X
CMHC HERNANDEZ HOUSE, INC.	X	
CMHC PROPERTIES, INC.	X	
ENDOSCOPY CENTER OF GULF BREEZE, LLC		X
ESCAMBIA COUNTY AL COMM HOPITALS, INC.	X	
JAY HOSPITAL, INC.	X	
LAKEVIEW CENTER, INC.	X	
LAKEVIEW PLACE, INC.	X	
LAKEVIEW VILLA, INC.	X	

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 19
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

BAPTIST HEALTH CARE FOUNDATION, INC. MAKES CHARITABLE CONTRIBUTIONS TO ORGANIZATIONS WHICH ARE EXEMPT FROM TAX UNDER IRC 501(C) (3), AND DEMONSTRATE CHARITABLE NEEDS. BAPTIST HEALTH CARE FOUNDATION, INC. PRIMARILY SUPPORTS HEALTH CARE RELATED ORGANIZATIONS LOCATED IN ESCAMBIA COUNTY, FLORIDA.

BAPTIST HEALTH CARE FOUNDATION NURSING/CHAPLAINCY SCHOLARSHIPS ARE AWARDED BASED ON CRITERIA ESTABLISHED WITHIN THESE BAPTIST HOSPITAL DEPARTMENTS. ALL SCREENING OF APPLICANTS IS DONE PRIOR TO THE NAME BEING SUBMITTED TO THE BAPTIST HEALTH CARE FOUNDATION (AS IN THE CASE OF CHAPLAINCY SCHOLARSHIPS) OR THROUGH A COMMITTEE WHO ASSESSES ACADEMIC MERIT, FINANCIAL NEED, AND CRITICAL HEALTH CARE NEED AREA OF EACH APPLICATION IN A "BLIND" PROCESS WHERE THE NAME OF EACH STUDENT IS LEFT OFF UNTIL AFTER SCHOLARSHIP RECIPIENTS ARE SELECTED.

STATEMENT 20
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
INVESTMENT INCOME	\$ 2,396.	\$ 0.	\$ 1,986.	\$ 0.	\$ 4,382.
MISCELLANEOUS	0.	74,425.	0.	0.	74,425.
WOMEN'S BOARD EVENTS	23,564.	21,306.	0.	0.	44,870.
DISCOUNTS	150.	0.	0.	0.	150.
TOTAL	\$ 26,110.	\$ 95,731.	\$ 1,986.	\$ 0.	\$ 123,827.

BAPTIST HEALTH CARE FOUNDATION, INC.

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STATEMENT 6A
FORM 990, PART II, LINE 42
DEPRECIATION, DEPLETION, ETC.

PROPERTY, PLANT, AND EQUIPMENT IS STATED ON THE BASIS OF COST OR FAIR VALUE AT THE DATE OF PURCHASE. DEPRECIATION IS COMPUTED BY THE STRAIGHT-LINE METHOD BASED ON THE USEFUL LIFE OF THE ASSET.

STATEMENT 17A
FORM 990, PART VI, LINE 90B
NUMBER OF EMPLOYEES

BAPTIST HEALTH CARE FOUNDATION'S EMPLOYEES ARE PAID BY A RELATED ORGANIZATION AND THE SALARIES EXPENSE IS ALLOCATED TO BAPTIST HEALTH CARE FOUNDATION. AS A RESULT, BAPTIST HEALTH CARE FOUNDATION REPORTS SALARIES EXPENSE ON LINE 26 OF THE STATEMENT OF FUNCTIONAL EXPENSE BUT REPORTS NO EMPLOYEES ON LINE 90B, THE NUMBER OF EMPLOYEES EMPLOYED ON MARCH 12, 2005.

STATEMENT 20
FORM 990, SCHEDULE A, PART IV-A
SUPPORT SCHEDULE

PUBLIC SUPPORT TEST WAS PREPARED ON AN ACCRUAL BASIS. THE ORGANIZATION BELIEVES THAT PREPARING THE PUBLIC SUPPORT TEST ON AN ACCRUAL BASIS HAS A MINIMAL OUTCOME ON RESULTS OF THE TEST.

STATEMENT 21
FORM 990, SCHEDULE A, PART VI-A
4 YEAR AVERAGING PERIOD UNDER SECTION 501(H)

BAPTIST HEALTH CARE FOUNDATION, INC. DID NOT COMPLETE COLUMNS (C)-(D) FOR LOBBYING EXPENDITURES FOR THE 4 - YEAR AVERAGING PERIOD BECAUSE THE YEAR ENDED SEPTEMBER 30, 2005 WAS THE FIRST YEAR A 501(H) ELECTION WAS IN EFFECT FOR THE AFFILIATED GROUP OF WHICH BAPTIST HEALTH CARE FOUNDATION, INC. IS A NON-ELECTING MEMBER.

