

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: BAPTIST HEALTH CARE FOUNDATION INC. Address: POST OFFICE BOX 17500, PENSACOLA, FL 32522

D Employer identification number: 59-0192265. E Telephone number. F Accounting method: Accrual

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

G Web site: WWW.EBAPTISTHEALTHCARE.ORG

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 2,804,796

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with 12 columns: Line number, Description, Sub-column (a, b, c), and Total. Rows include Contributions (1), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8d), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

**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 (See the instructions.)

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
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 1,304,442 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	1,304,442	1,304,442	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>	219,395	219,395	
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	70,606		70,606
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	27,558		27,558
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	2,667	2,667	
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b>	9,879		9,879
<b>36</b> Occupancy	<b>36</b>	26,092	26,092	
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	16,191	16,191	
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> PROFESSIONAL FEES	<b>43a</b>	1,078	1,078	
<b>b</b> PASTORAL STIPEND	<b>43b</b>	1,250	1,250	
<b>c</b> OTHER DEPARTMENT EXPENSES	<b>43c</b>	2,496		2,496
<b>d</b> Dues & Subscriptions	<b>43d</b>	185		185
<b>e</b> Bad Debt	<b>43e</b>	95,588		95,588
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	1,777,427	1,525,087	46,028 206,312

**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 \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

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.

<p>What is the organization's primary exempt purpose? <b>▶</b> 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</p> <p>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.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> EMPLOYEE FUNDED "HELPING HANDS" EMPLOYEE ASSISTANCE PROGRAM FOR PERSONAL EMERGENCIES</p> <p>(Grants and allocations \$ 219,395) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>219,395</p>
<p><b>b</b> SEE COMMUNITY BENEFIT REPORT - SEE STATEMENT 25</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b> 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</p> <p>(Grants and allocations \$ 1,304,442) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,305,692</p>
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	<p>1,525,087</p>

**Part IV Balance Sheets (See the instructions.)**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	1,549,043	<b>45</b>	175,069
	<b>46</b> Savings and temporary cash investments . . . . .	401,238	<b>46</b>	373,475
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 79		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 79	<b>47c</b>	79
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 64,133		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b> 67,550	<b>48c</b>	64,133
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .	136,416	<b>52</b>	145,472
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,229,963	<b>54a</b>	5,241,405
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 103,005			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 66,314	44,545	<b>57c</b> <input checked="" type="checkbox"/> 36,691	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	161,439	<b>58</b> <input checked="" type="checkbox"/>	120,342	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	5,590,273	<b>59</b>	6,156,666	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	81,768	<b>60</b>	53,410
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	176,954	<b>65</b> <input checked="" type="checkbox"/>	163,071
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	258,722	<b>66</b>	216,481	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	1,659,374	<b>67</b>	1,952,008
	<b>68</b> Temporarily restricted . . . . .	3,621,820	<b>68</b>	3,832,820
	<b>69</b> Permanently restricted . . . . .	50,357	<b>69</b>	155,357
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	5,331,551	<b>73</b>	5,940,185	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	5,590,273	<b>74</b>	6,156,666	





Part VI Other Information (continued)

Yes No

82a 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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 0

91a The books are in care of REVONDA CANIPE Telephone no (850) 469-7419
ACCTG DEPT BAPTIST Hospital
Located at Pensacola, FL ZIP + 4 32522

91b 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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**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**

**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	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					2,525
<b>95</b> Interest on savings and temporary cash investments			14	574,139	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-1,591	
<b>101</b> Net income or (loss) from special events . . . . .			1	78,955	
<b>102</b> Gross profit or (loss) from sales of inventory			3	207,984	
<b>103</b> Other revenue <b>a</b> <u>WOMEN'S BOARD EVENTS</u>			1	572	
<b>b</b> <u>DISCOUNTS</u>			1		
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				860,059	2,525
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					862,584

**Note:** Line 105 plus line 1e, 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
	%			
	%			
	%			
	%			

**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).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
		No

<b>Please Sign Here</b>	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.	
	***** Signature of officer	2008-08-15 Date
	Kerry Vermillion Sr VP Finance/CFO Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature  W Edward Phillips	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Pershing Yoakley & Associates PC 525 Portland Street Knoxville, TN 379192363			EIN Phone no  (678) 441-0645

**SCHEDULE A  
(Form 990 or  
990EZ)**

**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

**2006**

Department of the  
Treasury  
Internal Revenue  
Service

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 page 2 of the 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 & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the 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		

**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 page 2 for 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		

**Part III Statements About Activities** (See page 2 of the instructions.)

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> 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.) </p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>	Yes	
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>		No
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) </p>	<b>3a</b>	Yes	
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>		No
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>	Yes	
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		No
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		No
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <span style="float: right;">► _____</span></p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <span style="float: right;">► _____</span></p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <span style="float: right;">► _____</span></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <span style="float: right;">► _____</span></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

