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# £'r 990P 05/10/2010 2 58 PM Pg 4

Department of the Treasury

#### **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)

OMB No 1545-0047 2009 Open to Public

Inter	mal Revenue	Service	The organization may have to use a copy of this return to satisfy state	e reporting requ	irements	Inspection
<u>A</u>	For the 20	09 calendar ye	ear, or tax year beginning , and ending			
В	Check if applica		C Name of organization		D Emple	oyer identification number
	Address chang	e use IRS	BERTHA R BRISTER HOSPITAL TRUST			
$\exists$	- 	label or print or	Doing Business As	·	1 48-	6103283
$\vdash$	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
	Initial return	See	5200 BOB BILLINGS PKWY	201	1 .0.00	ione nambor
	Termination	Specific			C C	eipts\$ 2,040,570
$\equiv$		Instruc-	City or town, state or country, and ZIP + 4  LAWRENCE  KS 66044-5811		G Gross reco	eipis\$ 2,040,370
	Amended retur		· · · · · · · · · · · · · · · · · · ·			
	Application per	nding F Name	e and address of principal officer		ı	a group return for
					affiliat	
					includ	
					if "No,	attach a list (see instructions)
	Tax-exempt		501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		_	
<u>J</u>	Website:	N/A			H(c) Group	exemption number
K	Type of organi	zation X Cor	poration Trust Association Other L	Year of formation		M State of legal domicile
	art I	Summai				
	1 Brie		he organization's mission or most significant activities	•		
•	I	-	FINANCIAL ASSISTANCE TO THREE CHARITABLE			
ĕ		•	FIONS AS A QUALIFIED CHARITABLE TRUST			
Ë						
ě	2 06.	ck this box	if the organization discontinued its operations or disposed of more than 2	E0/ of the modern		
ဖွ			<b>_</b>	5% OF Its fiet as	1 1	
<b>ون</b>		-	members of the governing body (Part VI, line 1a)		3	
ţį	1		endent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	1		employees (Part V, line 2a)		5	
Ac	1		volunteers (estimate if necessary)		6	
	1	<del>-</del>	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Ye	ar	Current Year
e	l .		d grants (Part VIII, line 1h)			
Revenue	1	•	revenue (Part VIII, line 2g)		0 270	05 000
Şe,			ne (Part VIII, column (A), lines 3, 4, and 7d)		9,370	95,880
_	11 Oth	er revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
			edd lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,370	95,880
	13 Gra	nts and simila	ar amounts paid (Part IX, column (A), lines 1-3)	2	7,781	<u>21,953</u>
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
S			ompensation, employee benefits (Part IX, column (A), lines 5-10)	1	6,816	15,679
nses	16a Prof	essional fund	draising fees (Part IX, column (A) line 1 PECE VED			
Expe	<b>b</b> Tota	al fundraising	expenses (Part IX, column (D), line 25)			
ш		er expenses	expenses (Part IX, column (D), line 25)  (Part IX, column (A), lines 11a–11c(\$11f–24f)  Add lines 13–17 (must equal Part IX column (A), line 25)		2,919	4,200
	18 Tota	al expenses	Add lines 13–17 (must equal Part IX, column A), fine 25)	4	7,516	41,832
	1 10 Rev	enue less ex	penses Subtract line 18 from line 12	-2	8,146	54,048
50			OCCENTIF	Beginning of Cu	rrent Year	End of Year
sets	<b>20</b> Tota	al assets (Pai	t X, line 16)	1,59	3,902	1,651,961
Net Assets or Fund Balances	<b>21</b> Tota	al liabilities (P	art X, line 26)			
Ž.	22 Net	assets or fur	nd balances Subtract line 21 from line 20	1,59	3,902	1,651,961
_P	art II	_Signatu	re Block			
3		Under penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statements,	and to the be	st of my knowledge
~		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all inf	ormation of which	preparer has	any knowledge
ଞାପ୍ତ	jn		ndex Dulle		ے کی	5-14-2010
ffe	re	Şignatu	re of officer	- · · ·	Date	
		JA	NICE C BUNKER SR VI	CE PRES	& TRU	ST OFFICER
		Type or	print name and title			
四時	)		Date Date	Check	ıf	Preparer's identifying number
PA	d	Preparer's signature		. self-		(see instructions)
Pix	parer's		Madrace CPA 05/1	0/10 emplo		P00142128
-	only	Firm's name	<b>A</b> 7 / 77	-	EIN	20-3906022
C	<u>)</u>	if self-employ			Phone	
		address, and	1021, 10 00, 10		no	620-365-3125
			eturn with the preparer shown above? (see instructions)			X Yes No
For DAA	Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)

## Form 990 (2009) BERTHA R BRISTER HOSPITAL TRUST 48-6103283 **Statement of Program Service Accomplishments** Briefly describe the organization's mission. PROVIDE FINANCIAL ASSISTANCE TO THREE CHARITABLE ORGANIZATIONS AS A QUALIFIED CHARITABLE TRUST Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 21,953 including grants of \$ 21,953 ) (Revenue \$ 4a (Code: ) (Expenses \$ EXPENSE SPECIFICALLY RELATED TO THE EXEMPT PURPOSE 4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe in Schedule O) 7,840 including grants of \$ (Expenses \$ ) (Revenue \$ 4e Total program service expenses ▶ 29,793

	990 (2009) BERTHA R BRISTER HOSPITAL TRUST 48-6103283		P	age <b>3</b>
Pa	art IV Checklist of Required Schedules		т-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	•	
_	complete Schedule A	1	X	v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del>                                     </del>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	13	<del></del>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		x
_	Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<b>-</b>	<del>                                     </del>	-
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>	†	
Ü	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b> </b>		<del></del> -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		<del>                                     </del>	
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	İ	х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
-	VII, VIII, IX, or X as applicable	11		X
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			7
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ	ļ	<u> </u>
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	4		ļ
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	l		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<del> </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		3,5
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	١		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		A
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	1	I

Form **990** (2009)

20

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19? Note. All Form 990 filers are required to complete Schedule O

Forn	1 990 (2009) BERTHA R BRISTER HOSPITAL TRUST 48-6103283		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		<b>.</b>
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	20	х	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<del>                                     </del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	.   25		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			₩.
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	33		x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u> </u>
J=4	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	57		<del></del>
55	Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related	3		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- '	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L.	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1					
	U.S. Information Returns Enter -0- if not applicable	1a	0		]		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		.		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	oortabl	е				
	gaming (gambling) winnings to prize winners?				1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		•	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
	instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					7.7
	this retum?				3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					x
	account)?				4a		^
b	If "Yes," enter the name of the foreign country	Dank	•				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Dank					
F	and Financial Accounts				5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?			5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders.				<del>     </del>		
C	Prohibited Tax Shelter Transaction?	arding			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			<u> </u>		
-	organization solicit any contributions that were not tax deductible?	_			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	•				
-	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						٠
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods					
	and services provided to the payor?				7a		L
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs					
	required to file Form 8282?				7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	i				
	benefit contract?			•	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as					
_	required?				7h	-	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						Ì
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				8		
_	organization, have excess business holdings at any time during the year?				-	<del> </del>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?				9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter				1	<b></b>	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			7		
11	Section 501(c)(12) organizations. Enter				7		
	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-		-			
	amounts due or received from them )	11b_					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417			12a		
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_				<u></u>

