Form 990

Return of Organization Exempt From Income Tax

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service(77)

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

Amended return Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt (haritable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Web site: WWW.VISITATIONHOSPITAL.ORG	Address change Parkey Charge Parkey Char	Address charge Name change	Α	For th	he 2007 calen	dar year, d	or tax year beginning	, 2007, a	nd end	ling					
Name change Initial return Name change Initial return Name change Name cha	NSHVILLE, TN 37215 Section State Section	Name change Termination	В	Check i	if applicable:	Please					D Employer Ide	ntification Number			
Name change Initial return Name change Initial return Name change Name cha	NSHVILLE, TN 37215 Section State Section	Name change Termination		Ad	idress change	IRS label	VISITATION HOSPITAL	FOUNDATION			62-177	52-1774851			
Termination	Termindor feature Term	Termination Annotative termination Section 501(c)(3) organizations and 4947(aXI) nonexempt Aspeciation service Section 501(c)(3) organizations and 4947(aXI) nonexempt Aspeciation service Aspeciation Aspeciation service Aspec		Na	ame change	or type,	309 WINDEMERE WOODS	DRIVE			E Telephone nu	mber			
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Application pending Section 501(c)(X) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). General Web site: WWW.VISITATIONHOSPITAL.ORG Jorganization type (check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 3 ** (reset no.) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 527 (the check only one) Fix 501(c) 4947(a)(1) or 6447(a)(1) or 6447(a)(1	Acplication pending	Acceptation perior Section 501(CX3) organizations and 4947(eX1) nonexempt Acceptation perior Acceptation Accept		Te	rmination					ļ.			Accrual		
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J Organization type (check only one)	Organization type (check only one).	Dirganization type	_		· • • • • • • • • • • • • • • • • • • •	•	•		н	(b) If Yes, enter n	umber of affiliates	· _	_		
Solid Sol	Check here P If the organization type Check here P If the organization is not a 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, he sure to file a complete return. M Check P If the organization is not a 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, he sure to file a complete return. M Check P If the organization is not required to consider the organization chooses to file a return, he sure to file a complete return. I Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds. b Direct public support (not included on line 1a). 1 c Indirect public support (not included on line 1a). 1 c Indirect public support (not included on line 1a). 2 c Program service revenue including operament fees and contracts (from Part VII, line 93). 2 2 Program service revenue including operament fees and contracts (from Part VII, line 93). 2 2 Program service revenue including operament fees and contracts (from Part VII, line 93). 3 3 4 4 Interest on savings and temporary cash investments. 4 1 Interest on savings and temporary cash investments. 5 1 93. 6 a Gross rents. 6 a Const rental income or (loss). Subtract line 6b from line 6a. 7 Other investment income (describe. 8 a Gross rents. 9 a Const or other basis and sales expenses. 9 a Special events and activities (attach schedule). If any amount is from gaming, check here. 9 a Gross revenue (not including \$	Variable	<u>(i</u>	web s	site: WWW.	ATZITA	TTIONHOSPITAL.ORG		— Н				∐ No		
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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. I Group Exemption Number. I Group Exemption Number. M Check if the organization is not required in the program of the	Check here ► If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Gross receipts: Add lines 66, 86, 96, and 10b to line 12 ► 694, 397. Carous Exempses, and Changes in Net Assets or Fund Balances (See the instructions.) 1 Contributions, gifts, grants, and similar amounts received: a Contributions gifts, grants, and similar amounts received: a Contributions to donor advised funds. b Direct public support (not included on line 1a). c Indirect public support (not included on line 1a). d Government contributions (grants) (not included on line 1a). d Government contributions (grants) (not included on line 1a). d Rovernment contributions (grants) (not included on line 1a). a Membership dues and assessments. 4 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. b Less: rental expenses. c Net rental income or (loss). Subtract line 6b from line 6a. 7 Other investment income (describe. b Less: rental expenses. c Gain or (loss). Combine line 8c, columns (A) and (B). 9 Special events and activities (attach schedule). If any amount is from gaming, check here. 10a Gross revenue (not including) 10b Less: cost or other basis and sales expenses. 10a Gross sales of inventory, less returns and allowances. b Less: cost or (loss) from special events. Subtract line 9b from line 9a. 10a Gross sales of inventory, less returns and allowances. b Less: cost or goods sold. 11 Contributions. 12 Gross and sales expenses of the frant fundraising expenses. 10a Gross sales of inventory, less returns and allowances. b Less: cost or goods sold. 11 Contributions. 12 Gross and activities (attach schedule). Subtract line 9b from line 9a. 11 Contributions. 12 Gross sales of inventory, less returns and allowances. b Less: cost or goods sold. 11 Contributions. 12 Gross profit or	K Check here ▶ If the organization is not a 509(a)(3) supporting organization and its organization chooses to file a return, be sure to file a complete return is not required, but if the organization chooses to file a return, be sure to file a complete return is not required to status Oxerbite 8 (Ferm 90), 990-£2, or 990-P7). Contributions, girts, grants, and similar amounts received: Contributions to donor advised funds. 1a	J	Organ	nization type	_	☑		- I	• •		···-			
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c Indirect public support (not included on line 1a) 1c d Government contributions (grants) (not included on line 1a) 1d e Total (add lines \$ 562,589 nocash \$ 99,663.) 1e 662,252 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments. 3 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities 5 193 6a Gross rents. 6a Gross rents. 6b c Net rental income or (loss). Subtract line 6b from line 6a 6c 7 Other investment income (describe 6a Gain or (loss) (attach schedule). STATEMENT 1 750. 8c d Net gain or (loss). Combine line 8c, columns (A) and (B) 750 9 Special events and activities (attach schedule). If any amount is from gaming, check here 750 194 195 196 197 198 198 199 198 198 198 198 198 198 198	c Indirect public support (not included on line 1a) 1c d Government contributions (grants) (not included on line 1a) 1d d Government contributions (grants) (not included on line 1a) 1d d leg and contributions (grants) (not included on line 1a) 1d d leg and contributions (grants) (not included on line 1a) 1e foot 2,252. I regard service revenue including government fees and contracts (from Part VII, line 93) 2 Regard Service revenue including government fees and contracts (from Part VII, line 93) 2 Regard Service revenue including government fees and contracts (from Part VII, line 93) 2 Regard Service revenue including government fees and contracts (from Part VII, line 93) 2 Regard Service revenue including government fees and contracts (from Part VII, line 93) 2 Regard Service revenue including Service revenue including Service revenue (not including Service revenue (not including Service reported on line 1b) 1e Service reported on line 1a) 1e foot Service reported on line 1b) 1e Service reported on l	Comparison Com						-		662	252				
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16 Payments to affiliates (attach schedule)	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18 Excess or (deficit) for the year. Subtract line 17 from line 12	Ę	1								267	7,651.		
() Total oxposition (1) 10 miles (1) 10 mile		Net assets or fund balances at beginning of year (from line 73, column (A)). 19		+								_			
	M ST 13 - INSECUSED OF HAND DAMANCES AN DEGILITING OF YEAR (MONTHINE A.S. COMMIN (AN)	s 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	4	18	Excess or (d	eticit) for	aness at heginning of year from	nie τζ			19				
N 5 13 Net assets of full balances at beginning of year (norm line 73, column (77)	E 20 Other changes in net assets or fund halances (attach explanation) 20	s 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	E	19	Other chase	es in set	ances at beginning or year (non-	explanation)			20				
FEI 20 Other changes in net assets or fund halances (attach explanation)	1 7 20 Office changes at first assets of fully balances (bitteen explanation)	21 Net assets of fund balances at end of year. Combine miles 12, 13,		i. I								822	2,123.		
T E 20 Other changes in net assets or fund balances (attach explanation)	\$ 21. Net assets or fund balances at end of year. Combine lines 18, 19, and 20	HAA FOR PRIVACY ACT AND PADERWORK REQUESION ACT MOTICE, See the Separate Instructions.		- 2											
T E 20 Other changes in net assets or fund balances (attach explanation)	\$ at the secret as find belongs at and of year Combine lines 18, 19, and 20.			- 2											