 Type I     Type II     Type III - Functionally Integrated     Type III - Other
**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					▶

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**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.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	1,336,895	1,547,376	1,157,884	1,057,574	5,099,729
<b>16</b> Membership fees received	2,650	4,676	2,475	5,076	14,877
<b>17</b> 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	567,753	371,486	286,716	362,962	1,588,917
<b>18</b> 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	313,186	117,701	116,510	82,287	629,684
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	1,601	26,110	95,731	1,986	125,428
<b>23</b> Total of lines 15 through 22	2,222,085	2,067,349	1,659,316	1,509,885	7,458,635
<b>24</b> Line 23 minus line 17	1,654,332	1,695,863	1,372,600	1,146,923	5,869,718
<b>25</b> Enter 1% of line 23	22,221	20,673	16,593	15,099	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 117,394
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b> 282,456
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 5,869,718
<b>d</b> Add Amounts from column (e) for lines 18 629,684 19 0 22 26b 282,456					<b>26d</b> 1,037,568
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 4,832,150
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> 82.32 00 %
<b>27 Organizations described on line 12:</b> <b>a</b> 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 " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>b</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 <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add Amounts from column (e) for lines 15 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> 0
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> _____
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	372,157	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	372,157	0
<b>39</b>	Other exempt purpose expenditures	529,968,517	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	530,340,674	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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	1,000,000	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	250,000	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		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 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000		3,000,000
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					4,500,000
<b>47</b> Total lobbying expenditures	372,157	717,436	564,934		1,654,527
<b>48</b> Grassroots nontaxable amount	250,000	250,000	250,000		750,000
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					1,125,000
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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
		0

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



**Additional Data****Software ID:** 06000146**Software Version:** 2006v4.1**EIN:** 59-0192265**Name:** BAPTIST HEALTH CARE FOUNDATION INC**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
PATRICIA LANGHORNE 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
WRIGHT MOULTON 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
ADELA FERNANDEZ LUBKOWITZ 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
SHARON HESS HERRICK 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
CHARLERS F GUND JR 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
BLAIR S CROOKE 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
MARGARET N LORREN 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
ROBIN D HERR 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
ELLIS W BULLOCK III 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
GROVER C ROBINSON IV 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
NEAL NASH 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
RICHARD P MORETTE 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
JAMES E FLOURNOY 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
ROGER MACDONALD 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
PAMELA H CADDELL 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
LARRY M BOWYER 1717 NORTH E STREET PENSACOLA, FL 32501	Chairman 1	0		
B KIRK BALL SR 1717 NORTH E STREET PENSACOLA, FL 32501	BOARD MEMBER 1	0		
JERRY L MAYGARDEN 1717 NORTH E STREET PENSACOLA, FL 32501	SeNIOR VP 40	0		

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
LAKEVIEW VILLA INC	X	
LAKEVIEW PLACE INC	X	
LAKEVIEW CENTER INC	X	
JAY HOSPITAL INC	X	
ESCAMBIA COUNTY AL COMM HOPITALS INC	X	
Endoscopy Center of Gulf Breeze LLC		X
CMHC PROPERTIES INC	X	
CMHC HERNANDEZ HOUSE INC	X	
BAPTIST MEDICAL PARK SURGERY CENTER LLC		X
BAPTIST MANOR INC	X	
BAPTIST HOSPITAL INC	X	
BAPTIST HEALTH VENTURES INC AND SUBS		X
BAPTIST HEALTH CARE CORPORATION INC	X	

## TY 2006 Cash Grants Paid Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Class of Activity	Recipient's name	Address	Amount	Relationship
	SEE STATEMENT 27	1717 NORTH E STREET PENSACOLA, FL 32501	1,304,442	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2006 Compensation Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Jerry L Maygarden	Baptist Health Care Corp	59-2425151	Baptist Health Care Foundation, Inc is a member of Baptist Health Care Corporation	262,961	96,075	5,698	Jerry L Maygarden is paid for services as Senior Vice President of Baptist Health Care Corporation

**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** BAPTIST HEALTH CARE FOUNDATION INC**EIN:** 59-0192265**Software ID:** 06000146**Software Version:** 2006v4.1**Gross Sales Price:** 126,466**Basis:** 128,057**Sales Expenses:****Total (net):**

## TY 2006 Individual Assistance Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Class of Activity	Amount
EMPLOYEE ASSISTANCE PROGRAM	219,395

## TY 2006 Investments - Securities Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Book Value	Cost/FMV
WACHOVIA INVESTMENTS	2,019,300	F
STRATEGIC INVESTMENT FUND	1,627,176	F
RESTRICTED ASSET - NW FL KIDNEY CENTER	1,107,613	F
Restricted Asset - Synovous	487,316	F

