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### Form **990-PF**

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning 10/01/10, and ending 09/30/11G Check all that apply Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number 75-6013973 Martha Ann Cogdell Hospital Trust Telephone number (see page 10 of the instructions) 806-349-9892 Number and street (or P O box number if mail is not delivered to street address) Room/suite 200 701 S Taylor, LB120 C If exemption application is pending, check here City or town, state, and ZIP code 1. Foreign organizations, check here Amarillo TX 79101 2. Foreign organizations meeting the X Section 501(c)(3) exempt private foundation H Check type of organization 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at J Accounting method end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <u>3,359,032</u> (Part I, column (d) must be on cash basis ) line 16) ▶ \$ (d) Disbursements (a) Revenue and Part I Analysis of Revenue and Expenses (The total of (c) Adjusted net (b) Net investment expenses per for charitable amounts in columns (b), (c), and (d) may not necessarily equal books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 Check ► |X| If the foundation is **not** required to attach Sch B 2 Interest on savings and temporary cash investments 3 76,543 76,543 Dividends and interest from securities 4 5a Gross rents 1444 2.667 Net rental income or (loss) Revenue 146,925 Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 1,709,038 1,17 Capital gain net income (from Part IV, line 2) 146,925 Net short-term capital gain Income modifications 10a Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Stmt 1 319,783 319,783 Other income (attach schedule) 543,251 Total. Add lines 1 through 11 543,251 5,049 20,194 15,145 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 213 Legal fees (attach schedule) See Stmt 2 16a 854 641 Stmt 3 2,940 Accounting fees (attach schedule) 2,205 735 Other professional fees (attach schedule) 17 Taxes (attach schedule) (see page 14 of the instructions) Stmt 4 29,999 29,999 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Stmt 5 3,785 3,785 23 Other expenses (att sch ) Total operating and administrative expenses. 57,772 51,775 5,997 Add lines 13 through 23 250,000 250,000 Contributions, gifts, grants paid 0 307,772 51,775 255,997 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 235,479 Net investment income (if negative, enter -0-) 491,476

0

6

3,438,518

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Part IV Capital Gains ar	nd Losses for Tax on Investme	nt Income				
	pe the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		
1a See Worksheet						
b						
С						
d		<del></del>	<del></del>		<del></del>	
θ	(0 D	(E) Cook o	a ather bear		(h) Com or (loss)	_
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain or (loss) (e) plus (f) minus (g)	
_a						
_ <u>b</u>				_	<u> </u>	
c d	-					
- <del>u</del>						_
	gain in column (h) and owned by the four	ndation on 12/31/69		(1) (2	ains (Col (h) gain minus	_
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col (i) I (j), if any	col (k	c), but not less than -0-) or cosses (from col (h))	
a				٠		
b						
С						
d			<del></del>			
θ				1		
2 Capital gain net income or (net ca	pital loss) If gain, also enter in F			2	146,92	25
	s) as defined in sections 1222(5) and (6)					
•	column (c) (see pages 13 and 17 of the in	structions)				
Part V Qualification Ur	nder Section 4940(e) for Reduc	od Tay on Net	Investment Inco	3   me		
	foundations subject to the section 4940(a)			110		_
`	•	, tax on not invocan	J. 11. 11. 10. 11. 10. 11. 11. 11. 11. 11			
If section 4940(d)(2) applies, leave this	s part blank					
	on 4942 tax on the distributable amount o	• •	se period?		∐ Yes X I	No
	fy under section 4940(e) Do not complete					
	ach column for each year, see page 18 of	the instructions bef	fore making any entries	S		
(a) Base period years	(b) Adjusted qualifying distribution	ıs Net value	(c) e of nonchantable-use ass	ets	(d) Distribution ratio (col (b) divided by col (c))	
Calendar year (or tax year beginning 2009	""/	,042	3,920,		0.00434	4 7
2008		,062	3,500,		0.03058	
2007		,909	4,145,		0.1140	_
2006		,858	4,121,	844	0.0931	28
2005	136	,379	3,868,	610	0.0352	<u>53</u>
2 Total of line 1, column (d)				2	0.2773	77
<u>-</u>	year base period—divide the total on line	2 by 5, or by the			0.0554	7.0
number of years the foundation ha	as been in existence if less than 5 years			3	0.0554	<u>/ =</u>
4 Enter the net value of noncharitab	ele-use assets for 2010 from Part X, line 5			4	3,314,9	4 (
5 Multiply line 4 by line 3				5	183,89	96
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6	4,9	15
7 Add lines 5 and 6				7	188,8	11
8 Enter qualifying distributions from	Part XII, line 4			8	255,9	
, , ,	line 7, check the box in Part VI, line 1b, a	nd complete that pa	irt using a 1% tax rate		<del> </del>	
Part VI instructions on page 18						