BAPTIST HEALTHCARE FOUNDATION

STATEMENT 22
FORM 990, PART II, LINE 22
GRANTS & ALLOCATIONS

NAME	ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	GRANT TYPE	AMOUNT
FINANCIAL GRANTS TO AFFILIATED ORGANIZATIONS						
Baptist Hospital, Inc	c/o Baptist Hosp	Company	PUBLIC	sponsorship	cash	\$503,459
Baptist Health Care Corporation, Inc	c/o Baptist Hosp	Company	PUBLIC	Indigent patient sponsorship	cash	\$57,775
Gulf Breeze Hospital	c/o Gulf Breeze Hospital	Company	PUBLIC	Sponsorship	cash	\$134,000
Jay Hospital	c/o Jay Hospital	Company	PUBLIC	Sponsorship	cash	\$2,500
Lakeview Center	c/o Lakeview Center	Company	PUBLIC	Sponsorship	cash	\$482,881
The Baptist Manor	c/o Baptist Manor	Company	PUBLIC	sponsorship	cash	\$9,000
Towers Pharmacy	c/o Baptist Hospital	Company	PUBLIC	Sponsorship	cash	\$318
Women's Board	c/o Baptist Women's Board	Company	PUBLIC	Sponsorship	cash	\$3,175
OTHER GRANTS						
Partners in Recog	20 N Jackson Str , Minster, OH 45865	None	PUBLIC	Baby Tile Sponsorship	cash	\$560
TMT Printing INV24762	12 E Jordan St. Pens , FL 32501	None	PUBLIC	Baby Tile Sponsorship	cash	\$618
Boyd Brothers		None	PUBLIC	Beach Safety Sponsorship	cash	\$4,995
TMT Printing	11 E Jordan St. Pens , FL 32501	None	PUBLIC	Beach Safety Sponsorship	cash	\$998
Scholastic Book Fairs		None	PUBLIC	Book Fair Sponsorship	cash	\$851
Educare Breast Cancer handou		None	PUBLIC	Breast Cancer Sponsorship	cash	\$1,903
J Perkins (pink hats)	c/o Foundation	None	PUBLIC	Breast Cancer Sponsorship	cash	\$10
Radiology Assoc of Pcola	c/o Bapt Hosp Women's Center	None	PUBLIC	Breast Cancer Sponsorship	cash	\$1,668
TMT Printing	10 E Jordan St. Pens , FL 32501	None	PUBLIC	Breast Cancer Sponsorship	cash	\$178
Mary Fuselier		BH Employee	PUBLIC	Cancer Sponsorship	cash	\$260
Sonya Scarbrough		BH Employee	PUBLIC	Cancer Sponsorship	cash	\$260
Amer Jail Assoc (PFC)	c/o Bapt Hosp Christian Counseling	None	PUBLIC	Christian Counseling Sponsorship	cash	\$72
Betty Breinen (PFC)		BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$40
Cash (PFC - Bookman)		BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$50
Conne Bookman (PFC)	c/o Baptist Hospital Christian Counseling Ctr	BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$1,489
Esc. Sheriff's Office C	1700 W Leonard St. , Pens. , FL 32501	None	PUBLIC	Christian Counseling Sponsorship	cash	\$350
FastSigns (PFC)		None	PUBLIC	Christian Counseling Sponsorship	cash	\$349
Glen's Station (PFC)	PO Box 17858, Pens. , FL 32523	None	PUBLIC	Christian Counseling Sponsorship	cash	\$165
McAleer's (Marks F \$)		None	PUBLIC	Christian Counseling Sponsorship	cash	\$1,503
Ten Perkins (PFC)	c/o Bapt Hospital Christian Counseling	BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$411
Victoria Jester (PFC)		BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$46
Vintage Gourmet (PFC)		BH Employee	PUBLIC	Christian Counseling Sponsorship	cash	\$715
Advsta Solutions, Inc		None	PUBLIC	Community Sponsorship	cash	\$1,000
Esc cy med soc found		None	PUBLIC	Community Sponsorship	cash	\$3,000
Frnd Excellence in Ed		None	PUBLIC	Community Sponsorship	cash	\$500
Gulf Coast Kids House		None	PUBLIC	Community Sponsorship	cash	\$10,000
Hands on Pensacola		None	PUBLIC	Community Sponsorship	cash	\$500
Salvation Army		None	PUBLIC	Community Sponsorship	cash	\$1,000
AON/Albert Ruden Comp		None	PUBLIC	Event insurance	cash	\$2,480
Cheryl Ray (screenings)		BH Employee	PUBLIC	Family Expo Sponsorship	cash	\$320
Complete Music		None	PUBLIC	Family Expo Sponsorship	cash	\$695
David Newell (Expo)	23 Meadow Heights Dr Pittsburgh, PA 15215	None	PUBLIC	Family Expo Sponsorship	cash	\$2,300
Family Communications		None	PUBLIC	Family Expo Sponsorship	cash	\$158
Fastsigns Expo Banners		None	PUBLIC	Family Expo Sponsorship	cash	\$184
Harold Goff expo security		None	PUBLIC	Family Expo Sponsorship	cash	\$156
Jody Braxton		None	PUBLIC	Family Expo Sponsorship	cash	\$300
Kents Special Events		None	PUBLIC	Family Expo Sponsorship	cash	\$1,496
Kevin Biggs expo security		None	PUBLIC	Family Expo Sponsorship	cash	\$95
Mary Godwin (expo paint)		BH Employee	PUBLIC	Family Expo Sponsorship	cash	\$88
Michelle Cook expo supplies	c/o Baptist Hospital	BH Employee	PUBLIC	Family Expo Sponsorship	cash	\$304
Pensacola Interstate Fair		None	PUBLIC	Family Expo Sponsorship	cash	\$6,400
Philip Nix expo security		None	PUBLIC	Family Expo Sponsorship	cash	\$133
Signs Now #433		None	PUBLIC	Family Expo Sponsorship	cash	\$137
Stuart Siegel dinner		BH Employee Husband	PUBLIC	Family Expo Sponsorship	cash	\$183
Susan Sheets (cell)	c/o Baptist Hospital	BH Employee	PUBLIC	Family Expo Sponsorship	cash	\$506
Tish Pennewill spousesupplies		BH Employee	PUBLIC	Family Expo Sponsorship	cash	\$41
Tom White the Printer	PO Box 18485, Pens FL 32524	None	PUBLIC	Family Expo Sponsorship	cash	\$1,201