Form 990 (2009) BERTHA R BRISTER HOSPITAL TRUST 48-6103283 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Nο Enter the number of voting members of the governing body 1b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? а X 8b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard 16b the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 20

organization ▶ TRUST COMPANY OF KANSAS

5200 BOB BILLINGS PKWY #201

KS 66044

DAA

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

Check this box if the organization	on did not compe	nsat	e any	y cur	rent	offic	er, d	lirector, or trustee		
(A) Name and Title	(B) Average				k all t	that a		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
TRUST CO OF KANS	AS			,,				15 670	0	
TRUSTEE	10.00			X				15,679	0	0
		<u> </u>								
								:		
		-								
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					-					
		<del> </del>				<del>                                     </del>	<del>  -</del>			
DAA								<u></u>		5 000 (2000

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		check Officer		Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
		-								
Total							<b></b>	15,679		
Total number of individuals (ii reportable compensation from	-			thos	e lis	ted a	bov	e) who received more than	1 \$100,000 in	
Did the organization list any fremployee on line 1a? If "Yes, For any individual listed on line the organization and related conditional did any person listed on line services rendered to the organization and person listed on line services rendered to the organization list any frequency from the organization list any frequency from the organization list any frequency frequen	" complete Schene 1a, is the sum organizations great a receive or ac	edule of re eater crue	J for eport than com	such able \$150 pensa	com com 0,00	dividu ipens 0? If	ial satio "Ye: n an	n and other compensation s," complete Schedule J fo y unrelated organization fo	from or such	3 4 5
ction B. Independent Contract Complete this table for your fi	tors								than \$100,000 of	
compensation from the organ	nization (A) d business address							Descri	(B) ption of services	(C) Compensa
							1			

Pa	rt VI	II Stateme	nt of Reve	nue						
				•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	10	Federated campa	uane	1a				revende		
E a		Membership dues	٠ .	1b						
흔		•					j	•		
īfs		Fundraising even		1c						
<u></u>		Related organization		1d						
Sis		Government grants (con	-	1e						
E E	t	All other contributions, gi and similar amounts not					`			
들딩			l l	1f	<del></del>		į			
9 5	g	Noncash contributions in		1f S	5	_	ł	•		
<u>5"</u>	<u>h</u>	Total. Add lines 1	la-1f			, ▶			****	
<u>a</u>						Busn Code				
š	2a									
2	b									
ξ	С							···		
Ser	d							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>	
a	е									
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other program	service reve	nue						
۾	g	Total. Add lines 2	2a-2f			<b>•</b>				
	3	Investment incom	ne (including i	dıvıden	ds, intere	est, and				
		other similar amo	ounts)			<b>&gt;</b>	46,275	3,093		43,182
	4	Income from inve	stment of tax	-exem	pt bond p	roceeds ▶				
	5	Royalties				▶ [		-		
ĺ			(ı) Real		(II) P	ersonal		•		
	6a	Gross Rents							*.	
	ь	Less rental exps						,		
		Rental inc or (loss)						,		
	d	Net rental income	e or (loss)				•			
	7a	Gross amount from	(i) Securities	:	(u)	Other				
		sales of assets	1,994,		(,					
	L.	other than inventory	1,334,	233						
	b	Less cost or other	1,944,	600					:	
	_	basis & sales exps		605	1					
		Gain or (loss)		603	<u> </u>		49,605	49,605	ē.	
	d	Net gain or (loss)		1		<b>•</b>	49,603	49,603	, , , , , , , , , , , , , , , , , , , ,	
ne	8a	Gross income from	tundraising eve	nts						
		(not including \$								,
ě		of contributions repo		)						
er		See Part IV, line 18		а						,
Other Reven	1	Less: direct expe		b					-	
-		Net income or (lo			events	▶				
	9a	Gross income from		s			:			
		See Part IV, line 19		а						
		Less direct expe		b						
	С	Net income or (lo	ss) from gam	ing ac	tivities	<b>&gt;</b>				
	10a	Gross sales of in	ventory, less							
		returns and allow	ances/	а				-		
	b	Less. cost of goo	ds sold	b						
	С	Net income or (lo	ss) from sale	s of in	ventory	<b>•</b>				
	-	Miscella	neous Revenue	)		Busn Code	, ,			
	11a						<u> </u>			
	ь									
	С									
	d	All other revenue	<b>:</b>							
	e	Total. Add lines	11a-11d			<b>•</b>	·			
	12	Total Revenue.		ns		<b>•</b>	95,880	52,698	0	43,182
_								<del></del>		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	21,953	21,953		
3	Grants and other assistance to governments,			, .	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	, ,			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,679	7,840	7,839	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	822		822	
С	Accounting	2,110		2,110	
d	Lobbying			·	
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees				
g	Other	1,268		1,268	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				<u></u>
a					
b	•				
C					
d					
e f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	41,832	29,793	12,039	
	Joint costs. Check here I if following		20,,00	12,000	
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
<del></del>		·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·			- 000

Form 990 (2009) BERTHA R BRISTER HOSPITAL TRUST 48-6103283

ra	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
ĺ	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		398,462	2	48,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director	ors, trustees, key			
		employees, and highest compensated employees. C	Complete Part II of	_	1	
		Schedule L	,		5	
	6	Receivables from other disqualified persons (as defi	ned under section			
- 1		4958(f)(1)) and persons described in section 4958(c	)(3)(B) Complete		1	e no eme
		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	·
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a		. [	
	b	Less accumulated depreciation	10b		10c	
1	11	Investments—publicly traded securities		1,195,440	11	1,603,961
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
Į.	16	Total assets. Add lines 1 through 15 (must equal lin	ie 34)	1,593,902	16	1,651,961
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
1	20	Tax-exempt bond liabilities	•		20	
တ္တ	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, tri	ustees, key			
<u> </u>		employees, highest compensated employees, and o	disqualified		]	
12:		persons Complete Part II of Schedule L			22	
- 1	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
$\perp$	26	Total liabilities. Add lines 17 through 25			26	
Se		Organizations that follow SFAS 117, check here	and			
힏		complete lines 27 through 29, and lines 33 and 34	l		1	
<u>ā</u>	27	Unrestricted net assets			27	
B	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets			29	
ᆵ		Organizations that do not follow SFAS 117, check	k here ▶ 🗓	,		
틸		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		1,247,631	30	1,247,631
Set	31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	_ :
AS.	32	Retained earnings, endowment, accumulated incom		346,271	32	404,330
		Total net assets or fund balances		1,593,902	33	1,651,961
#	33	Total net assets or lund balances		1,593,902		1,651,961