Form 990 (2007) VISITATION HOSPITAL FOUNDATION 62-1774851 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 instruct.) Page 2 Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program services (A) Total (C) Management (D) Fundraising and general 22 a Grants paid from donor advised funds (attach sch) (cash \$ non-cash If this amount includes foreign grants, check here 22 a 22 b Other grants and allocations (att sch) (cash Ś non-cash If this amount includes foreign grants, check here . . 22 b Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule). 24 25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A. 25 a 86,975. **7**3,929 4,349 8,697. b Compensation of former officers, directors, key employees, etc. listed in Part V-B. 25 b 0. 0. 0. 0. c 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) ... 0. 25 c 0. 0. 0. Salaries and wages of employees not included on lines 25a, b, and c..... 26 26 4,795. 4,075 240 480. Pension plan contributions not 27 included on lines 25a, b, and c. Employee benefits not included on lines 25a · 27. 28 28 8,692. 7,388. 435 869. 7,760. 6,596. 388. 29 776. 29 Professional fundraising fees . . . 30 4,500. 2,700. 1,350. 450. 31 Accounting fees..... 31 32 Legal fees...... 32 69,015 69,015 33 33 4,014. 3,412. 201 401. 34 Telephone..... 34 18,892. Postage and shipping..... 35 17,425. 467. 35 11,894. 595 10,110. 1,189. 36 Occupancy..... 36 37 37 Equipment rental and maintenance..... 1,170. 11,704. 9,949 585 Printing and publications..... 38 7,113. 6,929. 118. 39 Travel...... 39 66. 40 Conferences, conventions, and meetings 40 41 Interest 41 786 44 44. 874 Depreciation, depletion, etc (attach schedule)..... 42 43 Other expenses not covered above (itemize): 3,374. 5,868. a SEE STATEMENT 2 31,423 22,181. 43 a 43 b 43 c J

BAA		TEEA0102L 08/02/	U/		. 3.111 330 (2007)				
		TTT 401001 001001	n7		Form 990 (2007)				
to Fundraising \$.									
\$; (iii) the amount	\$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated								
If 'Yes,' enter (i) the aggregate amount of the	se joint costs	s \$; (ii) the amou	nt allocated to Program	services				
Are any joint costs from a combined educatio	nal campaig	n and fundraising solicita	tion reported in (B) Progra	m services?	Yes X No				
Joint Costs. Check. ► if you are followin	-			,					
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	. 44	267,651.	234,495.	11,679.	21,477.				
9	_ 43 g								
1	43 f								
e	_ 43 e								
d	43 d								

BAA

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.

A 11	4 != Al		3 and a program and acce	zinpiiariinicrita.
All o clien zatio	t is the organization's prim rganizations must describe its served, publications iss ons and 4947(a)(1) nonexe	e their exempt purpose achieve ued, etc. Discuss achievements empt charitable trusts must also	E STATEMENT 3 ments in a clear and concise manner. State the number of state are not measurable. (Section 501(c)(3) and (4) organise of 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.)
a	DEAFTORMENT OF.	A HOSPITAL AND HEAD	TH CARE INITIATIVES TO SERVE AN AREA	
		\$) If this amount includes foreign grants, check here	234,495.
b	'			
	(Grants and allocations	s) If this amount includes foreign grants, check here	
c				
				!
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
d				
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
е	Other program services .			
	(Grants and allocations	\$) If this amount includes foreign grants, check here	<u> </u>
f	Total of Program Service	Expenses (should equal line 4	4, column (B), Program services)	234,495.
2 ^ ^			-	Form 990 (2007)