Two Men & a Truck	9900 N Davis Hwy. , Pens. , FL 32514	None	PUBLIC	Family Expo Sponsorship	cash	\$518
HCA (Aug & Sep 05)		None	PUBLIC	Indigent patient sponsorship	cash	\$2,637
Diamond Gasoline Station	10492 Highway 97, Pens. , FL 32568	None	PUBLIC	Patent Gas Sponsorship	cash	\$3,347
Disha LLC gas		None	PUBLIC	Patent Gas Sponsorship	cash	\$1,360
Glen's Service Station	PO Box 17858, Pens. , FL 32522	None	PUBLIC	Patent Gas Sponsorship	cash	\$290
Horton Oil Company	PO Box 308, Brewton, AL 36439	None	PUBLIC	Patent Gas Sponsorship	cash	\$3,441
Jay Garmesh, LLC	1306 E Nashville Ave. , Atmore AL 36502	None	PUBLIC	Patent Gas Sponsorship	cash	\$2,075
Nonwood Oil Inc	PO Box 975, Flomaton, AL 36450	None	PUBLIC	Patent Gas Sponsorship	cash	\$1,163
Century Pharmacy	7531 Mayo Street, Century, FL 32535	None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$1,778
Coleman Drugs	PO Box 850, Flomaton, AL 36450	None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$1,562
CVS Pharmacy		None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$9,712
Greenlawn Pharmacy	418 Medical Park Drive , Atmore, AL 36502	None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$12,784
Medical Center Pharmacy	PO Box 259, Brewton, AL 36432	None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$7,313
Rite-Aid Pharmacy	513 E Church Street, Atmore, AL 36502	None	PUBLIC	Patent Pharmacy Sponsorship	cash	\$679
Aisha D Denham	PO Box 429, Molino, FL 32577	None	PUBLIC	Scholarship	cash	\$1,000
Angela F Riddle	523 N 48th Avenue, Pensacola, FL 32506	BH-ER Tech (employee)	PUBLIC	Scholarship	cash	\$1,000
Antia J Krutinger	3500 Creighton Rd Apt. Q2, Pensacola, FL 32504	BH-ER Tech (employee)	PUBLIC	Scholarship	cash	\$1,000
Ashley Rae Lundell	3083 Wiggins Lane, Cantonment, FL 32533	BH-Nurse Intern (employee)	PUBLIC	Scholarship	cash	\$1,000
Carolyn Marshall		BH Employee	PUBLIC	Scholarship	cash	\$1,000
Carne A Seals	1215 W Hope Dr. , Pensacola, FL 32534	Baptist Ventures (employee)	PUBLIC	Scholarship	cash	\$1,000
Charles McWhite	1440 N 61st Ave #8-C, Pensacola, FL 32508	BH-Sur Tech (employee)	PUBLIC	Scholarship	cash	\$1,000
Chasly M Gilco	4108 Ebenezer Church Rd. , Jay, FL 32565	JayHosp (employee)	PUBLIC	Scholarship	cash	\$1,000
Clinton D Miller	155 Holsberry Lane, Pensacola, FL 32534	BH - Radiology (employee)	PUBLIC	Scholarship	cash	\$1,000
Dayna L Beddick	4301 Creighton Rd apt. 94, Pensacola, FL 32504	Lakeview (employee)	PUBLIC	Scholarship	cash	\$1,000
Deborah L Woods	1114 Bremen Ave. , Pensacola, FL 32507	BH-registration rep (employee)	PUBLIC	Scholarship	cash	\$1,000
Engelbert G Valencia	2068 Coral Creek Dr. , Pensacola, FL 32506	BH-Office Coordinator (employee)	PUBLIC	Scholarship	cash	\$1,000
Erica C Shelby	3103B E Blount St. , Pensacola, FL 32503	BH-Plant Ops. (employee)	PUBLIC	Scholarship	cash	\$1,000
Eugene R Atkins (hauler)	5240 Hibiscus Rd. , Pens. , FL 32504	BH Employee	PUBLIC	Scholarship	cash	\$600
Hannah Doughty	c/o Jay Hospital	BH Employee	PUBLIC	Scholarship	cash	\$1,000
Jennifer A Gracett	7670 Old Hickory Dr. , Pensacola, FL 32507	BH-TechAsst III (employee)	PUBLIC	Scholarship	cash	\$1,000
Jennifer L Bernard	2335 Siversides Loop, Pensacola, FL 32528	Lakeview (employee)	PUBLIC	Scholarship	cash	\$1,000
Jerry S Suarez	2851 Godwin Lane, Pensacola, FL 32526	BHC-Ins. Verification (employee)	PUBLIC	Scholarship	cash	\$1,000
John W Burgoyne	3619 Quail Run Road, Gulf Breeze, FL 32563	W FLCommCareCtr (employee)	PUBLIC	Scholarship	cash	\$1,000
Justin D Lowrey	4348 Wellington Dr. , Pace, FL 32571	BH-registration rep (employee)	PUBLIC	Scholarship	cash	\$1,000
Justin Nelson	c/o Jay Hospital	BH Employee	PUBLIC	Scholarship	cash	\$1,000
Karen L Darnell	2808 Dordley St., Pensacola, FL 32526	Lakeview (employee)	PUBLIC	Scholarship	cash	\$1,000
Kimberly D Johnson	220 W Oakfield Rd. , Pensacola, FL 32503	GCComm Bank	PUBLIC	Scholarship	cash	\$1,000
Kirt J Altan, Jr (hauler)	3409 West Lloyd St. , Pens. , FL 32505	BH Employee	PUBLIC	Scholarship	cash	\$600
Laura McCurdy	c/o Jay Hospital	BH Employee	PUBLIC	Scholarship	cash	\$1,000
Mandy L Bequette	3045 Ranchette Square, Gulf Breeze, FL 32563	Baptist Ventures (employee)	PUBLIC	Scholarship	cash	\$1,000
Marie F Faye	7200 Lillian Hwy #610, Pensacola, FL 32508	BH-Nurse Intern (employee)	PUBLIC	Scholarship	cash	\$1,000
Maryann Johnson	592 Buma Vista Dr. , Lillian, AL 36549	BH-LPN (employee)	PUBLIC	Scholarship	cash	\$1,000
Nicole T Jones	2508 N Baylen St. , Pensacola, FL 32501	BHC-Office Coordina (employee)	PUBLIC	Scholarship	cash	\$1,000
Noel S Lacasamana	PO Box 171, Pensacola, FL 32591	BH-ER Tech (employee)	PUBLIC	Scholarship	cash	\$1,000
Robert C Arnold	423 Williamsburg Dr. , Gulf Breeze, FL 32561	GBH (Parents employee)	PUBLIC	Scholarship	cash	\$1,000
Robert S Potomski	1153 Harbor Lane, Gulf Breeze, FL 32563	GBH (Parents employee)	PUBLIC	Scholarship	cash	\$1,000