Form **990** (2009)

orm	990 (2009) <b>B</b>	ERTHA	R	BRIS'	TER	HOS	PITAL	TR	RUST		48-61	03283			Pa	ge <b>12</b>
Pa	art XI Fin	ancial S	tate	ments a	and R	eport	ing						 			
															Yes	No
1	Accounting me	thod used	to pr	epare the	Form	990.	Cash		X Accru	al	Other		 			
	If the organization	tion change	ed its	method o	of acco	unting f	rom a pric	r year	r or check	ced "Ot	her," explair	ın			'	
	Schedule O.														١.	
2a	Were the orga	nization's f	inanc	al statem	nents c	ompiled	or review	ed by	an indep	enden	t accountant	?		2a		X
b	Were the orga	nization's f	inanc	al statem	nents a	udited t	y an inde	pende	ent accou	ntant?				<u>2</u> b		X
С	If "Yes" to line	2a or 2b, d	loes t	the organi	ızatıon	have a	committee	that	assumes	respoi	nsibility for d	versight of				
	the audit, revi	ew, or com	pilati	on of its fi	inancıa	l statem	ents and	select	tion of an	ındepe	endent accor	untant?		2c		
	If the organization	tion change	ed eit	her its ov	ersight	proces	s or selec	ion pr	rocess du	inng th	e tax year, e	xplain in				
	Schedule O.	, -														•
d	If "Yes" to line	2a or 2b, c	heck	a box be	low to i	ndicate	whether t	he fina	ancial sta	temen	ts for the ye	ar were				
	issued on a co	nsolidated	basis	s, separat	te basis	s, or bot	h									
	Separate b	oasis 🗍	Con	solidated	basis		oth consc	lidate	d and se	parate	basis					
3a	As a result of a	a federal av	ward,	was the	organiz	ation re	quired to	underg	go an aud	dit or a	udits as set	forth in				
	the Single Aud	it Act and	омв	Circular A	A-133?									3a		
b	If "Yes," did the	e organizat	tion u	ndergo th	ne requi	red auc	lit or audit	s? If tl	he organi	zation	did not unde	ergo the				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

BERTHA R BRISTER HOSPITAL TRUST

Employer identification number

			BERTE	IN K BKI	STER I	HUSPITA	<u>ь т</u>	RUST				48-	- PTO:	3283		
P	art l	Reas	on for Pub	olic Charity	Status (/	All organiza	ations	must o	complet	e this	oart.) 🤄	See in	structi	ions.		
he	orga	nization is not	a private foul	ndation because	e it is. (For	lines 1 throug	h 11, c	heck only	one box	)						
1	$\bar{\Box}$	A church, co	nvention of ch	hurches, or asso	ociation of	churches desc	onbed i	n section	170(b)(1	I)(A)(i).						
2	П	A school des	cnbed in sec	tion 170(b)(1)(A	<b>A)(ii)</b> . (Attac	h Schedule E	i.)									
3	П	A hospital or	a cooperative	e hospital servic	ce organiza	tion described	in sec	tion 170	(b)(1)(A)(	iii).						
4	П	•	•	zation operated	•					•	(1)(A)(ii	ii). Ente	r the ho	spital's name		
		city, and stat	_		•		•			` '		•		•		
5		•		for the benefit o	of a college	or university of	owned o	or operat	ed by a o	overnme	ntal uni	t descri	bed in			
	ш	-		Complete Part	_				, - 3							
6		•		overnment or go	•	al unit describe	ed in Si	ection 17	O(b)(1)(A	)(v)						
7	H		_	ally receives a s							rom the	genera	ıl nublic			
•		-		b)(1)(A)(vi). (Co			portine	m a gov		i dilik or i	10111 1110	gonero	ii pobiio			
8			-	ed in section 1			e Part	пл								
9	$\vdash$	-		ally receives: (1					contribut	ione me	mhersh	ın fees	and are	nee		
3	Ш	_		ated to its exem										<b>,</b> 33		
				ment income an												
			•					•			, 110111 £	usines	565			
40			•	on after June 30 I and operated 6						•						
10	X	•	J	l and operated e	-	•		•			to com	. out the	•			
11	Λ	•	-	oublicly supporte	-						-					
				that describes th									Section			
		r			92	_				. [	$\overline{}$	e III–Ot	hor			
_	X	a Type		Type Ⅱ rtify that the org				-		d [						
е	•			ation managers												
		509(a)(1) or			and other t	nan one or me	ore pub	mory supp	Jorted Gre	janizatio	113 0030	iibed iii	300001			
			•	d a written dete	rmination fr	om the IDS th	nat it ic	a Tyne I	Type II	or Type I	III sunna	ortina				
f			check this bo		illiniauoii ii	om are need	iat it is	a Type I	i ypc ii,	or type i	п зарр	Ji tiling				
_		-		as the organizat	tion accent	ad any aift or	contribi	ution from	any of the	no.						
g				as the organizat	uon accepit	ed ally gift of t	CONTRIB	uuon non	ally OI ti	16						
		following pe		, or indirectly or	ntrole outh	or alono or to	anthor :	with norce	one docor	abod in (	\				Yes	No
		., .	-	or indirectly co		_	=	with beig	JIIS GESCI	ibed iii (i	'' <i>)</i>			11g(ı)	165	X
			_	overning body of			1011							11g(ii)	-	X
				person describ										11g(ni)		x
L				ity of a person o										[118/111]		
<u>n</u>	Nom	e of supported		rmation about th	Γ	pe of organization		(iv) Is the	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Amo	unt of	
U		e or supported janization	("	) EIN		nbed on lines 1-		1 ' '	sted in your	, , ,	ization in	organizat		supp		
	_				abov	e or IRC section	1	1	document?	col (i)	of your oort?		zed in the			
					(see	instructions))	ł	Yes	No	Yes	No	Yes	No			
F	TDC	m DDFC1	VTEDTA	N CHURC	u Mat	TCONCR	TICK		IOLA	KS	140	163	NO			
£	TK	or PRESI	PITEKTE	IN CHORC	n, Mai	TOOM	OCIA	,	X	KS	x		x		5,4	122
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			<del>                                     </del>						X		X	<del> </del>	X		10,5	, , ,
									i							
		<del></del>	<del>                                     </del>						1				<del>                                     </del>			
									<del>                                     </del>							
_ ,															21 0	252