**TY 2006 Land etc. Schedule**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	103,005	66,314	36,691

**TY 2006 Other Assets Schedule**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Beginning of Year Amount	End of Year Amount
Other Assets	1,873	26,772
Charitable Remainder Trust	303,678	303,678
Due from Affiliates	140,366	156,564

## TY 2006 Other Changes in Net Assets Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	-46,801
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-19,625

**TY 2006 Other Expenses Included Schedule**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Amount
Special Event Exp. netted with Rev.	48,920
Gift SHop Exp. netted with Rev.	175,332

**TY 2006 Other Expenses  
Not Included Schedule**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Amount
rounding	596
Grants netted with Rev.	308,495
Bad Debt Exp. netted with Rev.	95,588

## TY 2006 Other Liabilities Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Beginning of Year Amount	End of Year Amount
Other Liabilities		22
Commitments/Annuity	176,954	163,093

## TY 2006 Other Revenues Included Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Amount
Special Event Exp. netted with Rev.	48,920
rounding	21
Net Assets Released From Restriction	1,216,659
Gift Shop Exp. netted with Rev.	175,332

**TY 2006 Other Revenues  
Not Included Schedule**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	Amount
Interest Inc. included in Net Assets	264,715
Grants included with Rev.	308,495
CONtributions included with net assets	1,291,996
Change in Value of Split Interest	19,625
Bad Debt Exp. netted with Rev.	95,588

## TY 2006 Sales Of Inventory Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
GROSS SALES	383,316	175,332	207,984

## TY 2006 Special Events Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Other Events	12,415		12,415	6,358	6,057
GOLD SALE	8,973		8,973	5,661	3,312
Leather Sale	13,791		13,791	10,071	3,720
FASHION/DENIM	92,696		92,696	26,830	65,866

## TY 2006 Other Income Schedule

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Description	2003	2002	2001	2000	Total
Discounts	30	150			
WOMEN'S BOARD EVENTS	1,571	23,564	21,306		150
MISCELLANEOUS			74,425		44,900
INVESTMENT INCOME		2,396		1,986	80,378

**TY 2006 Scholarship Award Statement**

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

**Statement:** 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.

# TY 2006 Self Dealing Statement

**Name:** BAPTIST HEALTH CARE FOUNDATION INC

**EIN:** 59-0192265

**Software ID:** 06000146

**Software Version:** 2006v4.1

Line Number	Explanation
	BLAIR S. CROOKE, BOARD OF DIRECTORS GULF COAST TRAFFIC ENGINEERS, SIGNS & EQUIP. REPAIR\$367 CHARLES F. GUND, JR., BOARD OF DIRECTORS SALT MARSH CLEVELAND & GUND, FLEX SPENDING MGT.\$24,766 RICHARD P. MORETTE, BOARD OF DIRECTORS MORETTE CONSTRUCTION, CONSTRUCTION PROJECTS\$16,888,942 B. KIRK BALL, SR., BOARD OF DIRECTORS FISHER BROWN, NOTARY SERVICES\$180 ELLIS W. BULLOCK III, BOARD OF DIRECTORS E.W. BULLOCK & ASSOC., ADVERTISING SERVICES\$832,688 PATRICIA LANGHORNE, BOARD OF DIRECTORS CARDIOLOGY SERVICES, MED DIRECTOR/MISC ITEMS\$4,921 ALL TRANSACTIONS WERE PERFORMED AT MARKET VALUE AND ARMS LENGTH

*Listening and Responding to Community Needs*

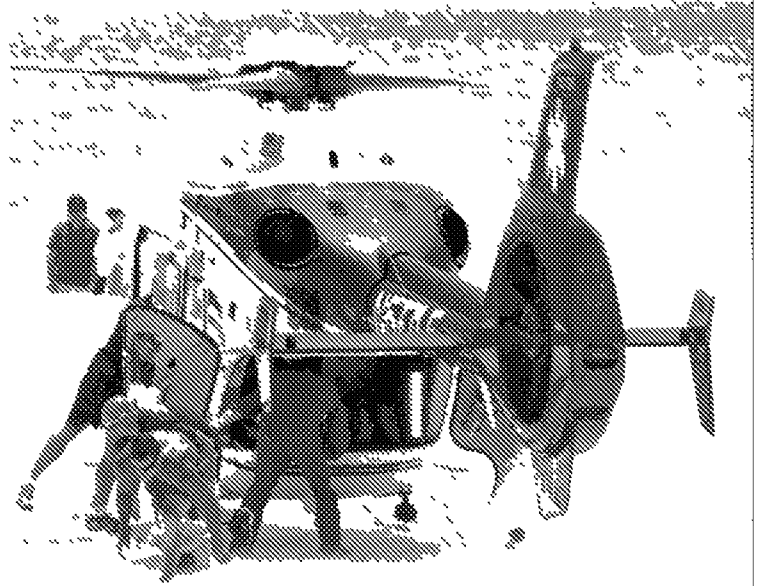
One of Baptist's six company Values is stewardship. Baptist takes an active role in identifying community needs and encouraging employees to get involved and make a difference. Employees pride themselves in sharing their skills and talents to serve the community through charity and volunteerism. Baptist Health Care employees set the standard for community building, spirit and leadership. They serve on non-profit boards, champion charitable causes and provide hours upon hours of volunteer service.