TEEA0103L 12/27/07

	te: 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
ŀ	45	Cash - non-interest-bearing		37,595.	45	135,829.
- 1	46	Savings and temporary cash investments		273,966.	46	50,328.
Į						
ı		Accounts receivable				
}	b	Less: allowance for doubtful accounts	47b		47 c	
						_
Ì	48 a	Pledges receivable	48a			
	ь	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors employees (attach schedule)			50 a	
	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attach	d under section 4958(f)(1))		50b	
ASSETS	51 a	Other notes and loans receivable				
Ĕ		(attach schedule)				
s	_	Less: allowance for doubtful accounts			51 c	
- 1	52	Inventories for sale or use			52	
		Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities STMT 4	► Cost X FMV	988.	54a	987.
		Investments - other securities (attach sch)			54b	
	55 a	Investments - land, buildings, & equipment: basis	55a			
		Less: accumulated depreciation (attach schedule)			55 c	
ļ	56	Investments – other (attach schedule)	, ,		56	
Ì	57a	Land, buildings, and equipment: basis	57a 207,316.			
ļ		Less: accumulated depreciation (attach schedule)	57ь 6,559.	12,485.	57c	200,757.
	58	and the second s]	
		(describe ► SEE STATEMENT 6)	101,468.	58	434,222.
	59	Total assets (must equal line 74). Add lines 45 throug	h 58	426,502.	59	822,123.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
Ĭ	٠.					
A B L	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	E4.	Tax-exempt bond liabilities (attach schedule)		64a		
Ť	""	b Mortgages and other notes payable (attach schedule)			64b	
Ë	65	and the second s)		65	
3	66	Total liabilities. Add lines 60 through 65		0.	66	0.
_		anizations that follow SFAS 117, check here ► X	and complete lines 67			
N E T	"	through 69 and lines 73 and 74.				
	67	Unrestricted	419,412		772,133.	
AUSETS	68			7,090		49,990.
Ě	69				69	
		panizations that do not follow SFAS 117, check here ►	and complete lines			
Ř	ا ا	70 through 74.	_			
FUZO	70	a vivial to a training of overest funds			70	
Ñ	71	and again	pment fund		71	
B	72		, or other funds		72	
ķ		The second section of the second balances Add lines 67 through	igh 69 or lines 70 through			000 100
BALAZGES	73	72. (Column (A) must equal line 19 and column (B) i	must equal line 21)	426,502		822,123
Š	74		nes 66 and 73	426,502	. 74	822,123

	Reconciliation of Revenues instructions.)	ITAL FOUNDATION ue per Audited Financi	al Statements with	62-17 Revenue per Retu	74851 Page 5 Jrn (See the
a b	Total revenue, gains, and other support Amounts included on line a but not on P 1 Net unrealized gains on investments 2 Donated services and use of facilities	'art I, line 12:	61		667,872.
	4Other (specify):	·	b3	4,600.	
c d	Add lines b1 through b4			b	4,600. 663,272.
u	Amounts included on Part I, line 12, but 1 Investment expenses not included on Pa 2Other (specify):				
e	Add lines d1 and d2	c and d		▶ 0	663,272.
1	Reconciliation of Expens	es per Audited Financi	ial Statements with	h Expenses per Re	turn
a b	Total expenses and losses per audited fir Amounts included on line a but not on Pa	art I, line 17:			272,251.
	1 Donated services and use of facilities 2 Prior year adjustments reported on Part I			4,600.	
	3Losses reported on Part I, line 20				
	4Other (specify):				
	Add lines b1 through b4		 	b	4,600.
c	Subtract line b from line a				267,651.
d	Amounts included on Part I, line 17, but a				
	1 Investment expenses not included on Par 2Other (specify):	rt I, line 6b			
	Add lines d1 and d2			d	
۵	Total expenses (Part I, line 17). Add line				267,651.
P	Current Officers, Director or key employee at any time dur	rs. Trustees, and Kev E	molovees (List each	h person who was an of	
	(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
 			06 075	0.000	0
<u>SE</u>	E STATEMENT 7		86,975.	8,692.	0.
- -					
			·		
					<u></u>
ВА	Α	TEEA0105L C	<u> </u> 08/02/07	<u> </u>	Form 990 (2007)

Form 990 (2007) VISITATION HOSPITAL B	OUNDATION		62-177	40E1		_
Part V.A. Current Officers, Directors, Tr	ustees, and Kev E	mplovees (continu	ed)	1021		age 6
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business at board meetings	<u>► 14</u>		Yes	No
b Are any officers, directors, trustees, or key emisted in Schedule A. Part I, or highest comper A. Part II-A or II-B. related to each other throu identifies the individuals and explains the related to the composition of t	ployees listed in Form sated professional and	990, Part V-A, or highes other independent cont	st compensated employer ractors listed in Schedu	le		
Isted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	ployees listed in form 99 isated professional and i any other organization e definition of 'related o	90. Part V-A, or highest other independent cont s, whether tax exempt or proganization	compensated employee ractors listed in Schedul	le la c		X
If 'Yes,' attach a statement that includes the in	formation described in	the instructions.		11.2 F. R.	1	
d Does the organization have a written conflict o	f interest policy?	*****************		75d		Х
Party-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	istees, and Key Er	mployees That Rec	eived Compensati	on or Oth	her	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account a	pense and ot ances	her
NONE			- Component plans			
				1		
				1	_	
Other Information (See the inst	ructions)	<u> </u>			Yes	No
					100	
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each ch	rities or methods of con ange	ducting activities?		76		Х
77 Were any changes made in the organizing or g				77		Х
If 'Yes,' attach a conformed copy of the change						7,7
78a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T	ross income of \$1,000 for this year?	or more during the year	covered by this return?	78a 78b	1	X A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		ļ		Х
80a Is the organization related (other than by assormembership, governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt orga	anization?	80a		Х
b If 'Yes,' enter the name of the organization	<u>N/A</u>					
81a Enter direct and indirect political expenditures.	and ch (See line 81 instruction	neck whether it is e ns.)	xempt or nonexe	mpt. 0.		
b Did the organization file Form 1120-POL for the				81b		X
BAA					n 990	(2007)