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

Schedule A (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(b) 2006

(c) 2007

(d) 2008

(e) 2009

(f) Total

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

(a) 2005

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge				]			
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that		]	<b>,</b>				
	exceed the greater of \$5,000 or 1% of the					1		
	amount on line 13 for the year			ļ-————————————————————————————————————		ļ		
C	Add lines 7a and 7b					ļ		
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
9	Amounts from line 6			<u> </u>			—	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						$\perp$	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b		<u> </u>	<u> </u>	<u></u>			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	e						<u> </u>
Sec	tion C. Computation of Public Su	upport Percen	tage					
15	Public support percentage for 2009 (line 8	i, column (f) divide	d by line 13, colur	mn (f))		1:	5	%
16	Public support percentage from 2008 Sch					1(	ŝ	%
	tion D. Computation of Investme					<del></del>	<del></del>	
17	Investment income percentage for 2009 (I		•	3, column (f))		1	-	%_
18	Investment income percentage from 2008					11	3	%_
19a	33 1/3 % support tests—2009. If the orga							<u> </u>
	17 is not more than 33 1/3 %, check this b		-					
b	33 1/3 % support tests—2008. If the orga						J	
20	line 18 is not more than 33 1/3 %, check the							
20	Private foundation. If the organization did	THOL CHECK & DOX (	on line 14, 19a, or	Tab, Check this DO			000 1	00 EZ\ 2000
DAA					50	hedule A (Form	aan ol A	/マU・EA) 2009

Schedule A (Form 990 or 990-EZ) 2009 BERTHA R BRISTER HOSPITAL TRUST

48-6103283

Dane A

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

BERTHA R BRISTER HOSPITAL TRUST

OMB No 1545-0047

2009

Open to Public Inspection

**Employer Identification number** 48-6103283

	N N								
j	X sex	ered "Yes" to re than \$5,000. Use	(h) Purpose of grant or assistance						
	Đ	ganization answ int received mor	(g) Description of non-cash assistance						
	s or assistance, and	nplete if the org no one recipie	(f) Method of valuation (book, FMV, appraisal, other)						
	eligibility for the grant	ited States. Con Check this box if	(e) Amount of non-cash assistance						
	ants or assistance, the grantees' eligibility for the grants or assistance, and rrant funds in the United States	zations in the Un ore than \$5,000. eeded	(d) Amount of cash grant						
	ants or ass	l Organi eived m ace is n	(c) IRC section if applicable		.,				
Assistance	in amount of the grace?	vernments and cipient that recipient additional sp	(b) EIN	:					organizations
General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the granteer the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations
Part I	1 Does the sel	1 (0)	-						2 Enter 3 Enter

Schedule I (Form 990) 2009

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Schedule I (Form 990) 2009 BERTHA R BRISTER HOSPITAL TRUST	ISTER HOSPITAL		48-6103283		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additio	e United States. Com	nplete if the organiza	tion answered "Yes" to For	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, f) Description of non-cash assistance FMV, appraisal, other)
CASH DONATIONS		5,488			
CASH DONATIONS		5,488			•
CASH DONATIONS		10,977			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

**SCHEDULE O** 

(Form 990)

#### Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

BERTHA R BRISTER HOSPITAL TRUST

Employer identification number

48-6103283

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS EXPENSE SPECIFICALLY RELATED TO EXEMPT PURPOSE

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE TRUSTEE REVIEWS THE FORM 990 PRIOR TO FILING

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

990P BERTHA R BRISTER HOSPITAL TRUST
48-6103283 Federal Statements

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FYE: 12/31/2009

#### **Taxable Interest on Investments**

Description	_	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
CARGILL INC 6.375%	\$	1,912		14	KS	
CARGILL MED TERM 5.2%		810		14	KS	
RR DONNELLEY & SONS 5.5%		605	•	14	KS	
ITT COR SR DEB 6.5%		3,456		14	KS	
KLA-TENCOR CORP 6.9%		1,006		14	KS	
NABORS INDUSTRIES SER B		1,519		14	KS	
ORACLE CORP/OZARK HLDG 5.0%		1,268		14	KS	
SBC COMM INC 5.875%		832		14	KS	
SBC COMM INC 5.1%		1,208		14	KS	
TYCO ELECTRONICS 6.0%		1,700		14	KS	
RELIANZ CD 3.78%		1,007		14	KS	
FHLMC 5.0%		2,750		14	KS	
FHLB 4.0%		1,000		14	KS	
FHLB 4.5%		2,475		14	KS	
FHLB 5.1%		2,805		14	KS	
U S TREASURY		998		14	KS	
ACCRUED CARRYOVER ADJUSTMENT	_	3,093				
TOTAL	\$_	28,444				

990P BERTHA R BRISTER HOSPITAL TRUST
48-6103283 Federal Statements

FYE: 12/31/2009

5/10/2010 2:58 PM Page 2

#### **Taxable Dividends from Securities**

Description		Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
AT&T	\$	1,148		14	KS	
APACHE	•	90		14	KS	
BEST BUY INC		196		14	KS	
BRISTOL-MYERS SQUIBB CO		2,232		14	KS	
EXXON MOBIL CORP		870		14	KS	
HOME DEPOT INC		394		14	KS	
HONEYWELL INTL INC		423		14	KS	
JOHNSON & JOHNSON		1,930		14	KS	
MONSANTO		207		14	KS	
NUCOR		840		14	KS	
PROCTOR & GAMBLE CO		1,230		14	KS	
QUALCOM INC		64		14	KS	
3M CO		357		14	KS	
WAL-MART STORES INC		422		14	KS	
ASTON/MONTAG & CALDWELL		275		14	KS	
AIM INTERNATIONAL SMALL CO		863		14	KS	
AIM INTERNATIONAL LG GR		1,148		14	KS	
BLACKROCK US OPPORTUNITIES		126		14	KS	
DODGE & COX INTERNATIONAL		1,578		14	KS	
FEDERATED GOVT ULTRASHORT		738		14	KS	
FEDERATED TOTAL RETURN BOND		1,517		14	KS	
MFS VALUE FUND A		686		14	KS	
OPPENHEIMER DEVELOPING MKTS		396		14	KS	
FEDERATED PRIME CASH		6		14	KS	
FED GOVT OBLIGATION MNY TR		3		14	KS	
FED GOVT OBLIGATION MNY TR		92		14	KS	
TOTAL	\$	17,831				

1 Page 3 5/10/2010 2:58 PM Fund Raising 1,268 1,268 Management & General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Program Service Federal Statements Total Expenses 990P BERTHA R BRISTER HOSPITAL TRUST Description REDEMPTION FEES FYE: 12/31/2009 TOTAL 48-6103283