2005

FEDERAL STATEMENTS

59-0192265

BAPTIST HEALTHCARE FOUNDATION

STATEMENT 22
FORM 990, PART II, LINE 22
GRANTS & ALLOCATIONS

NAME	ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	GRANT TYPE	AMOUNT
Sarah E. Mitchell	124 Berger Place, Ft. Walton Bch, FL 32548	GBH (Parents employee)	PUBLIC	Scholarship	Cash	\$1,000
Selena B. Fambrough	7831 Tippin Ave Apt. E17, Pensacola, FL 32514	BH-Nurse Intern (employee)	PUBLIC	Scholarship	Cash	\$1,000
Susan J. Phillips	8307 Sphere Way, Pensacola, FL 32514	BH-LPN (employee)	PUBLIC	Scholarship	Cash	\$1,000
Tangela S. Howard	1250 El Paso Circle, Pensacola, FL 32505	Lakeview (employee)	PUBLIC	Scholarship	Cash	\$1,000
Tanya Billedeux-White	6126 Forest Pines Dr., Pensacola, FL 32526	Lakeview (employee)	PUBLIC	Scholarship	Cash	\$1,000
Tiffany N. Pats	7333 Pine Forest Rd #43, Pensacola, FL 32528	Lakeview (employee)	PUBLIC	Scholarship	Cash	\$1,000
Tiffany Odum	c/o Jay Hospital	BH Employee	PUBLIC	Scholarship	cash	\$1,000
Tracy L. Baker	1419 Tiger Lane Drive, Gulf Breeze, FL 32563	BH (employee)	PUBLIC	Scholarship	Cash	\$1,000
UWF Foundation (sch)	c/o UWF	None	PUBLIC	Scholarship	cash	\$4,000
Vickie L. Albritton	2529 Tarklin Oak Drive, Pensacola, FL 32508	Lakeview (employee)	PUBLIC	Scholarship	Cash	\$1,000
West Conner Jr	5106 Zachary Blvd, Pensacola, FL 32526	BH-GE Lab Tech	PUBLIC	Scholarship	Cash	\$1,000
Arntex Furniture		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$310
Barnes & Nobles		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$1,392
Deborah Stump Corp	c/o Bapt Hosp Speech & Hearing	BH Employee	PUBLIC	Speech & Hearing Sponsorship	cash	\$478
Dyna Vox System		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$1,373
Heather Morris		BH Employee	PUBLIC	Speech & Hearing Sponsorship	cash	\$408
Keegan Stump 20492	829 Creighton Rd, Pens, FL 32504	None	PUBLIC	Speech & Hearing Sponsorship	cash	\$3,439
Lakeshore Learning Mat.		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$20
Office Depot		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$1,850
Signs Now		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$132
West Fl Hospital	c/o Baptist Hosp Speech & Hearing	None	PUBLIC	Speech & Hearing Sponsorship	cash	\$5,337
West Florida Health Care		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$902
West Florida May06		None	PUBLIC	Speech & Hearing Sponsorship	cash	\$1,324
Aiken Pictures & Frames	6084 N. Davis Hwy, Pens FL 32514	None	PUBLIC	Sponsorship	cash	\$59
Amer. Jm. of Nursing		None	PUBLIC	Sponsorship	cash	\$28
Atlanta Dental (smile)		None	PUBLIC	Sponsorship	cash	\$717
Award Masters		None	PUBLIC	Sponsorship	cash	\$31
B. McHatton (donor rec)	c/o Foundation	BH employee	PUBLIC	Sponsorship	cash	\$107
Barnes Productions		None	PUBLIC	Sponsorship	cash	\$30
Besty Drake Interiors	c/o Baptist Gift Shop	None	PUBLIC	Sponsorship	cash	\$219
Bri Landey (26 5 gs)	c/o Foundation	Employee child	PUBLIC	Sponsorship	cash	\$478
Candy McGuire Pizaa	c/o Foundation	BH Employee	PUBLIC	sponsorship	cash	\$49
Copy Cat Printing	Pensacola, FL 32504	None	PUBLIC	Sponsorship	cash	\$266
Crystal Zebra	418 E. Wright St., Pen., FL 32514	None	PUBLIC	Sponsorship	cash	\$720