Baptist Health Care also provides sponsorships to more than 75 non-profit organizations annually.

*Baptist Health Care is proud to be your partner in health care, community building and enhancing quality of life throughout northwest Florida and south Alabama. Trust Baptist Health Care to help you and your family live a happy, healthy life.*



## Taking Health Care Beyond Hospital Walls



You'll Love the Way **Baptist Cares for You.**

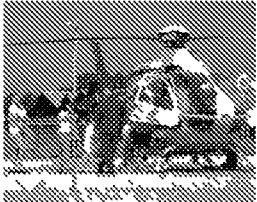


**BAPTIST**  
HEALTH CARE

**(850) 434-4080**

[www.eBaptistHealthCare.org](http://www.eBaptistHealthCare.org)

Baptist Health Care • Gulf Breeze Baptist • Tallahassee Baptist • Tyngsboro Baptist • Auburn Community Baptist • Lake Wales Center • Baptist Medical  
 Baptist LifeFlight • Baptist Medical Parkland-Miller • Baptist Medical Parkland West • Baptist Medical Center



**Public Health Care**  
 The public health care system is a complex network of services designed to prevent disease, promote health, and provide care for those who are ill. It includes a wide range of activities, from health promotion and disease prevention to diagnosis and treatment. Public health care is essential for the well-being of the community as a whole.

**Public Health Care Services**

Public health care services are provided to the community through a variety of channels, including hospitals, clinics, and community health centers. These services are designed to address the needs of the population as a whole, with a focus on preventing disease and promoting health.

When assessing a patient's ability to pay, Public Health Care uses the most recently published federal poverty guidelines. However, the ability to pay is not the only factor considered in determining eligibility for services.

In 2007, Congress established the Affordable Care Act. In addition, Public Health Care provides assistance to patients with disabilities, including help with transportation and other costs. The program is designed to ensure that all individuals have access to the care they need.

**Public Health Care Services**

Public Health Care provides a wide range of services to meet the health care needs of the community. These services include health promotion, disease prevention, diagnosis, and treatment. Public Health Care is committed to providing high-quality care to all individuals in the community.

In addition, Public Health Care provides a program of home care services for individuals who are unable to receive care in a hospital or clinic. These services are provided to individuals who are unable to travel to a healthcare facility.

**Public Health Care Services**

Providing quality care and service excellence in communities is a top priority for Public Health Care. The organization is committed to providing high-quality care to all individuals in the community. Public Health Care is committed to providing high-quality care to all individuals in the community.

In addition, Public Health Care provides a program of home care services for individuals who are unable to receive care in a hospital or clinic. These services are provided to individuals who are unable to travel to a healthcare facility.

With more than 14 support groups, Public Health Care provides a wide range of services to meet the health care needs of the community. These services include health promotion, disease prevention, diagnosis, and treatment.