0574

PREPARED FOR ACCOUNT # 24 00 1084 0 04 - BERTHA BRISTER HOSPITAL TRUST
PROCESS DATE 01/12/2010

FOR TAX YEAR ENDED 12/31/2009

ACCOUNT SITUS = KS
TAX ID# = 486103283
STATE TAX ID# =

SECTION A	-	CAPITAL	GAINS	&	LOSSES
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ļ		SHORT TERM SALES	& MATURI	TIES			
l	SHARE\$/PAR 573.2230	SECURITY REG ASTON/MONTAG & CALDWELL 0	ACQUIRED	ΤĖ	CAPITAL PROCEEDS TO INCOME CASH PRINCIPAL CASH 9355.00	COST BASIS -9670.27	SHORT TERM GAIN OR LOSS -315.27
l	177.1000	GROWTH CL N FD 134 (00078H299) ASTON/MONTAG & CALDWELL 0	11/17/08	02/23/09	2699.00	-2987.68	-288.68
l	759.3310	GROWTH CL N FD 134 (00078H299) ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	11/17/08	02/25/09	11800.00	-12809.91	-1009.91
Ì	1895.9500	ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	04/27/09	06/01/09	36705.61	-33710.00	2995.61
١	614.4080	ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	04/13/09	06/01/09	11894.94	-10746.00	1148.94
١	499.1450	ASTON/HONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	11/17/08	06/01/09	9663.45	-8420.58	1242.87
l	447.6090	ASTON/MONTAG & CALDWELL 0 OGROWTH CL N FD 134 (00078H299)	06/15/09	07/21/09	8800.00	-8504.57	295.43
l	98.8730	ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	08/10/09	08/24/09	2018.00	-1989.32	28.68
Į	1258.3050	ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	08/10/09	09/22/09	26890.00	-25317.09	1572.91
Į	226.8730	ASTON/MONTAG & CALDWELL 0 GROWTH CL N FD 134 (00078H299)	08/10/09	10/26/09	4846.00	-4564.68	281.32
l	1618.0820	AIH INTERNATIONAL LG GR A 0 (008882102)	09/17/08	02/02/09	28009.00	-38202.92	-10193.92*
l	44.6700	AIM INTERNATIONAL LG GR A 0 (008882102)	09/17/08	04/13/09	813.00	-1054.66	-241.66
١	37.9730	AIM INTERNATIONAL LG GR A 0 (008882102)	09/17/08	04/27/09	693.00	-896.54	-203.54
l	214.2310	AIM INTERNATIONAL LG GR A 0 (008882102)	09/17/08	06/01/09	4501.00	-5057.99	-556.99×
	35.0480	AIM INTERNATIONAL LG GR A 0 (008882102)	09/17/08	08/10/09	770.00	-827.48	-57.48
	33.5260	AIM INTERNATIONAL LG GR A 0 (008882102)	09/17/08	08/24/09	755.00	-791.55	-36.55
l	521.4980	ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	11/17/08	02/02/09	9121.00	-10341.31	-1220.31×
l	458.7680		11/17/08	04/13/09	8189.00	-9097.37	-908.37×
l	107.4070	ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	11/17/08		2146.00	-2129.88	16.12
	181.6120	ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	11/17/08	08/10/09	3852.00	-3601.37	250.63
	14.8180	ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	11/17/08		318.00	-293.84	24.16
	1705.0000	CLASS A FD 4030 (018918714)	11/17/08		38123.80	-33810.15	4313.65
	3487.6490	ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	11/17/08	09/22/09	78995.24	-69160.08	9835.16

0574 PREPARED FOR ACCOUNT # 24 00 1084 0 04 - BERTHA BRISTER HOSPITAL TRUST

PROCESS DATE 01/12/2010 FOR TAX YEAR ENDED 12/31/2009

SECTION A - CAPITAL GAINS & LOSSES

TAX LEDGER
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TAX LEDGER
TAX 1D# = 486103283

SECTION A - CAPITAL GAINS & LOSSES				
SHORT TERM SALE SHARES/PAR SECURITY REG 648.1230 ALLIANZ NFJ SHALL CAP VALUE 0	S & MATURITIES DATE ACQUIRED SOLD 06/15/09 09/22/09	CAPITAL PROCEEDS TO INCOME CASH PRINCIPAL CASH 14679.99	COST BASIS	SHORT TERM GAIN OR LOSS 2073.99
CLASS A FD 4030 (018918714) 431.7630 ALLIANZ NFJ SMALL CAP VALUE 0	04/27/09 09/22/09	9779.43	-7789.00	1990.43
CLASS A FD 4030 (018918714) 548.9360 ALLIANZ NFJ SMALL CAP VALUE 0 CLASS A FD 4030 (018918714)	02/23/09 09/22/09	12433.40	-8514.00	3919.40
100.0000 APPLE INC (037833100)	11/18/08 04/14/09	11920.89	-8903.01	3017.88
50.0000 APPLE INC (037833100)	11/21/08 04/14/09	5960.45	-4204.50	1755.95
75.0000 APPLE INC 1 (037833100)	11/21/08 07/31/09	12341.69	-6623.84	5717.85
35.2470 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760) 271.8680 BLACKROCK US OPPORTUNITIES 0	09/17/08 02/23/09 09/17/08 04/13/09	749.00 6813.00	-1124.03 -8669.87	-375.03× -1856.87×
271.8680 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760) 38.5770 BLACKROCK US OPPORTUNITIES 0	09/17/08 04/13/09	1079.00	-1230.22	-151.22
INST'L CL FD #339 (091929760) 86.6250 BLACKROCK US OPPORTUNITIES 0	09/17/08 06/15/09	2351.00	-2762.47	-411.47
INST'L CL FD #339 (091929760) 411.9600 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760)	09/17/08 07/14/09	10933.44	-13137.41	-2203.97
30.0990 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760)	04/27/09 07/14/09	798.83	-760.00	38.83
462.2350 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760)	02/02/09 07/14/09	12267.73	-10705.37	1562.36
77.1860 BLACKROCK US OPPORTUNITIES 0 INST'L CL FD #339 (091929760) 195.9540 BLACKROCK US OPPORTUNITIES 0	02/02/09 08/10/09 11/17/08 08/10/09	2324.85 5902.15	-1787.63 -4369.78	537.22 1532.37
INST'L CL FD #339 (091929760)	08/24/09 09/22/09	565.00	-524.75	40.25
INST'L CL FD #339 (091929760) 30000.0000 CARGILL MED TERM 5.20% 1	10/30/08 05/06/09	30075.00	-27500.10	2574.90
DUE 01/22/13 (141784DG0) 74.8580 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	08/18/08 06/01/09	1973.26	-2903.00	-929.74×
198-9960 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	09/17/08 06/01/09	5245.55	-6539.00	-1293.45*
153:8990 FEDERATED GOVT ULTRASHORT 0 DURATION CL A (891) (314208706)	09/17/08 02/23/09	1515.90	-1520.52	-4.62×
1987.0150 FEDERATED GOVT ULTRASHORT U DURATION CL A (891) (31420B706)	02/02/09 02/23/09	19572.10	-19591.97	~19.87×
4655-8710 FEDERATED GOVT ULTRASHORT 0 DURATION CL A (891) (31420B706) 4301-6180 FEDERATED GOVT ULTRASHORT 0	04/27/09 04/29/09 04/27/09 05/04/09	46000.00 42500.00	-46000.00 -42499.98	0.00 0.02
DURATION CL A (891) (31420B706)	04/2//0/ 03/04/0/	42500.00	42477.70	0.02