3,

Form 990 (2007) VISITATION HOSPITAL FOUNDATION	62-1	774851		Pa	age :
Part VI Other Information (continued)				Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at substantially less than fair rental value?	no charge or at			X	-110
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.).	1		024	Λ	:
83a Did the organization comply with the public inspection requirements for returns and exemption a	annlications?	,600.	83a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribution	nne?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	J113:		84a	-	X
b If 'Yes,' did the organization include with every solicitation an express statement that cush contri					
not tax deductible?			84Ь	N/Z	
h Did the organization make only in house lebbying arrangiture of the organization			85a	N/I	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85 b	N/I	<u>A</u>
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	organization receive	ed a			
	35c	N/A			
d Section 162(e) lobbying and political expenditures	35 d	N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	35e	N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	35f	N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85 g	N/2	Α
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 dues allocable to nondeductible lobbying and political expenditures for the following tax year?	le estimate of		85h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					Ė
1	36a	N/A			l Tr
	36b	N/A			
<u>├</u>	37a	N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources					
against amounts due or received from them.)	37Ь	N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corp or an entity disregarded as separate from the organization under Regulations sections 301.7701	-2 and 301.7701-3?				v
If 'Yes,' complete Part IX		<u> </u>	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity wis section 512(b)(13)? If 'Yes,' complete Part XI.		f ► [88ь		х
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under					
section 4911 •	⁵⁵ -	0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess beduring the year or did it become aware of an excess benefit transaction from a prior year? If 'Ye	s Lattach a stateme	ent			v
explaining each transaction			89Ь	: .4	Х
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.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited to			89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insu	rance contract?		89f	3 =	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Disorganization, or a fund maintained by a sponsoring organization, have excess business holdings	s at any time during				
the year?		[_1	89 g		<u>X</u>
90a List the states with which a copy of this return is filed F TN			· -		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			90ь		_ 5
91a The books are in care of ➤ THERESA PATTERSON Telephone num	ber ► (615)	356-5	999		
Located at ► 309 WINDEMERE WOODS DRIVE NASHVILLE TN					
				Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or of financial account in a foreign country (such as a bank account, securities account, or other financial.)	ncial account)?	[91 b		Χ
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 For					
Financial Accounts.					

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Form 990 (2007)

Form 990 (2007) VISITATION HOSPITA		ON		62-1774	851 Page 8
Continuity Other Information (continu	ıed)				Yes No
c At any time during the calendar year, did	the organization	maintain an office	outside of the Unit	ed States?	91 c X
If 'Yes,' enter the name of the foreign co					
92 Section 4947(a)(1) nonexempt charitable	trusts filing Form	990 in lieu of Fori	m 1041 - Check he	re	N/A▶
and enter the amount of tax-exempt inte	rest received or a	crued during the t	ax year		N/A
Ran VIII Analysis of Income-Producin	g Activities (Se	e the instruction	ns.)		
	Unrelated bu	siness income	Excluded by sec	tion 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:	İ				
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
${f g}$ Fees & contracts from government agencies			ļ.,		
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts .			14	77.	
96 Dividends & interest from securities		Trup	14	193.	
97 Net rental income or (loss) from real estate:		. <u> </u>			
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	750.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c	İ				
d					
e					
104 Subtotal (add columns (B), (D), and (E))	Landanianian			1,020.	
105 Total (add line 104, columns (B), (D),	and (E))				1,020.
Note: Line 105 plus line 1e, Part I, should equ	al the amount on	line 12, Part I.			
Part VIII Relationship of Activities	o the Accomp	lishment of E	xempt Purpose	s (See the instru	ctions.)
Line No. Explain how each activity for whic	h income is report	ed in column (E) o	of Part VII contribut	ed importantly to the a	ccomplishment
▼ of the organization's exempt purpo	oses (other than b	y providing funds t	for such purposes).		
N/A					
Part X Information Regarding Tax	<u>kable Subsidia</u>	aries and Disre	garded Entitie	s (See the instruc	ctions.)
(A)	(B)		C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interes	Nature of	f activities	Total income	End-of-year assets
N/A		8	i		
		8			
		8			
	_	8			
PariX Information Regarding Tra		- 1	sonal Benefit C	ontracts (See the	e instructions.)
a Did the organization, during the year, receive any fu				•	
b Did the organization, during the year, pa	y premiums, direc	tly or indirectly, or	n a personal benefit	contract?	
Note: If 'Yes' to (b), file Form 8870 and Fo			•		

1.

ing)	Information Regarding Transfers To a	nd From Controlled Er	ntities Complete o	nly if the	Page 9
	organization is a controlling organization	on as defined in section	n 512(b)(13).		Yes No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controlle	a controlled entity as defined entity	d in section 512(b)(13)	of the Code? If	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) of transfer
a					
ь					
С					
	Totals	1			
107	Did the reporting organization receive any transfers f	rom a controlled entity as de	efined in section 512(b)	(13) of the Code? I	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) of transfer
a					
b					
С					
	Totals				
108	Did the organization have a binding written contract annuities described in question 107 above?	in effect on August 17, 2006,	covering the interest,	rents, royalties, and	Yes No
DI	Under penalties of periury, I declare that I have examined this retrue, correct, and possibilities. Declaration of pregare: (other than of		es and statements, and to the thich preparer has any knowled	pest of my knowledge and lige.	belief, it is
Plea Sign Here	Signature of officer	Date			
Paid Pre-	signature Fund / · / room	, 9, / 	/-/7.08 Check if self- employed	. IVII 37 / 3	N or PTIN (See ction X)
pare Use Only	yours if self- employed). ► 3310 WEST END AVENUE,	RD, PLLC STE. 550	EIN Phone no		-6592
BAA	in 19 month and 1 month and 1 months		1		m 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

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.)