Form	990-PF(2010) Martha Ann Coqdell Hospital Trust 75-6013973				Pa	age <b>4</b>
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	ŧ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			4,5	9 <u>15</u>
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
•	Part I, line 12, col (b)	Ī				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3		3		-	4	915
4		4	_			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			4	915
6	Credits/Payments	<u> </u>				
		1				
a						
b						
C	Tax paid with application for extension of time to file (Form 8868)  6c	1				
d _	Backup withholding erroneously withheld  6d	_ †			<b>-</b> 7	200
7	Total credits and payments Add lines 6a through 6d	7			/,	<u> 380</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				4.6.5
10		10			۷,۰	<u>465</u>
11		11				
Pa	rt VII-A Statements Regarding Activities		Е			_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		F		Yes	No
	participate or intervene in any political campaign?		Ļ	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities		,		-	
C	Did the foundation file Form 1120-POL for this year?	N	/A	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ļ	2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			-		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		Į.	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Į.	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	_	X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?		Į	6	Χ	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		-	7	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ▶ TX					
b	if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					$\overline{}$
-	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				,	
	27)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
-	names and addresses			10		<u>x</u>
			For	rm 99	0-PF	(2010)

orm		Cogdell Hospital Tr		013973			Page 6
Pa	art VII-B Statements Regar	ding Activities for Which Form	n 4720 May Be Re	equired (contin	nued)		
5a	During the year did the foundation pay	or incur any amount to			_		#
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	4945(e))?	Y	es X No		
	(2) Influence the outcome of any speci	fic public election (see section 4955), or t	to carry on,				
	directly or indirectly, any voter regis			<u> </u>	es 🗓 No		
	(3) Provide a grant to an individual for	travel, study, or other similar purposes?		Y	es X No		
	(4) Provide a grant to an organization of	other than a charitable, etc, organization	described in	_			
		ction 4940(d)(2)? (see page 22 of the inst		<u> </u>	es 🛚 No		I
		religious, charitable, scientific, literary, o	r educational			.	
	purposes, or for the prevention of o	•			'es 🏻 No		
b	-	any of the transactions fail to qualify und			37 / 7		1
	<del>-</del>	rent notice regarding disaster assistance		structions)?	N/A	5b	
	*	e regarding disaster assistance check he					
С	, , , , , , , , , , , , , , , , , , , ,	, does the foundation claim exemption fro	om the tax	NT / 70 🗀 .			
	because it maintained expenditure resp	•		N/A 📙 Y	′es ∐ No		
_	If "Yes," attach the statement required I	• •					
6a		eive any funds, directly or indirectly, to pa	ay premiums		, (⊽) <sub>N</sub>		
	on a personal benefit contract?			L	'es X No	er	l x
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a pe	rsonai benetit contract	•		6b	<u></u>
_	If "Yes" to 6b, file Form 8870	Samuelation a markets a mark-hitad tax all	and the standard and the same		'es X No		
	At any time during the tax year, was the				Ves $oxed{X}$ No $oxed{N/A}$	7b	Ť
	If Yes, did the foundation receive any part VIII Information About (	Officers, Directors, Trustees, F				_	
Г	and Contractors	incers, Directors, Trustees, T		goro, riigiiiy i	ala Employo	,,	
1 1	List all officers, directors, trustees, for	undation managers and their compens	sation (see page 22 o	f the instructions	).		
				Ĭ	(d) Contributions to		
	(a) Name a	nd address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit		pense account,
	(4,7,12.1.2.2.		devoted to position	-0-)	plans and deferred compensation	Other	r allowances
Ha	appy State Bank	Amarillo	Trustee				
	01 S. Taylor Suite 200	TX 79101	2.00	20,194	o	Ì	0
						<u> </u>	
	· · ·						
2	Compensation of five highest-paid e	mployees (other than those included	on line 1 — see page	23 of the instruc	tions).		
	If none, enter "NONE."						
			(b) Title, and average		(d) Contributions to employee benefit	(a) Ev	pense account,
	(a) Name and address of each em	ployee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowances
			devoted to position		compensation	<del> </del>	
NC	ONE						
						<u> </u>	
			1				
					<del></del>	<del> </del>	
						<del> </del>	
						<del> </del>	
	laurahan af akhan ang laurah ang d	250,000		1	L		<del></del>
ota	I number of other employees paid over \$	50,000		<del></del>			0-PF (2010)
					Fo	ım ฮฮ!	J*F F (2010)