TAX LEDGER PREPARED FOR ACCOUNT # 24 00 1084 0 04 - BERTHA BRISTER HOSPITAL TRUST 0574

FOR TAX YEAR ENDED 12/31/2009

ACCOUNT SITUS = KS TAX ID# = 486103283 STATE TAX ID# =

SECTION A  - CAPITAL GAINS & LOS	ECTION	Δ -	CAPITAL	GAINS	2	1.0SSFS
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PROCESS DATE 01/12/2010

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İ	Sł	HORT TERM SALES			CARTAL BROCEFRO		CHOOT TENU
SHARES/PAR 4245.6570	SECURITY FEDERATED GOVY ULTRAS	REG SHORT A	DAT ACQUIRED 06/01/09	SOLD	CAPITAL PROCEEDS I INCOME CASH PRINCIPAL 42032	CASH COST BASIS	
4545.4540	DURATION CL A (891) FEDERATED GOVT ULTRAS DURATION CL A (891)	SHORT A	08/10/09	08/14/09	45000	.00 -45000.00	0.00
5050.5040	FEDERATED GOVT ULTRAS DURATION CL A (891)	SHORT A	08/24/09	09/09/09	50000	.00 -49999.99	0.01
3151.2120	FEDERATED GOVT ULTRAS	SHORT A	09/22/09	10/26/09	31197	.00 -31197.00	0.00
3887.6760	FEDERATED GOVT ULTRAS DURATION CL A (891)	SHORT A	09/22/09	11/18/09	38487	.99 -38488.00	-0.01
4944.1420	FEDERATED GOVT ULTRAS	SHORT A	08/24/09	11/18/09	48947	.01 -48947.01	0.00
6569.4950	DURATION CL A (891) FEDERATED GOVT ULTRAS BURATION CL A (891)	SHORT A	06/01/09	11/18/09	65036	.00 -65038.00	0.00
3409.2930	FEDERATED GOVT ULTRAS	SHORT A	08/10/09	11/18/09	33752	.00 -33752.00	0.00
6313.2610	DURATION CL A (891) FEDERATED GOVT ULTRAS	SHORT A	04/27/09	11/18/09	62501	.28 -62375.02	126.26
8999.2900	DURATION CL A (891) FEDERATED GOVT ULTRAS	SHORT A	04/13/09	11/18/09	89092	.97 -88733.00	359.97
3695.2370	DURATION CL A (891) FEDERATED GOVT ULTRAS DURATION CL A (891)	CHORT A	02/02/09	11/18/09	36582	.85 -36435.03	147.82
350.0000	HOME DEPOT INC. COMMO	(314208706) N 1 (437076102)	10/06/08	04/14/09	8802	.94 -7842.21	960.73
200.0000	HONEYWELL INTL INC CO		10/06/08	09/17/09	8032	.66 -7056.86	975.80
50000.0000	KLA-TENCOR CORP 6.9% DUE 5/1/2018	(482480AA8)	04/30/09	08/17/09	50187	.50 -41437.50	8750.00
482.9660	MFS VÁLÜÉ FÜND A	(552983801)	02/02/09	03/17/09	7230	.00 -7674.33	-444.33×
2150.0110	MFS VALUE FUND A	(552983801)	02/02/09	04/13/09	35432	.17 -34163.67	1268.50
412.7930	MFS VALUE FUND A	(552983801)	02/23/09	04/13/09	6802	.83 -5890.56	912.27
1957.7690	MFS VALUE FUND A	0	06/01/09	06/19/09	34867	.87 -35651.00	-783.13×
7.4190	MFS VALUE FUND A	(552983801) 0 (552983801)	06/15/09	06/19/09	132	.13 -131.76	0.37
825.2390	MFS VALUE FUND A	0	06/15/09	08/10/09	15803	.32 -14656.24	1147.08
1312.3070	MFS VALUE FUND A		04/27/09	08/10/09	25130	.68 -21469.35	3661.33
68.1030	MFS VALUE FUND A	(552983801) 0 (552983801)	04/27/09	08/24/09	1328	.00 -1114.17	213.83
403.0540	MFS VALUE FUND A	(552983801)	09/22/09	11/23/09	8315	.00 -8149.75	165.25

	D FOR ACCOUNT # 24 00 1084 0 04 ~ BI	ERTHA BRIS	TAX LEDGER TER HOSPITA	L TRUST	ACCOUNT SITU	≈ 48610 <b>3</b> 283
ROCESS DATE 01	/12/2010	FOR TAX	YEAR ENDER	12/31/2009	STATE TAX ID	)# =
ECTION A - CA	PITAL GAINS & LOSSES					
	SHORT TERM SALES	S & MATURI DA		CAPITAL PROCEEDS TO		SHORT TERM
HARES/PAR 1066.2620	SECURITY REG MORGAN STANLEY SMALL CAP 0	ACQUIRED	SOLD 12/21/09	INCOME CASH PRINCIPAL CASH 21933.00	COST BASIS -21506.51	GAIN OR LOSS 426.49
55000.0000	VALUE CL P FD 8185 (617440532) NABORS INDUSTRIES SER B	11/19/08	05/26/09	55275.00	-51254.50	4020.50
400.0000		11/18/08	04/14/09	17253.72	-12700.24	4553.48
14.0120	OPPENHEIMER DEVELOPING MKTS 0	04/13/09	04/27/09	249.00	-249.69	-0.69
83.1450	A (785) (683974109) OPPENHEIMER DEVELOPING MKIS 0	06/01/09	08/10/09	2062.00	-1895.70	166.30
109.7930	A (785) (683974109) OPPENHEIMER DEVELOPING MKTS 0	09/22/09	10/26/09	3016.00	-2896.34	119.66
55000.0000	A (785) (683974109) ORACLE CORP/OZARK HLDG INC 1	10/31/08	04/16/09	57750.00	~54545.70	3204.30
84.2990	DUE 1/15/11 5% (68402LAE4) RS EMERGING MARKET A 0	07/21/08	03/31/09	1014.12	-1938.00	-923.88
87.7110	RS EMERGING MARKET A (700159833)	08/18/08	03/31/09	1055.16	-1870.00	-814.84
266.1300	RS EMERGING MARKET A (700159833)	09/17/08	03/31/09	3201.55	-4463.00	-1261.45
47.1350	RS EMERGING MARKET A (700159833)	02/02/09	03/31/09	567.03	-510.00	57.03
34.0340	RS EMERGING MARKET A (700159833)	02/23/09	03/31/09	409.43	-356.00	53.43
30000.0000	SBC COMM INC 5.875% (700159833)	10/30/08	04/21/09	31500.00	~29158.50	2341.50
55000.0000	DUE 02/01/12 (78387GAHG) SBC COMMUNICATIONS INC NOTE 1	11/13/08	04/20/09	56650.00	~50508.70	6141.30
4668.0420	5.10% DUE 9/15/14 (78387GAP8) SENTINEL SMALL CO GROWTH 0	02/02/09	04/13/09	22640.00	-21239.59	1400.41
151.6390	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	02/02/09	04/27/09	740.00	-689.96	50.04
374.0040	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	06/01/09	06/15/09	1948.56	-1971.00	-22.44
2682.8110	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	02/02/09	06/15/09	13977.44	-12206.79	1770.65
476.2650	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	02/02/09	08/10/09	2729.00	-2167.01	561.99
528.2680	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	08/24/09	09/22/09	3233.00	-3058.67	174.33
10.3960	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	10/26/09	12/21/09	64.77	-63.00	1.77
242.4130	CLASS A FD 285 (817270804) SENTINEL SMALL CO GROWTH 0	11/23/09	12/21/09	1510.23	-1466.60	43.63
50000.0000	CLASS A FD 285 (817270804) TYCO ELECTRONICS 6% 1 DUE 10/01/12 (902133AE7)	04/28/09	11/23/09	53250.00	-45187.50	8062.50