Escambia County CC	1701 W. Leonard St., Pens., FL 32501	None	PUBLIC	Sponsorship	cash	\$22,500
Families Count Donation		None	PUBLIC	Sponsorship	cash	\$861
Fashion Jewelry Findrs		None	PUBLIC	Sponsorship	cash	\$752
First Baptist Church		None	PUBLIC	Sponsorship	cash	\$35
FL Dental A. (smile)		None	PUBLIC	Sponsorship	cash	\$726
Fundcraft Publishing		None	PUBLIC	Sponsorship	cash	\$2,778
Gary Summit		None	PUBLIC	Sponsorship	cash	\$740
ISBN U S		None	PUBLIC	Sponsorship	cash	\$25
J. Perkins (mt & tree)	c/o Foundation	BH Employee	PUBLIC	Sponsorship	cash	\$143
Jenns Perkins (mouse)	c/o Foundation	BH Employee	PUBLIC	Sponsorship	cash	\$211
Jennifer Resmondo water	c/o Foundation	BH Employee	PUBLIC	Sponsorship	cash	\$86
Jerne N. Lewis (smile)		None	PUBLIC	Sponsorship	cash	\$259
Karen G. Smith (book)		BH Employee	PUBLIC	Sponsorship	cash	\$500
Karen Smith		BH Employee	PUBLIC	Sponsorship	cash	\$500
Katherine Champlin	c/o Foundation	BH Employee	PUBLIC	Sponsorship	cash	\$124
New Or B. Theo S (BU)		None	PUBLIC	Sponsorship	cash	\$2,412
New World Landing		None	PUBLIC	Sponsorship	cash	\$200
Nursing 2005		None	PUBLIC	Sponsorship	cash	\$28
Nursing Made In. Easy		None	PUBLIC	Sponsorship	cash	\$24
Paper Direct (T-giving C)		None	PUBLIC	Sponsorship	cash	\$1,517
Pensacola Chapter FPRA		None	PUBLIC	Sponsorship	cash	\$75
Polak Industries		None	PUBLIC	Sponsorship	cash	\$28
Reliastar Life		None	PUBLIC	Sponsorship	cash	\$2,432
RN Magazine		None	PUBLIC	Sponsorship	cash	\$25
Sandy C. Moore (smile)		None	PUBLIC	Sponsorship	cash	\$86
School Dist Escambia city		None	PUBLIC	Sponsorship	cash	\$108
Sonny's Real P4 BBQ		None	PUBLIC	Sponsorship	cash	\$396
SpeedPrint (legacy)		None	PUBLIC	Sponsorship	cash	\$245
Teresa L. Lucas (smile)		None	PUBLIC	Sponsorship	cash	\$64
Tom White Printer (Fin)	PO Box 18485, Pens., FL 32523	None	PUBLIC	Sponsorship	cash	\$160
Two Men & a Truck 8880	9901 N. Davis Hwy., Pens., FL 32514	None	PUBLIC	Sponsorship	cash	\$258
US Govern Copyright office		None	PUBLIC	Sponsorship	cash	\$30
West Florida Com Care		Company	PUBLIC	Sponsorship	cash	\$2,500
Write Away Engraving		None	PUBLIC	Sponsorship	cash	\$135
Coastal Business Product	1857 Hurlbut Road, Ft. Walton Beach, FL 32547	BH Employee-Pensacola Promise	PUBLIC	sponsorship pensacola promise	cash	\$164
Jaanne Kimberl	c/o Pensacola Promise	BH Employee	PUBLIC	sponsorship pensacola promise	cash	\$242
Kristin Fanchid	c/o Pensacola Promise	BH Employee	PUBLIC	sponsorship pensacola promise	cash	\$617
Butch Wilson Sporting		None	PUBLIC	Sports Physicals Sponsorship	cash	\$10,000
City of Pensacola	PO Box 12810, Pensacola, FL 32521-0050	BH Employee-Pensacola Promise	PUBLIC	Utility bill	cash	\$79
The Womens board	c/o Baptist Women's Board	Company	PUBLIC	Womens Board Sponsorship	cash	\$13,420

TOTAL \$1,422,978

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization	Employer identification number
	BAPTIST HEALTH CARE FOUNDATION, INC.	59-0192265
	Number, street, and room or suite number If a P O box, see instructions	
	POST OFFICE BOX 17500	
	City, town or post office For a foreign address, see instructions	state ZIP code
	PENSACOLA, FL 32522	