2007

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

VISITATION HOSPITAL FOUNDATION	62-1774851				
Compensation of the Five Hig	hest Paid Employees Oth	ner Than Officer	s, Directors, ar	nd Trustees	
(See instructions. List each or	ne. If there are none, ente	r '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	<u> </u>			
Compensation of the Five Hig (See instructions. List each or	phest Paid Independent C ne (whether individuals or	ontractors for P firms). If there a	rofessional Se ire none, enter	rvices 'None.')	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation	
ARCO S.A. 72 RUE GREGOIRE PETION-VILLE, H	AITI	CONSTRUCTION	1	262,733.	
		-			
		_			
Total number of others receiving over \$50,000 for professional services	C)			
Compensation of the Five Hig (List each contractor who perf firms. If there are none, enter	ormed services other than	professional se	ther Services rvices, whether	individuals or	
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation	
NONE					
		_			
		-			
Total number of other contractors receiving	(

Schedule A (Form 990) or 990-EZ) 2007	VISITATION HOSPITAL	FOUNDATION	62-1774851	<u> </u>	Р	age 2
Part III * Stater	nents About Acti	ivities (See instructions.)			,	Yes	No
to influence publ	lic opinion on a legisla	ative matter or referendum? If 'Ye	state, or local legislation, including a es,' enter the total expenses paid N/A	·	1		х
Organizations th organizations ch lobbying activitie	ecking 'Yes' must con	inder section 501(h) by filing Fori nplete Part VI-B AND attach a st	m 5768 must complete Part VI-A. O atement giving a detailed description	ther n of the			
substantial contr taxable organiza	ributors, trustees, dire	ctors, officers, creators, key emp	aged in any of the following acts with oloyees, or members of their families cer, director, trustee, majority owner statement explaining the transactions	s, or with any			
a Sale, exchange,	or leasing of property	<i>r</i> ?			2a		Х
b Lending of mone	ey or other extension (of credit?			2b		Х
c Furnishing of go	ods, services, or facili	ities?	CDD DODW 000 DADW		2c		Х
d Payment of com	pensation (or paymer	nt or reimbursement of expenses	SEE FORM 990, PART if more than \$1,000)?	1	2 d	х	
e Transfer of any p	part of its income or a	essets?			2e		Х
3a Did the organiza explanation of h	tion make grants for s ow the organization d	scholarships, fellowships, student etermines that recipients qualify	t loans, etc? (If 'Yes,' attach an to receive payments.)		3a		Х
b Did the organiza	ition have a section 40	03(b) annuity plan for its employe	ees?		3 b		х
c Did the organiza to preserve oper 'Yes,' attach a d	tion receive or hold an space, the environm etailed statement	n easement for conservation purp ent, historic land areas or histori	poses, including easements ic structures? If		3с		х
d Did the organiza	ition provide credit co	unseling, debt management, cred	dit repair, or debt negotiation service	es?	3 <u>d</u>		х
			lete lines 4b through 4g. If 'No,' com		4a		х
b Did the organiza	ition make any taxabl	e distributions under section 4956	6?		4b	N.	/A
c Did the organiza	ition make a distributi	on to a donor, donor advisor, or o	related person?		4c	N.	/A
d Enter the total n	umber of donor advis	ed funds owned at the end of the	tax year	-			N/A
e Enter the aggree	gate value of assets h	eld in all donor advised funds cw	ned at the end of the tax year	-			N/A
funds included o	on line 4d) where done	ors have the right to provide advi-	d of the tax year (excluding donor acce on the distribution or investment	of			0
a Enter the eggree	asta valua of secoto h	old in all funds or accounts inclu	dod on line Af at the end of the tax :	vear >			n

Part IV	Reason for Non-Private I	Foundation Status (See instructions.)						
certify t	hat the organization is not a private for	oundation because it is: (F	Please check only ONE appl	licable 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). (A	Also complete Part V.)							
7	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 ope and state >	rated in conjunction with a	a hospital. Section 170(b)(1)(A)(iii). Ent	er the hospita	ıl's name, city, – – – – – – – –			
10	An organization operated for the ben (Also complete the Support Schedul	nefit of a college or univers le in Part IV-A.)	sity owned or operated by a	governmen	tal unit. Sectio	on 170(b)(1)(A)(iv).			
11a X	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the Support Schedule	support from a governmen e in Part IV-A.)	tal unit or fr	om the genera	ıl public.			
11 b 🗌	11 b 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 requirements of section 509(a)(3). Cl	d by any disqualified person heck the box that describe	ons (other than foundation mes the type of supporting org	nanagers) a ganization:	nd otherwise r ►	neets the			
	Type I Type II	Type III-Functio	<u> </u>	Type III					
	(a) Name(s) of supported organization(s)	e following information ab (b) Employer identification number (EIN)	(c) (c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organization	instructions.) d) upported on listed in oporting zation's rning nents?	(e) Amount of support			
			_	Yes	No				
	-								
			-						
Total		<u> </u>	<u> </u>			0.			
	An areatest as a resident as a		L. CH 500(-)(A) (C						
14 BAA	An organization organized and opera	ated to test for public safe	ty, Section 509(a)(4). (See		-	1 990 or 990-EZ) 2007			

	: You may use the worksheet in th			•		unting.
Cale	ndar year (or fiscal year	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	392,158.	339,119.		182,051.	
	Membership fees received	327133.	30,7113.	213,031.	102,031	0.
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		31,131.	43,498.		74,629.
18		439.	876.	207.	79.	
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. 10	666.	362.	219.	747	1,994.
23	Total of lines 15 through 22	393,263.	371,488.	257,815.	182,877	. 1,205,443.
24	Line 23 minus line 17	393,263.	340,357.	214,317.	182,877	
25	Enter 1% of line 23	3,933.	3,715.	2,578.	1,829	
26	Organizations described on line	s 10 or 11: a Ente	er 2% of amount in co	olumn (e), line 24	▶ 26a	22,616.
	 Prepare a list for your records to show the supported organization) whose total gifts i return. Enter the total of all these excess 	or 2003 through 2006 exceed amounts	ed the amount shown in lin	ne 26a. Do not file this list	with your 261	
	: Total support for section 509(a)(1) test: Enter line 24, c	olumn (e)			1,130,814.
	Add: Amounts from column (e) fo	or lines: 18	1,601.	19		
				26ь 153,1		
	Public support (line 26c minus lin					
	Public support percentage (line	26e (numerator) divid	ed by line 26c (denor	ninator)) <u></u>		86.14 %
27 2	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	, each 'disqualified po	erson.' Do not file this	s list with your retur	n. Enter the sum of
	(2006)					
	b For any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference be differences (the excess amounts)	it received for each yea izations described in li etween the amount rec) for each year:	ar, that was more than nes 5 through 11b, as eived and the larger	in the larger of (1) the swell as individuals.) amount described in	e amount on line 25 Do not file this list v (1) or (2), enter the s	with your return.
	(2006)	(2005)	(2004) _		_ (2003)	
	c Add: Amounts from column (e) for the column (e) f	or lines: 15 _		16		1
	17	20		21	27	c
1	d Add: Line 27a total	ar	nd line 27b total	·	27	<u>d</u>
,	e Public support (line 27c total mir	nus line 27d total)				e
1	Total support for section 509(a)(2) test: Enter amount f	rom line 23, column	(e) • 27f		g %
•	g Public support percentage (line h Investment income percentage (Z/e (numerator) divid	ea by line 2/1 (denon	ninatorj)ina 27f (danominato		
		nne 10, column (e) (ni	10 11 or 12 that roo	eived any unusual ara		·· <u>·</u>
28	list for your records to show, for nature of the grant. Do not file the	each year, the name of	of the contributor, the	date and amount of the	he grant, and a brief	description of the