	rtha Ann Coqdell Hospital Trust			Page 7
	ation About Officers, Directors, Trustees, Foundatractors (continued)	dation Managers, Highly Paid Emp	oloyees,	
	dependent contractors for professional services (see page 2	23 of the instructions). If none, enter "NON	E."	
, (a)	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensa	ation
NONE				
			_	
<del></del>		<del></del>		
·				
·				
Total number of others rece	iving over \$50,000 for professional services		<u> </u>	0
Part IX-A Summ	nary of Direct Charitable Activities			
List the foundation's four large organizations and other benefit	st direct chantable activities during the tax year. Include relevant statistical icianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses	5
1 N/A				
2				
3				
•				
4			Ì	
D 4114 D 0	Section 1	o 24 of the instructions)		
	mary of Program-Related Investments (see page am-related investments made by the foundation during the tax year on lin		Amount	
1 N/A	anificiated investments made by the learned to a daring the day year on the		741100111	
,				
		14.00		
2				
All other program related inve	stments See page 24 of the instructions			
3	surience Geo page 24 of the instructions			
<del>-</del>				

•

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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6

251,082

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

P	art XIII Undistributed Income	(see page 26 of t	he instructions)			
1	Distributable amount for 2010 from Part X	l,	(a) Corpus	(b) Years pnor to 2009	(c) 2009	(d) 2010
_	line ₹				<del></del>	160,832
2	Undistributed income, if any, as of the end	of 2010				ŧ
	Enter amount for 2009 only					
þ	Total for prior years 20, 20	, 20				
3	Excess distributions carryover, if any, to 2	010				
а	From 2005					
þ	From 2006					
С	From 2007	81,905				
d	From 2008					<b>!</b>
9	From 2009					<u> </u>
f	Total of lines 3a through e		81,905			<u> </u>
4	Qualifying distributions for 2010 from Part	XII				
•	line 4 ▶ \$ 255,997	,,				1
2	Applied to 2009, but not more than line 2a					1
	Applied to undistributed income of prior ye					
	-					1
_	(Election required—see page 26 of the ins				······································	<b></b>
С	Treated as distributions out of corpus (Ele					1
_	required—see page 26 of the instructions)					160 000
	Applied to 2010 distributable amount		0- 1			160,832
0	Remaining amount distributed out of corpu		95,165			<u> </u>
5	Excess distributions carryover applied to 2					
	(If an amount appears in column (d), the s	ame				
	amount must be shown in column (a))					İ
6	Enter the net total of each column as					1
	indicated below:					1
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	177,070			
b	Prior years' undistributed income Subtrac	t				
	line 4b from line 2b		, ,			
C	Enter the amount of prior years' undistribu	ted				
	income for which a notice of deficiency ha	s				1
	been issued, or on which the section 4942	?(a)				1
	tax has been previously assessed					1
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					1
A	Undistributed income for 2009 Subtract lii	ne				
	4a from line 2a Taxable amount—see pag					
	27 of the instructions	90				
f		nes			· ···- · - · ·	
•	4d and 5 from line 1. This amount must be					
		•				0
-	distributed in 2011					<u> </u>
7	Amounts treated as distributions out of co	•				1
	to satisfy requirements imposed by section					1
	170(b)(1)(F) or 4942(g)(3) (see page 27 o	rine				1
_	instructions)					<u> </u>
8	Excess distributions carryover from 2005 i					
	applied on line 5 or line 7 (see page 27 of	the				
	instructions)					<b>!</b>
9	Excess distributions carryover to 2011.					1
	Subtract lines 7 and 8 from line 6a		177,070			
10	Analysis of line 9					1
а	Excess from 2006					1
b	Excess from 2007	81,905				
С	Excess from 2008					1
d	Excess from 2009					1
θ	Excess from 2010	95,165				