2006

FEDERAL STATEMENTS

59-0192265

BAPTIST HEALTHCARE FOUNDATION

STATEMENT 27  
FORM 990, PART II, LINE 22  
GRANTS & ALLOCATIONS

NAME	ADDRESS	DONEE RELATIONSHIP	FOUND ATION STATUS	PURPOSE OF GRANT	GRANT TYPE	AMOUNT
<b>FINANCIAL GRANTS TO AFFILIATED ORGANIZATIONS</b>						
Baptist Hospital Inc	c/o Baptist Hosp	Company	PUBLIC	Sponsorship	Cash	\$ 458,709
Gulf Breeze Hospital	c/o Gulf Breeze Hospital	Company	PUBLIC	Sponsorship	Cash	49,964
Jay Hospital	c/o Jay Hospital	Company	PUBLIC	Sponsorship	Cash	909
Lakeview Center	c/o Lakeview Center	Company	PUBLIC	Sponsorship	Cash	42,666
The Baptist Manor	c/o Baptist Manor	Company	PUBLIC	Sponsorship	Cash	201
Towers Pharmacy	c/o Baptist Hospital	Company	PUBLIC	Sponsorship	Cash	1,385
Women's Board	c/o Baptist Women's Board	Company	PUBLIC	Sponsorship	Cash	18,005
<b>OTHER GRANTS</b>						
100 Black Men of Pensacola Inc	P O Box 18536 Pensacola Florida 32523	None	PUBLIC	Community Sponsorship	Cash	\$ 1,000
Archanage Aukio Visual	P O Box 10597 Pensacola Florida 32524	None	PUBLIC	Community Sponsorship	Cash	372
Agape Temple Church	3810 West Fairfield Dr Pensacola Florida 32505	None	PUBLIC	Community Sponsorship	Cash	350
Allista Solutions	Attn Terry Daniel P O Box 950 Pensacola Florida 32	None	PUBLIC	Community Sponsorship	Cash	300
Alzheimer's Family Services Inc	1901 North Palalox Street Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	750
American Cancer Society	5401 Corporate Woods Dr #100 Pensacola Florida 32	None	PUBLIC	Community Sponsorship	Cash	7,500
American Heart Association	4400 Bayou Blvd Suite 49A Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	2,500
American Lung Association of Florida	4300 Bayou Boulevard #2 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	1,500
ARC Gateway	3932 North Tenth Ave Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	950
Arthritis Foundation		None	PUBLIC	Community Sponsorship	Cash	250
Arts Council of Northwest Florida	522 North 7th Ave B Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	250
Autism Society of the Panhandle	P O Box 30213 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	1,000
Ballet Pensacola		None	PUBLIC	Community Sponsorship	Cash	1,500
Bayview Fisher Pou Chapel	3351 Scenic Hwy 90c Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	2,095
Bayview Memorial Park		None	PUBLIC	Community Sponsorship	Cash	140
Beta Alpha Psi Iota Phi Chapter		None	PUBLIC	Community Sponsorship	Cash	1,000
Covenant Hospice	2001 North Palalox Street Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	500
Culinary Productions Inc	221 E Zarragoza St Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	750
Dvorak International Linguistics Inc	1409 Tender Oaks Lane Pensacola Florida 32506	None	PUBLIC	Community Sponsorship	Cash	250
Earl Hutto Foundation	P O Box 15244 Pensacola Florida 32514	None	PUBLIC	Community Sponsorship	Cash	500
EduCare	3294 Ashley Phosphate Rd Suite 1A North Charleston	None	PUBLIC	Community Sponsorship	Cash	1,903
Emerald Coast Autism Society	1852 Albamhra St Navarre Florida 32566	None	PUBLIC	Community Sponsorship	Cash	250
Escambia County Community Clinic	2200 N Palalox St Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	22,500
Escambia County Healthy Start Coalition	5625 Dixie Street #3 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	1,000
Escambia County Medical Society	8880 University Pkwy Suite B Pensacola Florida 32511	None	PUBLIC	Community Sponsorship	Cash	500
Escambia Pensacola Human Relations Co	14 West Jordan St Suite 25 Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	100
Fiesta Barbershop Chorus	2702 A East Brainerd St Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	260
Fiesta de Five Flags	2121 W Interdenia St Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	1,500
First Baptist Church		None	PUBLIC	Community Sponsorship	Cash	500
Florida Public Relations Associations	P O Box 893 Pensacola Florida 32591	None	PUBLIC	Community Sponsorship	Cash	100
Foundation for Excellence in Education Inc	30 East Texas Dr Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	2,200
Gospel Songwriters Music Workshop	5700 Langley Circle Pensacola Florida 32504	None	PUBLIC	Community Sponsorship	Cash	500
Governmental Prayer Breakfast	890 Industrial Court Pensacola Florida 32505	None	PUBLIC	Community Sponsorship	Cash	100
Grace Music Inc	P O Box 12357 Pensacola Florida 32591	None	PUBLIC	Community Sponsorship	Cash	1,000
Gulf Coast Kids House	3401 North 12th Ave Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	1,000
H K Matthews Celebration		None	PUBLIC	Community Sponsorship	Cash	500
Hands on Pensacola	P O Box 17184 Pensacola Florida 32522	None	PUBLIC	Community Sponsorship	Cash	3,000
Heartbeat International Inc	3049 Knotty Pine Dr Pensacola Florida 32505	None	PUBLIC	Community Sponsorship	Cash	500
Historic Preservations		None	PUBLIC	Community Sponsorship	Cash	100
Huxford Water Company	P O Box 40 Huxford Alabama 36543	None	PUBLIC	Community Sponsorship	Cash	141
Independence for the Blind	1302 Dunmore St Pensacola Florida 32504	None	PUBLIC	Community Sponsorship	Cash	500
John Wyche Consulting Group	861 Maple Wood Circle Pensacola Florida 32534	None	PUBLIC	Community Sponsorship	Cash	2,000
Junior Achievement	1010 North 12th Ave Suite 233 Pensacola Florida 32	None	PUBLIC	Community Sponsorship	Cash	6,500