Page 5

(F (E) 1	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
	<u> </u>	.,,,	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?	29_		
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?	30		
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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 t		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320	_	
,	d Copies of all material used by the organization or on its behalf to solicit contributions?	320	1	
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
;	a Students' rights or privileges?	332		
l	b Admissions policies?	331	,	
	c Employment of faculty or administrative staff?			
	d Scholarships or other financial assistance?			
	e Educational policies?	336		
	g Athletic programs?			
	h Other extracurricular activities?	331	h	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34	a	
	b Has the organization's right to such aid ever been revoked or suspended?	341	b	
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.	35		
RA	TEFA04041 12/27/07 Schedule A (Form 9	JU or	990-EZ	_1 200°

	טכב וט טכב ווווט ו) א טומטט	-CE) 2007 VIDIIIII	TON HOULTINE	OUNDATION			UZ 3	6 / / 4	oji rage	. 0
Par	Lobbying Ex (To be complete	kpenditures by Elec ed ONLY by an eligible or	ting Public Chari ganization that filed F	t ies (See instruc orm 5768)	tions.)	_			N/A	
Che	ck ► a if the organiz	zation belongs to an affilia	ated group. Check	► b if you o	checke	d 'a' and 'li	mited	contro	ol' provisions apply.	_
	Limits on Lobbying Expenditures (a) Affiliated group totals (b) To be completed for all electing									
36			<u></u>		36			\rightarrow	organizations	—
37	(3, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24									_
38	· - ·	ires (add lines 36 and 37)	• • •		38					—
39	, , ,	•			39					—
40									<u> </u>	—
41		nount. Enter the amount for	•		40					
71	If the amount on line 40		obbying nontaxable ar							
		20% c								
		000,000 \$100,00								
		1,500,000 \$175,00		1 5	41					_
		17,000,000 \$225,00	•	- · · · ·		-				
		\$1,000								
42		mount (enter 25% of line			42					_
43		e 36. Enter -0- if line 42		+ -	43			\neg		—
44		e 38. Enter -0- if line 41		- -	44	<u> </u>				—
		mount on either line 43 o		L						
			-	N		1. \			- ,	_
	(Some organ	nizations that made a sec	veraging Period I tion 501(h) election do the instructions for lin	not have to comp	plete a		e colu	mns b	elow.	
			Lobbying Expend	ditures During 4 -	Year A	veraging P	eriod			_
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005		(d 20	-		(e) Total	
45	Lobbying nontaxable amount									_
46	Lobbying ceiling amount (150% of line 45(e))						-			
47	Total lobbying expenditures									_
48	Grassroots non- taxable amount					::\ -	•			
49	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures			<u> </u>						
	Part VI-BI Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A									
Duri: atter	ng the year, did the orgar mpt to influence public op	nization attempt to influen vinion on a legislative mat	ce national, state or loter or referendum, thro	ecal legislation, in ough the use of:	cluding	any	Yes	No	Amount	
i	a Volunteers									
i	b Paid staff or manageme	nt (Include compensation	in expenses reported	on lines c throug	jh h.) .					
(d Mailings to members, le	gislators, or the public								
(e Publications, or published or broadcast statements									
1	f Grants to other organiza	ations for lobbying purpos	es							_
	-	lators, their staffs, goverr		-						
		seminars, conventions,								
i	, .	ures (add lines c through ove, also attach a statemo	="					:		

BAA

Schedule A (Form 990 or 990-EZ) 2007 VISITATION HOSPITAL FOUNDATION 62-1774851 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

oi ine	Code (other than section	501(0)(3) 0	rganizations) or in section 527, relatin		in section	501(0	:)
			a noncharitable exempt organization			Yes	No
			•••••		51 a (i)		<u>X</u>
			•••••		a (ii)		<u>X</u>
	transactions:						
					b (i)		<u>X</u>
					b (ii)		_X_
					b (iii)		<u>X</u>
					_ b (iv)		_X_
					b (v)		X
					b (vi)		X
c Sharir	ng of facilities, equipment	, mailing lis	ts, other assets, or paid employees		С		X
d If the the go	answer to any of the above ods, other assets, or servansaction or sharing arra	ve is Yes, o vices given l ngement, sh	complete the following schedule. Colur by the reporting organization. If the org low in column (d) the value of the goo	nn (b) should always show the fair mark ganization received less than fair mark ds, other assets, or services received:	rket value et value ir	of	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and s			
		Tranic of	Tionorial table exempt organization	Description of transfers, transactions, and s	maring ciran	igement.	<u> </u>
N/A	-						
					_		
						_	
				-			
		·					
	organization directly or in bed in section 501(c) of the c,' complete the following		liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations in 527?	► ☐ Ye	s X	No
<u> </u>	(a)	0011000107	(b)	(c)		_	
	Name of organization		Type of organization	Description of relation	ship		
N/A							
				-			
					_		
						_	
-							
	-						
			-				
							