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

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

• The books are in the care of ► REVONDA CANIPE -----

Telephone No ► 850-469-7419 ----- 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 will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 20__ or
 - tax year beginning 10/01, 20 05, and ending 9/30, 20 06.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ 0.
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0.
- c Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box

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

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

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization BAPTIST HEALTH CARE FOUNDATION, INC.	Employer identification number 59-0192265
	Number, street, and room or suite number If a P O box, see instructions POST OFFICE BOX 17500	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions PENSACOLA, FL 32522	

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

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

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 care of **▶ REVONDA CANIPE**

Telephone No. **▶ 850-469-7419**

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 organizations four digit Group Exemption Number (GEN) _____ If this is for the

whole group, check this box If it is **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 8/15, 2007
- 5** For calendar year _____, or other tax year beginning 10/01, 2005, and ending 9/30, 2006
- 6** If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7** State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

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 \$ _____

c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature **▶ [Signature]** Title **▶ COA** Date **▶ 5-9-2007**

Notice to Applicant – To be Completed by the IRS

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name Pershing Yoakley & Associates	P.O. box number
	2963 Gulf to Bay Blvd., Suite 267	
	Clearwater, FL 33759	P code)

STATEMENT 23
FORM 990, PART III
COMMUNITY BENEFITS REPORT



2006 Community Benefits Report

**Baptist Hospital • Gulf Breeze Hospital • Jay Hospital • Atmore Community Hospital • Lakeview Center • Baptist Manor
Baptist LifeFlight • Baptist Medical Park - Pensacola • Baptist Medical Park - Navarre • Andrews Institute**

Composed and produced by Marketing Communications

Dear Friend:

It is with great pride that we share with you the results of Baptist Health Care's commitment to community. At Baptist, our mission takes us beyond traditional hospital walls. We focus on improving community health through preventative care, education and support. We help ensure that all citizens are afforded access to health care by investing in community health, and by participating in and leading collaborative, community-wide partnerships. And our employees are highly dedicated to community engagement through volunteerism and charitable support.

Baptist Health Care is a community-owned organization with more than 5,000 employees. These dedicated individuals are enthusiastic about making a difference in health care and in our community. Many of our team members are involved in civic organizations, projects and events that foster goodwill and help improve quality of life in the communities we serve.

We thank you for giving us the opportunity to give back.

Sincerely,



Al Stubblefield
President and CEO
Baptist Health Care



Facilities

Serving northwest Florida and south Alabama

The Andrews Institute for Orthopaedics and Sports Medicine
Atmore Community Hospital
Baptist Hospital
Baptist Leadership Institute
Baptist Manor
Baptist Medical Park Navarre
Baptist Medical Park Pensacola
Gulf Breeze Hospital
Jay Hospital
Lakeview Center

Our Mission

To provide superior service based on Christian values to improve the quality of life for people and communities served.

Our Values

Integrity

Maintaining the highest standards of behavior. Encompasses honesty, ethics, and doing the right things for the right reasons.

Vision

The ability and willingness to look forward to the future and make decisions necessary to accomplish important goals.

Innovation

Capable of extraordinary creativity and willing to explore new approaches to improving quality of life for all persons.

Superior Service

Committed to providing excellent service and compassionate care.

Stewardship

Dedicated to responsible stewardship of Baptist Health Care's assets and financial resources, and to community service.

Teamwork

An abiding respect for others, and a sustaining commitment to work together.

Our Vision

To be the best health system in America

Diversity

Baptist Health Care paints diversity with a broad brush. That is, we look for a variety of ideas and talents. We recognize that different backgrounds and viewpoints are key to great leadership and success.

Diversity eliminates barriers in operational and leadership positions. We make it our mission to treat all employees fairly regardless of race, age, religion, color, sex, disability, national origin, marital status and veteran status including compensation, training and promotion throughout our organization. Our diversity is a reflection of the care, service and satisfaction that we extend to our communities. We aim to meet the health care needs of all we serve.

Baptist Health Care also has a Diversity Council. Some of their initiatives consist of development of a Leadership Academy, mentoring program at C.A. Weis Elementary School, as well as facilitating celebration of various cultural, ethnic and religious events.

Investments in Community Health

Charity Care

Baptist Health Care provides quality medical care to all people who need immediate treatment regardless of their ability to pay. Charity medical care is defined as free care and discounted care given to persons deemed unable to pay based on established financial assistance policies.

When assessing a patient's ability to pay, Baptist Health Care uses the most recently published federal poverty guidelines, but it also includes certain cases where incurred charges are significant when compared to income.

Baptist Health Care operates primarily in Florida Health Rehabilitative Services District 1. This district, comprised of Escambia, Santa Rosa, Okaloosa and Walton counties, has between 9.5 and 15.5 percent of its population living below the federal poverty level. 15.5 percent of Escambia County residents fall into this category while Santa Rosa has 10 percent below the poverty level. With a population in the two counties of approximately 440,000, more than 60,000 fit the technical definition to qualify for charity care. Many more need assistance because of inadequate insurance.

Total estimated cost of charity care: \$30,174,024

Figure represents Baptist Hospital, Gulf Breeze Hospital, Jay Hospital, Atmore Community Hospital, and Lakeview Center.