Kent's Special Events Inc	2975 Gulf Breeze Pkwy Gulf Breeze Florida 32563	None	PUBLIC	Community Sponsorship	Cash	409
Kim Raner	C O Foundation	BH Employee	PUBLIC	Community Sponsorship	Cash	203
Laser Images	P O Box 30156 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	164
Latino Media Gulf Coast Inc	P O Box 284 Pensacola Florida 32591	None	PUBLIC	Community Sponsorship	Cash	250
Lupus Support Network	P O Box 17841 Pensacola Florida 32522	None	PUBLIC	Community Sponsorship	Cash	200
Morale Welfare and Recreation Department	640 Roberts Ave Bldg 503 Pensacola Florida 32508	None	PUBLIC	Community Sponsorship	Cash	250
Movement For Change Inc	P O Box 9196 Pensacola Florida 32513	None	PUBLIC	Community Sponsorship	Cash	2,000
NAACP	P O Box 2726 Pensacola Florida 32513	None	PUBLIC	Community Sponsorship	Cash	500
National Coalition of 100 Black Women In	P O Box 17331 Pensacola Florida 32522	None	PUBLIC	Community Sponsorship	Cash	1,000
National Council Alcoholism		None	PUBLIC	Community Sponsorship	Cash	1,000
National Multiple Sclerosis Society	4237 Salisbury Road Suite 406 Jacksonville Florida 32	None	PUBLIC	Community Sponsorship	Cash	500
Neighbors in Seville	56 South Alcanz Street Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	500
New World Landing	Attn Account Receivable 600 South Palalox St Pensac	None	PUBLIC	Community Sponsorship	Cash	5,298
Northwestern Mutual Life	4300 Bayou Blvd Suite 23 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	970
Partners in Recognition Inc	405 South Main Street Fort Loraine Ohio 45845	None	PUBLIC	Community Sponsorship	Cash	4,067
Pensacola Bay Area Chamber of Commerce	P O Box 550 Pensacola Florida 32591 0550	None	PUBLIC	Community Sponsorship	Cash	1,650
Pensacola Council Navy League of US	P O Box 17486 Pensacola Florida 32522 7486	None	PUBLIC	Community Sponsorship	Cash	150
Pensacola Heritage Foundation		None	PUBLIC	Community Sponsorship	Cash	2,500
Pensacola Historical Society	110 E Church St Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	1,500
Pensacola Little Theatre	400 South Jefferson St Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	1,080
Pensacola Museum of Art	407 South Jefferson St Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	1,000
Pensacola Opera	P O Box 1790 Pensacola Florida 32598 1790	None	PUBLIC	Community Sponsorship	Cash	3,500
Pensacola Promise	840 W Moreno St Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	5,000
Pensacola Sports Association	P O Box 12463 Pensacola Florida 32591	None	PUBLIC	Community Sponsorship	Cash	1,500
Pensacola Symphony Orchestra	205 E Zarragoza Street Pensacola Florida 32502	None	PUBLIC	Community Sponsorship	Cash	7,000
Pensacola Teen Board Inc	4400 Bayou Boulevard # 48 Pensacola Florida 32503	None	PUBLIC	Community Sponsorship	Cash	500
Pensacola Young Professionals		None	PUBLIC	Community Sponsorship	Cash	1,000
PrePress	3740 N Pace Blvd Pensacola Florida 32505	None	PUBLIC	Community Sponsorship	Cash	195
QuestComp Media Group Inc	835 E Collins Blvd Suite 102 Richardson Texas 7508	None	PUBLIC	Community Sponsorship	Cash	1,600
BetaStar Life Ins Co	8132 Innovation Way Chicago Illinois 60682 0081	None	PUBLIC	Community Sponsorship	Cash	2,432
Ronnie Levine		None	PUBLIC	Community Sponsorship	Cash	300
Santa Rosa County Sheriff's Office	c/o Cpl Donnie Wigen 1260 Onole Beach Road Gulf Br	None	PUBLIC	Community Sponsorship	Cash	270
Santa Rosa Educational Foundation	5086 Canal Street Milton Florida 32570	None	PUBLIC	Community Sponsorship	Cash	400
Scholastic Book Fairs	P O Box 1165300 Atlanta Georgia 30384 2232	None	PUBLIC	Community Sponsorship	Cash	790
Scott Dawson Evangelistic Association	P O Box 380653 Birmingham Alabama 35238	None	PUBLIC	Community Sponsorship	Cash	2,000
Scottish Rite Masonic		None	PUBLIC	Community Sponsorship	Cash	100
Samter Regional Hospital Foundation	100 Wheatley Dr Americus Georgia 31709	None	PUBLIC	Community Sponsorship	Cash	170
Susan Schoen		None	PUBLIC	Community Sponsorship	Cash	136
The Choral Society of Pensacola	1000 College Blvd Rm 803 Pensacola Florida 32504	None	PUBLIC	Community Sponsorship	Cash	1,000
United Cerebral Palsy of Northwest Florida	2912 North E Street Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	1,000
University of West Florida	Dept of Accounting and Finance 11000 University Pkwy	None	PUBLIC	Community Sponsorship	Cash	2,000
UIS Postal Serv		None	PUBLIC	Community Sponsorship	Cash	2,300
UWF Foundation	11000 University Parkway B 12 Pensacola Florida 32	None	PUBLIC	Community Sponsorship	Cash	6,000
Washington High School Project Graduat	6000 College Pkwy Pensacola Florida 32504	None	PUBLIC	Community Sponsorship	Cash	250
Wings of Hope Inc	6530 North Blue Angel Pkwy Pensacola Florida 32526	None	PUBLIC	Community Sponsorship	Cash	100
WSRE TV	1000 College Blvd Pensacola Florida 32504 9988	None	PUBLIC	Community Sponsorship	Cash	3,000
YMCA of Northwest Florida	410 North Palalox St Pensacola Florida 32501	None	PUBLIC	Community Sponsorship	Cash	3,000
Yon Risk Services Inc of Florida	P O Box 402232 Atlanta Georgia 30384 2232	None	PUBLIC	Community Sponsorship Family Expo	Cash	1,094
Chuck Hill A @ 9 Mile Road	1757 E Nine Mile Rd Pensacola Florida 32514	None	PUBLIC	Community Sponsorship Family Expo	Cash	1,500