						_	
BAA			1	Schedule A (Form	990 or 9	90-EZ	2007

Form 8868	(Rev 4-2007)	0.	
If you a	re filing for an Additional (not automatic) 3-Month Extension, complete only	Part II and check this box	age 2 . [⊽]
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previously filed Form 8868	X
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page	1).	
Panilli	Additional (not automatic) 3-Month Extension of Time. You m	just file original and one copy	
	Name of Exempt Organization	Employer identification number	
Type or			
print	VISITATION HOSPITAL FOUNDATION	62-1774851	
.	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only	
File by the extended			
due date for filing the	309 WINDEMERE WOODS DRIVE		
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NASHVILLE, TN 37215		
Check type	of return to be filed (File a separate application for each return):		
X Form 9	90 Form 990-PF	Form 1041-A Form 6069	
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870	
Form 9		Form 5227	
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month ex		
The boo	ks are in care of . ► THERESA PATTERSON		
Telepho	ne No. ► (615) 356-5999 FAX No. ►		
• If the o	ganization 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 Num	nber (GEN) If this is for the	נ∟) he
whole grou	p, 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 th	ne extension is for.		
4 I requ	lest an additional 3-month extension of time until $11/15$, 20 0	8.	
5 For ca	alendar year 2007, or other tax year beginning, 20	and ending , 20 .	
6 If this	tax year is for less than 12 months, check reason: Initial return	Final return Change in accounting period	j
	in detail why you need the extension TAXPAYER RESPECTFULLY	REQUESTS AN ADDITIONAL AMOUNT O	F
	E IN ORDER TO GATHER THE NECESSARY INFORMATION N		
ACC	URATE RETURN.		
8 a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta		
	fundable credits. See instructions		
pavm	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable clents made. Include any prior year overpayment allowed as a credit and any a form 8868.	mount paid previously	
	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or		
with f	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System). See instrs 8c \$	
	Signature and Verification	n	
Under penaltie	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form.	s, and to the best of my knowledge and belief, it is true,	
		01.1~	,
Signature	Diana M. Landa Title > PA	Date ► 8/1/37	
	Notice to Applicant. (To be Completed	d by the IRS)	
We l	have approved this application. Please attach this form to the organization's re	eturn.	
We I	have not approved this application. However, we have granted a 10-day grace	period from the later of the date shown below or the	ie.
due eleci	date of the organization's return (including any prior extensions). This grace p ions otherwise required to be made on a timely filed return. Please attach the	period is considered to be a valid extension of time s form to the organization's return	tor
☐ We i	have not approved this application. After considering the reasons stated in ite		
	to file. We are not granting a 10-day grace period.	•	
We	cannot consider this application because it was filed after the extended due d		sted
Othe	·		
	By:		
Director		Date	
	Mailing Address. Enter the address if you want the copy of this application for	r an additional 3-month extension returned to an	
address di	fferent than the one entered above.		
	Name		
	FRASIER, DEAN & HOWARD, PLLC		
Type or print	Number and street (include suite, room, or apartment number) or a P.O. box number		
μιτιτ	3310 WEST END AVENUE, STE. 550		
	City or town, province or state, and country (including postal or ZIP code)		
	NASHVILLE, TN 37203		
RΔΔ	F1F705021 05/01/07	Form 8868 (Rev 4-)	20071

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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			► X
If you are	filing for an Additional (not auto	omatic) 3-Month Extension, complete only Part II (o	n page 2 of this	s form).	لتت
Do not comp	olete Part II unless you have alrea	dy been granted an automatic 3-month extension or	n a previously f	iled Form 8868.	
Papini	Automatic 3-Month Extens	ion of Time. Only submit original (no copie	es needed).		
Section 501(c) only	corporations required to file Form 99	0-T and requesting an automatic 6-month extension — ch	eck this box and	complete Part	►∏
	porations (including 1120-C filers)	, partnerships, REMICS, and trusts must use Form			ne to file
returns noted (1) you want consolidated	I below (6 months for section 501 the additional (not automatic) 3- Form 990-T, Instead, you must s	lectronically file Form 8868 if you want a 3-month au (c) corporations required to file Form 990-T). However month extension or (2) you file Forms 990-BL, 6069, which was the fully completed and signed page 2 (Part like file and click on e-file for Charities & Nonprofits.	ver, you cannot or 8870, group	file Form 8868 electrons or a community	ctronically if
<u>. —</u>	Name of Exempt Organization			Employer identification	number
Type or					
print	VISITATION HOSPITAL	FOUNDATION		62-1774851	
File by the due date for	Number, street, and room or suite number.			12	
filing your return. See	309 WINDEMERE WOODS	DRIVE			
instructions.	City, town or post office, state, and ZIP coo				
	NASHVILLE, TN 37215				
Check type o	of return to be filed (file a separa	te application for each return):			
X Form 990)	Form 990-T (corporation)	Form 472	20	
Form 990	D-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
Form 990	D-EZ	Form 990-T (trust other than above)	Form 606	69	
Form 990).PF	Form 1041-A	Form 88	70	
If the org If this is check this the exter I reque until The ex	for a Group Return, enter the org s box. \[\bigcup \] . If it is for part of a nation will cover. st an automatic 3-month (6 month \) \[\bigcup \] \[\bigcup \] . To file tension is for the organization's r	e or place of business in the United States, check the anization's four digit Group Exemption Number (GE the group, check this box. and attach a list which has for a section 501(c) corporation required to file F the exempt organization return for the organization	is box	f this is for the whol and EINs of all men ension of time	e group,
► <u>X</u>	calendar year 20 <u>07</u> _ or				
-	tax year beginning	, 20, and ending, 20			
2 If this t	lax year is for less than 12 month	ns, check reason: Initial return Final re	eturn (Change in accounting	ng period
3 a If this a nonref	application is for Form 990-BL, 9 undable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	. За\$	0.
b If this a made.	application is for Form 990-PF or Include any prior year overpaym	990-T, enter any refundable credits and estimated tent allowed as a credit	lax payments	. 3b\$	0.
deposi See in	t with FTD coupon or, if required structions	3a. Include your payment with this form, or, if requ by using EFTPS (Electronic Federal Tax Payment)	System). 		0.
Caution. If y payment ins		nic fund withdrawal with this Form 8868, see Form 8	3453-EO and Fo		
BAA For Pr	ivacy Act and Panerwork Reduc	tion Act Notice, see instructions.		Form 8868	3 (Rev 4-2007

FIF 20501L C5/01/07

constitut month

2007

FEDERAL STATEMENTS

PAGE 1

VISITATION HOSPITAL FOUNDATION

62-1774851

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS:

31,875. 31,125.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 750. TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 750.