. ,	TAX LEDGE			PAGE 5	
PREPARED FOR ACCOUNT # 24 00 1084 0 04 - E	ACCOUNT SITUS = KS TAX ID# = 486103283				
PROCESS DATE 01/12/2010	FOR TAX YEAR ENDE	12/31/2009	STATE TAX II	)# =	
SECTION A - CAPITAL GAINS & LOSSES			•		
SHORT TERM SALE	S & MATURITIES				
SHARES/PAR SECURITY REG 550.0000 UNDER ARMOUR INC	DATE ACQUIRED SOLD 08/07/08 04/14/09	CAPITAL PROCEEDS TO INCOME CASH PRINCIPAL CASH 9892.27	COST BASIS -18507.12	SHORT TERM GAIN OR LOSS -8614.85	
(904311107) TOTAL SHORT TERM SALES & MATURITIES		1665357.18	1601896.26	63460.92	
TOTAL SHORT TERM GAIN & LOSSES				63460.92	
LONG TERM SALES	& MATURITIES DATE	CAPITAL PROCEEDS TO		LONG TERM	
SHARES/PAR SECURITY REG 85.1320 AIM INTERNATIONAL SMALL CD 0 FUND CLASS A (008879561)	ACQUIRED SOLD 01/07/08 02/23/09	INCOME CASH PRINCIPAL CASH 710.00	COST BASIS -1862.69	GAIN OR LOSS -1152.69*	
306.1190 AIM INTERNATIONAL SMALL CO 0 Fund Class A (008879561)	01/07/08 04/13/09	3052.00	-6697.88	-3645.88	
111.4290 AIM INTERNATIONAL SMALL CO 0 FUND CLASS A (008879561)	01/07/08 04/27/09	1131.00	-2438.07	-1307.07	
76,5420 AIM INTERNATIONAL SMALL CO 0 FUND CLASS A (008879561)	01/07/08 06/15/09	943.00	-1674.74	-731.74×	
29.5530 AIM INTERNATIONAL SHALL CO ' 0	01/07/08 08/10/09	392.47	-646.62	-254.15	
FUND CLASS A (008879561) 26.2270 AIM INTERNATIONAL SMALL CO 0	03/31/08 08/10/09	348.29	-529.00	-180.71	
FUND CLASS A (008879561) 12.8190 AIM INTERNATIONAL SMALL CO 0	06/16/08 08/10/09	170.24	-256.77	-86.53	
FUND CLASS A (008879561) 6.7510 AIM INTERNATIONAL SHALL CO 0	06/16/08 08/24/09	91.00	-135.22	-44.22×	
FUND CLASS A (008879561) 126.9700 AIH INTERNATIONAL SHALL CO 0	06/16/08 10/26/09	1869.00	-2543.22	~674.22×	
FUND CLASS A (008879561) 54.3060 AIM INTERNATIONAL LG GR A 0	09/17/08 09/22/09	1299.00	-1282.16	16.84	
(008882102) 30.8060 AIM INTERNATIONAL LG GR A	09/17/08 11/23/09	764.00	-727.33	36.67	
200.0000 APACHE (008882102)	06/07/06 07/21/09	15313.78	-12360.00	2953.78	
350.0000 BEST BUY INC (037411105)	05/09/07 04/14/09	13734.81	-16440.83	-2706.02	
100.0000 BEST BUY INC (086516101)	05/09/07 05/19/09	3720.02	-4697.38	-977.36	
250.0000 BEST BUY INC (086516101)	05/09/07 05/26/09	9252.63	-11743.45	-2490.82	
95.0730 BLACKROCK US OPPORTUNITIES 0	11/17/08 12/21/09	3184.00	-2120.13	1063.87	
INST'L CL FD #339 (091929760) 450.0000 COGNIZANT TECHNOLGY SOL 1	01/28/08 08/12/09	15503.18	-12306.20	3196.98	
(192446102) 44.4300 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	01/22/08 02/02/09	842.84	-1808.30	-965.46*	
		<del></del>	<del></del>		
0574 PREPARED FOR ACCOUNT # 24 00 1084 0 04 ~ BI	TAX LEDGER RTHA BRISTER HOSPITA		ACCOUNT SITU	PAGE 6 S = KS	
ROCESS DATE 01/12/2010 FOR TAX YEAR ENDED 12/31/2009				TAX ID# = 486103283 STATE TAX ID# =	
SECTION A - CAPITAL GAINS & LOSSES					
LONG TERM SALES  SHARES/PAR SECURITY REG 22 7530 DODGE & COX INTERNATIONAL	DATE ACQUIRED SOLD	CAPITAL PROCEEDS TO INCOME CASH PRINCIPAL CASH	COST BASIS	LONG TERM GAIN OR LOSS	
STOCK FUND (256206103)	09/19/06 02/02/09	431.62	-903.52 -16674.32	-471.90* -4016.78*	
667.2400 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	02/24/04 02/02/09	12657.54	-16674.32		
525.0910 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	02/24/04 04/13/09	11363.00	-13122.02	-1759.02	
101.5570 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	02/24/04 04/27/09	2217.00	-2537.91	-320.91	
48.9450 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	02/24/04 06/01/09	1290.19	-1223.13	67.06	
STOCK FUND (256206103)	02/24/04 08/24/09	2732.00	-2286.73	443.27	
686,8130 DODGE & COX INTERNATIONAL 0 STOCK FUND (256206103)	02/24/04 09/22/09	21875.00	-17163.45	4711.55	
116.9800 DODGE & COX INTERNATIONAL U STOCK FUND (256206103)	02/24/04 10/26/09	3734.00	~2923.33 ~268.00	810.67	
150.0000 EXXON MOBIL CORP (30231G102)	12/31/84 07/29/09	10579.72	-248.99	10330.73	
55000.0000 FHLMC 5 % DUE 8/6/14 1 (3128X7T87)	07/29/08 08/06/09	55000.00	-55000.00 -69890.62	0.00	
50000.0000 FHLB 4%-DUE 1/27/2009 CALL 1 1/27/2006 100 (3133XAA72)	01/05/05 01/27/09	50000.00	-49890.62 -55000.00	109.38	
55000.0000 FHLB 5.10% DUE 09/17/15 1 (3133XS428)	08/27/08 09/17/09	55000.00	-55000.00 -21760.68	0.00 -10802.14	
909.2720 RS EMERGING MARKET A 0 (700159833)	01/22/08 03/31/09	10938.54 4968.98	-21740.68 -7276.93	-2307.95	
100.0000 3H CO (88579Y101)	09/29/05 03/26/09		-7276.94	-173.33	
100.0000 3M CO	09/29/05 07/31/09	7103.61	7670.74	1/2.33	