Baptist Home Health Care additionally provided **\$39,448** in estimated charity services.

In addition to charity care, Baptist Health Care social workers assisted patients with medication and transportation needs that equated to a value of **\$21,640** in 2006.

Charity care totals do not represent unpaid cost of Medicaid; an additional net community benefit of \$11,393,582 was provided as unpaid Medicaid costs. Baptist Health Care utilizes Charity Care reporting guidelines as set forth by VHA, a health care provider alliance of more than 2,400 not-for-profit health care organizations.

Community Collaborations

Baptist Health Care recognizes that meeting the broader health care needs of communities served can be best achieved through cooperative initiatives that involve a variety of health care stakeholders. Escambia and Santa Rosa county community clinics, the WE CARE program and a Partnership for a Healthy Community are three community-wide programs that Baptist and other institutions support cooperatively through leadership and fiscal resource allocation.

Escambia and Santa Rosa County Community Clinics: *Creating medical homes for the uninsured*

Baptist Hospital, Inc. in partnership with another local hospital, began the free standing Escambia Community Clinics (ECC) in 1992 as a separate corporation to provide outpatient primary health care services to the county's poor and medically needy citizens. Since its inception, ECC has provided for more than 440,000 outpatient visits and has admitted more than 1,003 patients for hospitalization at Baptist Hospital.

In 2006, Baptist Hospital, Inc. allocated \$577,000 to ECC for community care.

ECC continues to maintain a group of more than 22,000 active patients who call ECC their medical home. During 2006, 63.8 percent of all patient visits were non-paying, either a fully charity approved patient or a visit by a person considered to be medically needy or the working poor.

Through Baptist Hospital, Inc., ECC was able to provide 214 inpatient hospitalization days and funded more than 1,150 charity patients with prescription drugs through pharmaceutical company compassionate drug programs. This represents more than 6,100 prescriptions with a retail value of more than \$556,000.

Santa Rosa Community Clinic, under the administration of ECC, delivered 3,150 outpatient visits and directly or indirectly generated charity care estimated at more than \$2 million.

The health and well-being of the working poor, indigent and medically needy citizens of Escambia and Santa Rosa counties has been significantly improved through the efforts of Baptist Health Care.

WE CARE: *Serving populations in need*

WE CARE is a cooperative effort of Baptist Hospital, two other local hospitals, Escambia Community Clinics, the Escambia Public Health Unit, the Escambia County Board of County Commissioners and the Escambia County Medical Society. The program is geared toward improving health care access in Escambia and Santa Rosa counties.

Through WE CARE, Baptist Health Care and its physicians provide health education as well as private primary and specialty medical care for indigent Escambia and Santa Rosa county residents. Baptist Health Care social workers work diligently each year to gain Medicaid eligibility for prospective WE CARE patients.

2006 WE CARE Fiscal Resource Allocations:

Escambia County

Inpatient: \$370,260

Outpatient: \$672,164

Santa Rosa County

Inpatient: \$169,252

Outpatient: \$88,759

Partnership for a Healthy Community: *Improving access to health care*

Partnership for a Healthy Community is a Baptist Health Care cornerstone partnership that brings together various sectors of the community to address barriers to health care for at-risk residents.

During 2006, the Partnership executed a critical strategic role in three collaborative projects:

- *Partners in Care—an initiative to coordinate and improve medical tracking for underinsured and uninsured patients. This initiative involves Pensacola community's three primary hospitals.*
- *Assessment 2005—community-wide health needs assessment that is utilized to measure the community's health status.*
- *AccessEscambia—a program dedicated to providing health care for the uninsured by incorporating technology into the medical records process so that the uninsured have a virtual medical home; working with private organizations to develop a health-flex plan that would enable working families to buy a low-cost health insurance product without expensive and unnecessary amenities required by other insurance plans; and to develop a managed care arrangement for the most challenged in Escambia County, allowing the working poor to visit a family doctor for only a small co-payment.*

Baptist Health Care was a primary founding partner in the Partnership for a Healthy Community and continues to play a major role in its success. Baptist provides in-kind meeting space for board meetings, assistance with brochures and educational materials and provides leadership and guidance by actively participating on the program's board of directors and executive committee.

Baptist Health Care Foundation

The mission of Baptist Health Care Foundation is to develop philanthropic resources to improve health and human services for the communities we serve. Contributions made in fiscal year 2006 by Baptist Health Care Foundation to affiliates, outside agencies and direct patient support totaled \$1,713,961.

The foundation allocates resources throughout Baptist Health Care to broaden our ability to deliver quality services in areas such as cancer support, speech and hearing, outpatient transportation needs, medical assistance for burn victims and Alzheimer's patients, swimming pool and beach safety, youth athletics and Baptist LifeFlight air ambulance services.

Preventative Health, Education, Support & Awareness

Providing quality care and service excellence to communities served is not limited to a hospital or health care facility setting. At Baptist Health Care we are committed to carrying out our mission beyond facility doors through preventative health, education, support and awareness. We do this by providing free health screenings, conducting support groups and educational seminars and reaching out to special populations.

- **21,000** free telephone health and wellness inquiries answered through Baptist HealthSource.
- **41 Screening Events**—screenings include heart and stroke risk assessments, body composition analysis, speech and hearing, breast cancer risk, osteoporosis heel scans, blood glucose testing for diabetes, sleep disorder testing, vision and sports physicals for youth, including echocardiograms. Many of the screening events provide accessibility to preventative health care to uninsured and underinsured residents.