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FEDERAL STATEMENTS

59-0192265

BAPTIST HEALTHCARE FOUNDATION

STATEMENT 27  
FORM 990, PART II, LINE 22  
GRANTS & ALLOCATIONS

NAME	ADDRESS	DONEE RELATIONSHIP	FOUND ATION STATUS	PURPOSE OF GRANT	GRANT TYPE	AMOUNT
Harold Goff		None	PUBLIC	Community Sponsorship Family Expo	Cash	169
Kevin Biggs		None	PUBLIC	Community Sponsorship Family Expo	Cash	114
Pensacola Interstate Fair Inc	P O Box 37126 Pensacola Florida 32526 0126	None	PUBLIC	Community Sponsorship Family Expo	Cash	6 400
Philip Nix		None	PUBLIC	Community Sponsorship Family Expo	Cash	114
Susan Sheets	c.o Marketing	BH Employee	PUBLIC	Community Sponsorship Family Expo	Cash	199
Tom White the Printer	P O Box 18485 Pensacola Florida 32523	None	PUBLIC	Community Sponsorship Family Expo	Cash	1 200
Dlux Printing	3814 West Fairfield Pensacola Florida 32505	None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	961
DynaVox Systems	Debra Puckett 2100 Wharton St Suite 400 Pittsburgh	None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	1 624
Lauder Enterprises Inc	P O Box 780249 San Antonio Texas 78278 0249	None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	127
Michelle Sailer	c.o Cox Media 180 N Palafox St Pensacola Florida 32502	None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	295
Sertonia Hearing Aid Bank		None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	3 000
United Way of Escambia County	1301 W Government St Pensacola Florida 32501	None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	50
West Florida Health Care	Attn Linda Bailey 8383 North Davis Hwy Pensacola FL	Fl None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	9 623
West Florida Rehabilitation		None	PUBLIC	Community Sponsorship Speech & Hearing	Cash	1 725
Almore Community Hospital	401 Medical Park Dr Almore Alabama 36502	Company	PUBLIC	Grant	Cash	70 000
Diamond Gasoline Station	P O Box 291 Almore Alabama 36504	None	PUBLIC	Patient gas assistance	Cash	7 390
DISHA LLC	1300 E Nashville Ave Almore Alabama 36502	None	PUBLIC	Patient gas assistance	Cash	9 094
Glenn s Service Station	P O Box 17898 Pensacola Florida 32501	None	PUBLIC	Patient gas assistance	Cash	45
Horton Oil Company	P O Box 308 Brewton Alabama 36427	None	PUBLIC	Patient gas assistance	Cash	877
Norwood Oil Inc	P O Box 975 Flomaton Alabama 36441	None	PUBLIC	Patient gas assistance	Cash	2 812
Bay Rite Drugs	116 Medical Park Dr Almore Alabama 36502	None	PUBLIC	Patient pharmacy	Cash	2 028
Century Pharmacy	7531 Mayo St Century Florida 32535	None	PUBLIC	Patient pharmacy	Cash	1 094
Greenlawn Home Care	810 East Craig St Almore Alabama 36502	None	PUBLIC	Patient pharmacy	Cash	767
Greenlawn Pharmacy	406 Medical Park Dr Almore Alabama 36502	None	PUBLIC	Patient pharmacy	Cash	15 287
Medical Center Pharmacy	P O Box 259 Brewton Alabama 36427	None	PUBLIC	Patient pharmacy	Cash	15 338
Rite Aid Pharmacy #709b	1025 Douglas Ave Brewton Alabama 36426	None	PUBLIC	Patient pharmacy	Cash	139
Allygal Leo	2702 Massachusetts Ave Apt 160 Pensacola FL 32505	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Amanda Keyser	503 N 49th Ave Pensacola FL 32506	Related to Gull Breeze employee	PUBLIC	Scholarship	Cash	1 000
Ayudhnee Gemmalas	5237 Staller Ave Pensacola FL 32507	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Betsy Bryan	6331 Mockingbird Lane Milton FL 32570	Lakeview employee	PUBLIC	Scholarship	Cash	1 000
Chris Cayo	1975 Heinrich St Pensacola FL 32507	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Deborah Pilger	2327 Bob White Lane Unit A Pensacola FL 32534	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Deborah Woods	1114 Bremen Ave Pensacola FL 32507	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Jennifer Gansett	7670 Old Hickory Dr Pensacola FL 32507	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Jonathan Williams	128 Tiger Lilly Dr Pensacola FL 32506	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Karen Darnell	2806 Donley St Pensacola FL 32506	Lakeview employee	PUBLIC	Scholarship	Cash	1 000