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
ADVERTISING BANK CHARGES BOARD MEETINGS & EXPENSES COMPUTER EXPENSE DUES & SUBSCRIPTIONS EMAIL/INTERNET	259. 1,187. 382. 2,434. 412. 596.	325. 1,461. 329. 447.	1,187. 19. 730. 21. 30.	259. 38. 243. 62. 119.
HOSPITAL - CONSTRUCTION HOSPITAL - FOOD & NUTRITION HOSPITAL - GENERAL HOSPITAL - SATELLITE HOSPITAL - STORAGE	2,658. 5,000. 3,277. 2,519. 2,998.	2,668. 5,000. 3,277. 2,519. 2,998.		113.
LICENSES & PERMITS LOCATION EXP. FOR DINNERS MEALS & ENTERTAINMENT MERCHANT FEES	20. 4,599. 95. 1,075.		20. 95. 1,075.	4,599.
OFFICE EXPENSE PAYROLL PROCESSING FEES PHOTOGRAPHY & VIDEO TAXES TOTAL	2,738. 1,057. 32. 75. \$ 31,423.	2,193. 898. 6. 60. \$ 22,181.	134. 53. 6. 4. \$ 3,374.	411. 106. 20. 11. \$ 5,868.

STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE HEALTH CARE TO THE POOR IN HAITI.

2007	2007 FEDERAL STATEMENTS						
	VISITATION HOSPITAL FOUNDATION	62-1 7748 51					
STATEMENT 4 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRA	ADED SECURITIES						
CORPORATE STOCKS	VALUATION METHOD	AMOUNT					
PUBLICLY TRADED SECURITIE	S MARKET VALUE	\$ 987.					
	TOTAL	\$ 987.					
	PUBLICLY TRADED SECURITIES	<u>\$ 987.</u>					
STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIP	MENT						
CATEGORY	ACCUM. BASIS DEPREC.	BOOK VALUE					
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT	\$ 54,850. \$ 2,796. 142,466. 3,763.	\$ 52,054. 138,703.					
LAND	TOTAL $\frac{10,000.}{\$ 207,316.}$ $\frac{\$}{6,559.}$	10,000.					
STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS ADVANCES CONSTRUCTION IN PROGRESS	TOTAL	\$ 2,400. 431,822. \$ 434,222.					
STATEMENT 7 FORM 990, PART V-A LIST OF OFFICERS, DIRECTOR	S, TRUSTEES, AND KEY EMPLOYEES						
VIII III IPPERIO	TITLE AND CONTR AVERAGE HOURS COMPEN- BUTION	TO ACCOUNT/					
NAME AND ADDRESS THOMAS GRABENSTEIN, M.D.	PER WEEK DEVOTED SATION EBP & PRESIDENT \$ 0.\$	DC <u>OTHER</u> 0. \$ 0.					
ADAMS, TN	5.00	· ·					
ED JOHNSTON	BOARD MEMBER 0.	0. 0.					
BRENTWOOD, TN	1.00						

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STATEMENT 7 (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
JOSEPH ZELENKA	SECRETARY \$	0.	\$ 0.	\$ 0.
INDIANAPOLIS, IN	1.00			
PATRICIA SCHERER	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1.00			
THERESA PATTERSON	EXECUTIVE DIREC 30.00	18,000.	0.	0.
NASHVILLE, TN	30.00			
DENIS O'DAY, M.D.	VICE PRESIDENT	0.	0.	0.
NASHVILLE, TN	3.00			
DIANE HUGGINS	TREASURER 1.00	0.	0.	0.
HENDERSONVILLE, TN	1.00			
MACGREGOR POLL, D.O.	BOARD MEMBER	0.	0.	0.
FRANKLIN, TN	1.00			
JEFFREY PATTERSON	ASSOC. DIRECTOR 21.00	21,900.	0.	0.
NASHVILLE, TN	21.00			
FRANCES RAJOTTE	DEV. DIRECTOR	47,075.	8,692.	0.
NASHVILLE, TN	40.00			
REV. WILLIAM BEVINGTON	BOARD MEMBER 1.00	0.	0.	0.
HENDERSONVILLE, TN	1.00			
JEAN RENALD CLERISME, M.D.	BOARD MEMBER	0.	0.	0.
PORT-AU-PRINCE, HAITI	1.00			
MARY FALLS	BOARD MEMBER 1.00	0.	0.	0.
NASHVILLE, TN	1.00			
PERE VALERY REBECCA	BOARD MEMBER	0.	0.	0.
PETITE RIVIERE NIPPES, HAITI	1.00			

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STATEMENT 7 (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
ART JUDY	BOARD MEMBER \$	0.	\$ 0.	\$ 0.
ATLANTA, GA	1.00			
SISTER MARY KAY TYRELL, DC	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1.00			
	TOTAL §	86,975.	\$ 8,692.	\$ 0.

STATEMENT 8 FORM 990, PART V-A, LINE 75B COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

THERESA PATTERSON IS THE MOTHER OF JEFF PATTERSON.

JEFF PATTERSON IS THE SON OF THERESA PATTERSON.

STATEMENT 9
SCH A, PART II-A
PROFESSIONAL SERVICES CONTRACTOR COMPENSATION EXPLANATION

PAYMENT IS FOR THE CONSTRUCTION OF THE MEDICAL CLINIC IN HAITI.

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION	(A)	2006	<u>(B)</u>	2005	_(C)	2004	_ (D)	2003	<u>(E)</u>	TOTAL
SALE OF CRAFT ITEMS TOTAL	\$	666.	\$	362.	\$	219.	\$	747.	\$	1,994.
	\$	666.	\$	362.	\$	219.	\$	747.	\$	1,994.