Mole Patrol—Skin Cancer Screenings Helped Create Awareness and Save Lives

The 2006 Mole Patrol conducted **235 skin cancer screenings**. Fourteen percent of individuals screened were recommended for biopsies, and seven basal cell carcinomas and two squamous cell carcinomas were diagnosed.

Mole Patrol™ took place during the Blue Angels' Friday and Saturday air shows at Pensacola Beach and was a collaborative effort of Baptist Health Care, Moffitt Cancer Institute and Research Center and AAA Auto South.

Family and Senior Expos—Preventative health for families and seniors

Family and Senior Expos allow Baptist to provide a variety of free health screenings in a single location convenient for area residents. Combined, these two events provided **2,538 individual health screenings** for adults and children. Both expos are located on public transportation bus routes and can be accessed by the broader community.

- **220 Education and Training Seminars**—meeting a broad range of community health education needs including disease risk and awareness, medication training and support, fitness, mental health pool and beach safety, and general health and wellness for the mind, body and spirit.
 - Several educational seminars are designed to reach special populations.

Baptist GoldenCare: Reaching out to seniors

Baptist GoldenCare, a free membership program for residents age 50 and older, reaches out to seniors in the community and improves access to health care by providing monthly health education and screenings. GoldenCare administers seminars in a wide geographic area that includes Pensacola, central Escambia County, Gulf Breeze, Navarre and Jay in Florida, and Atmore, Ala. Education is power, and Baptist GoldenCare continues to grow seniors' ability to make beneficial health care choices. Dementia, Medicare Part D, sleep disorders and knowing the signs of stroke are examples of the many essential programs GoldenCare provides this special population.

Beach and Pool Safety: Keeping children out of harm's way

The trauma department in partnership with marketing communications and the foundation conducted pool and beach safety presentations to 855 children in Escambia County. Supplemental PoolSafety coloring books were distributed to local Title 1 childcare centers through a community partnership with the Escambia County Early Learning Coalition.

This program taught children to understand and retain 'pool rules' such as swimming only when adults are supervising and how to call 9-1-1 in an emergency. The beach safety component taught children the meaning of each beach safety flag, how to protect their skin from the sun and what to do if caught in an undertow.

- Trainings are also designed to provide education to health and safety related professionals such as fire departments that work with Baptist LifeFlight, health profession students and first responders.

Baptist Health Care is proud to be a continued partner with Pensacola Junior College, the University of West Florida, Virginia College, Escambia and Santa Rosa school districts and Escambia County, Alabama School District. Mentoring, volunteering, work shadow and on-site trainings are educational collaborations that Baptist Health Care is committed to in furthering the education, knowledge and expertise of tomorrow's health care professionals.

- **17 Support Groups** —Baptist helps its patients' meet life's health care challenges head on. Whether a person is battling cancer or living with diabetes, Baptist Health Care and its affiliates provide group support to meet the needs of patients beyond hospital walls.

Activities listed above represent all Baptist Health Care facilities spanning northwest Florida and south Alabama.

Community Engagement

One of Baptist's six company values is stewardship. Our employees pride themselves in sharing their skills and talents to serve the community through charity and volunteerism. Day to day, month to month, year to year, our employees build Habitat for Humanity houses, raise money and walk for the American Heart Association and the American Cancer Society, mentor children in area schools, participate in community holiday celebrations and provide Christmas for all of the children and C.A. Weis Elementary. We are just getting started.

Baptist Health Care employees set the standard for community building and spirit. They serve on non-profit boards, champion charitable causes and provide hours upon hours of volunteer service.

Here is a *sampling* of the many community engagement activities Baptist Health Care employees commit to:

American Heart Walk	L.E.A.P.
Atmore Hospital	Loaves and Fishes Soup
Christmas Drive	Kitchen
Boy Scouts	Optomist Club of Gulf
Blue Angels Weekend	Breeze
First Aid	PACE Center for Girls
Christmas at C.A. Weis	Pathways for Change
Make Strides for	Pensacola Young
Breast Cancer Walk	Professionals
Relay for Life	Project Graduation
United Way Day of Caring	Rotary Club
Mayfest and William	Sertoma Club
Station Day	Scale Back Alabama
Girl Scouts	Special Olympics
Habitat for Humanity	Take Stock in Children
Jay Trick or Treat in the	Women's Return to Work
Street	
Leadership Atmore	

Christmas at C.A. Weis Elementary School

For many years, Baptist Health Care and its employees celebrate the joy of Christmas with more than 600 students at C.A. Weis Elementary School. Employees from departments host fundraisers and donate money to "adopt a class." Each child receives his or her own Christmas present. Employees provide refreshments, play games, create crafts and interact with the children in holiday celebration, and no Christmas would be complete without Santa Claus. Baptist LifeFlight delivers Santa, a dedicated Baptist employee, to the elementary school via helicopter. All of the children gather outside to watch the arrival of Santa, and as he takes that first step out of the helicopter, the children shout with joy. Santa visits each class in the school, bringing cheer and smiles to the children.

For some of the children, gifts from Baptist Health Care employees may be the only presents they receive, and we are proud to be part of a celebration that brings joy to so many.

Community Sponsorships: Total Contributions