Kari Sheppard	6120 The Oaks Ln Pensacola FL 32504	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Kimberly Henneesse	6253 Hilltop Dr Pensacola FL 32504	Lakeview employee	PUBLIC	Scholarship	Cash	1 000
Kimberly Jobe	4051 E Olive Rd Pensacola FL 32514	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Lynn Walker	7636 Dove Dr Pace FL 32571	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Nancy Herrin	105 Beech St Pensacola FL 32506	None	PUBLIC	Scholarship	Cash	1 000
Neil Termine	1238 Harrison Ave Gull Breeze FL 32563	Gull Breeze employee	PUBLIC	Scholarship	Cash	1 000
Nicholas Estes	833 N Century Blvd McDavrd FL 32568	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Sherr Hill	PO Box 965 Milton FL 32572	Baptist Manor employee	PUBLIC	Scholarship	Cash	1 000
Tetyana Prieta	32710 Sandpiper Dr Orange Beach AL 36561	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Thelassa Rivers	1932 Elodie Lane Gull Breeze FL 32563	Baptist employee	PUBLIC	Scholarship	Cash	1 000
Diana Blanchard	C O Foundation	BH Employee	PUBLIC	Sponsorship	Cash	128
Katherine Champlin	Foundation	BH Employee	PUBLIC	Sponsorship	Cash	724
Soxleho		None	PUBLIC	Sponsorship Cancer	Cash	292
Christine Isam		BH Employee	PUBLIC	Sponsorship Dispatnites	Cash	104
Delores D Tice	559 Tallow Tree Drive Pensacola Florida 32506	None	PUBLIC	Sponsorship Dispatnites	Cash	1 494
Kelli T Wells, M.D	6922 Kitty Hawk Dr Pensacola Florida 32506	BH Employee	PUBLIC	Sponsorship Dispatnites	Cash	24 355
Manhattan Cross Cultural Group Inc	Attn Tessa Masiaszek P O Box 273 Marshfield Hills M	None	PUBLIC	Sponsorship Dispatnites	Cash	1 125
NIMCO Inc	P O Box 9 Calloun Kentucky 42327 0009	None	PUBLIC	Sponsorship Dispatnites	Cash	271
Pensacola Pediatrics	4951 Grande Dr Pensacola Florida 32504	None	PUBLIC	Sponsorship Dispatnites	Cash	975
Radiology Associates of Pensacola	P O Box 622047 Orlando Florida 32862 2047	None	PUBLIC	Sponsorship Indigent Mammograms	Cash	315
Barnes & Nobles Books		None	PUBLIC	Sponsorship Scottish Rite	Cash	702
Brandi Hook	2871 Aveniria De Soto Navarre Florida 32566	BH Employee	PUBLIC	Sponsorship Scottish Rite	Cash	441
Harcourt Assessment		None	PUBLIC	Sponsorship Scottish Rite	Cash	400
Lantrum Staffing	6723 Plantation Rd Pensacola Florida 32504	None	PUBLIC	Sponsorship Scottish Rite	Cash	2 808
Martha McDowell Fleming		BH employee	PUBLIC	Sponsorship Scottish Rite	Cash	100
Deborah Stump	6407 Arbor Lane Gull Breeze Florida 32563	BH Employee	PUBLIC	Sponsoshp Scottish Rite	Cash	310

TOTAL \$ 1,304,441

• 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.** You must file original and one copy.

Type or print  File by the extended due date for filing the 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		For IRS use only
POST OFFICE BOX 17500			
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-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in 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 is for

4 I request an additional 3-month extension of time until 8/15, 20 08.

5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01, 20 06, and ending 9/30, 20 07.

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.	8a \$	- 0 -
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	- 0 -
8c <b>Balance Due.</b> 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 instrs	8c \$	- 0 -

**Signature and Verification**

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

Signature Susan P. Clark Title CPA Date 5-5-08

**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.C.
	Number and street (include suite, room, or apartment number) or a P.O. box number
	525 PORTLAND STREET
City or town, province or state, and country (including postal or ZIP code)	
KNOXVILLE, TN 37919-2363	