08/07/08 08/12/09

-9253.56

342794.12

6725.70

328938.16

-2527.86

-13855.96 -13855.96

49604.96

\* - SEE POTENTIAL WASH SALE SECTION

275.0000 UNDER ARMOUR INC

100 3M CO (88579Y101) 100 UNDER ARMOUR INC (904311107) TOTAL LONG TERM SALES & MATURITIES

TOTAL LONG TERM GAIN & LOSSES

TOTAL CAPITAL GAINS & LOSSES

Report Date

Includes

February 11, 2010

Time Prepared Requested By

03:37:52 PM Janis Bunker

Account: 24 00 1084 0 04 BERTHA BRISTER HOSPITAL TRUST

# Account Holdings as of 12/31/2009

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
00078H299	ASTON/MONTAG GWTH	3,575 9050	71,676.90	22.45	80,279.07	12/31/2009
00206R102	AT&T INC	1,400 0000	مر 33,729.15	28.03	39,242.00	12/31/2009
008879561	AIM INTL SML CO FD A	5,289.5210	63,636.23	<b>15</b> ₌05	79,607.29	12/31/2009
008882102	AIM INT'L LG GR A	3,974.5020	92,853.15	24 76	98,408.67	12/31/2009
031162100	AMGEN INC	200 0000	9,749.88	56.57	11,314.00	12/31/2009
037833100	APPLE INC	75 0000	6,623.84	210.732	15,804.90	12/31/2009
040821AG5	ARK CTY 5 4% 9/1/18	50,000 0000	49,301 00 🍿	99 311	49,655.50	12/31/2009
091929760	BLKROCK US OPP INST	1,758 6370	50,107.34 <sup>1/1</sup>	33.62	59,125 38	12/31/2009
110122108	BRISTOL-MYERS SQUIBB	1,800.0000	37,059 46	25 25	45,450.00	12/31/2009
141781AP9	CARGILL 6 375%6/12	30,000.0000	29,016.60	108.937	32,681.10	12/31/2009
17275R102	CISCO SYSTEMS	400 0000	8,471 89	23 94	9,576 00	12/31/2009
192446102	COGNIZANT TECH SOL	450 0000	12,306 19	45.33	20,398.50	12/31/2009
256206103	DODGE & COX INT'L	3,655.6180	90,522.52	31 85	116,431.43	12/31/2009
257867AR2	DONNELLEY & SONS 5 5	45,000.0000	42,075.00	96.822	43,569.90	12/31/2009
30231G102	EXXON MOBIL CORP	450.0000	746.98	68.19	30,685.50	12/31/2009
3133XS4N5	FHLB 4.5% 9/9/13	55,000 0000	55,000.00  🗙	102.906	56,598.30	12/31/2009
31428Q507	FED TOTAL RET BD ISS	35,516 6160	389,058 00	10 87	386,065.62	12/31/2009
38259P508	GOOGLE INC	60.0000	17,642 40	619 98	37,198.80	12/31/2009
437076102	HOME DEPOT INC	350.0000	7,842 20	28.93	10,125.50	12/31/2009
438516106	HONEYWELL INTL INC	200 0000	7,056 86	39 20	7,840.00	12/31/2009
450679BP9	ITT CORP 6.5%5/1/11	55,000 0000	53,779.55 <b>V</b> \	100.217	55,119.35	12/31/2009
461202103	INTUIT	400 0000	8,893.07	30 73	12,292 00	12/31/2009
478160104	JOHNSON & JOHNSON	1,000 0000	1,526 62	<b>64 4</b> 1	64,410 00	12/31/2009
552983801	MFS VALUE A	2,305 4820	43,391 17	20.77	47,884.86	12/31/2009
60934N617	PRIME CASH OBLIG	38,586 1900	38,586 19	1 00	38,586.19	12/31/2009
60934N61I	PRIME CASH OBL - INC	9,138 7500	طــ 9,138.75	1.00	9,138.75	12/31/2009
61166W101	MONSANTO CO NEW	200 0000	15,255.23	81 75	16,350.00	12/31/2009
617440532	MRGN STNLY SM VAL P	5,706.5990	115,037 49	20.58	117,441.81	12/31/2009
629377508	NRG ENERGY INC	1,000 0000	23,101 45	23 61	23,610.00	12/31/2009
670346105	NUCOR	400.0000	12,700 24	46 65	18,660.00	12/31/2009
683974109	OPPENHEIMER DEV MKTS	3,441.6010	82,318 27	28.76	98,980.44	12/31/2009
742718109	PROCTER & GAMBLE CO	750 0000	46,345 69	60 63	45,472.50	12/31/2009
817270804	SENTINEL SM GWTH A	17,644 1580	81,455.38	6 30	111,158.20	12/31/2009
88579Y101	3M CO	100.0000	7,276.93	82 67	8,267.00	12/31/2009
904311107	UNDER ARMOUR INC	275 0000	9,253 56	27.27	7,499.25	12/31/2009
931142103	WAL-MART STORES INC	400 0000	17,516 00	53 45	21,380.00	12/31/2009
H8817H100	TRANSOCEAN J D	200 0000	11,635.25	82 80	16,560.00	12/31/2009
	Total Securities Income Cash Principal Cash Account Total	375,703.5790	1,651,686,43 274,62 0,00 1,651,961,05		1,942,867.81 274.62 0.00 1,943,142.43	

Account Total

EN Cosh \$276, 16587

EVX U.S ESTATE Corr = \$104, 301.00

EVX Corporate Bond = \$82,796 15

Corporate Stock = \$1,188,698.06

1,651.961.05