	990-PF(2010) Martha Ann C			75-60139		Page <b>10</b>
	ert XIV Private Operating For				/II-A, question 9)	
1a	If the foundation has received a ruling or o					
_	foundation, and the ruling is effective for 2				L	
b	Check box to indicate whether the founda		ng foundation described		942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 1 1 1 1 1 1 1	(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	<b> </b>
	investment return from Part X for				ļ	
	each year listed				<del> </del>	<b></b>
b	85% of line 2a	<del></del>	<u> </u>			
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				<del> </del>	
d	Amounts included in line 2c not used directly					
_	for active conduct of exempt activities				<del> </del>	
e	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c		<u> </u>	<del></del>		
3	Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3			===		
U	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
·	(1) Total support other than gross		[		ĺ	
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section				]	
	512(a)(5)), or royalties)	···				
	(2) Support from general public				]	
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	· · · · · · · · · · · · · · · · · · ·				
	an exempt organization					
	(4) Gross investment income					
Pa	ert XV Supplementary Inforn	nation (Complete	this part only if t	he foundation ha	d \$5,000 or more	in assets at
	any time during the ye	ear—see page 28	of the instruction	ns.)	·	
1	Information Regarding Foundation Mai	nagers:				
а	List any managers of the foundation who l	nave contributed more	than 2% of the total cor	ntributions received by	the foundation	
	before the close of any tax year (but only	f they have contributed	more than \$5,000) (Se	ee section 507(d)(2))		
	N/A					
þ	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity)	of which the foundatio	n has a 10% or greater	ınterest		
	N/A	<del></del>				
2	Information Regarding Contribution, G		•			
			preselected charitable	-		
	unsolicited requests for funds. If the found		· · · · · · · ·	f the instructions) to inc	lividuals or	
	organizations under other conditions, com					
а	The name, address, and telephone number	•				
	Happy State Bank Tru	_	ent 866-356-	8/8/		
<u> </u>	701 S Taylor Amarill		<del></del>			
b	The form in which applications should be	submitted and informat	ion and materials they	should include		
	See Statement 11				<del></del>	
С	Any submission deadlines					
	September 30th			- lunda -£		<del></del>
d	Any restrictions or limitations on awards, s	such as by geographica	ii areas, chantable tield	s, kinas of institutions,	or otner	
	factors <u>Health Care Related</u>					
DAA	a.c. care Refaced	<u>.</u>			<del> </del>	Form <b>990-PF</b> (2010)

**Supplementary Information (continued)** Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Statement 12 250,000 3a 250,000 Total b Approved for future payment N/A▶ 3b Total

DAA

Part XVI-A	Analysis of Income-Producing Activates upless otherwise indicated	1	I business income	Excluded by	section 512, 513, or 514	(e)
•	ųnts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program ser	vice revenue		<del></del>			the instructions )
		<del></del>		+		
		<del></del>		<del></del>		<del></del>
_		<b> </b>		<del></del>		
f		<b></b>	<del></del>	+-+		
-	d contracts from government agencies	1		+	<del></del>	
	dues and assessments	<del></del>		+ +		
	avings and temporary cash investments	<u> </u>	-	14	76 543	
	nd interest from securities			77	76,543	
	come or (loss) from real estate	<del> </del>				
	anced property			+		<del></del>
	-financed property	-				
	come or (loss) from personal property	-				
Other investi		<del></del>		10	1 476	145 44
•	s) from sales of assets other than inventory	<del>                                     </del>		18	1,476	145,44
	or (loss) from special events	<del>                                     </del>		<del>  </del>		
•	or (loss) from sales of inventory	<del></del>				
1 Other revenu			·	1 =	310 051	
	y Bank - Mineral Income	· · · · · ·		15	318,951	
	rgan Class Action Proceed			15	808	
	of Am Class Action Proce	ļ		15	24	
θ					207 000	145 44
	d columns (b), (d), and (e)	L1	<del></del>	0	397,802	145,44
	ne 12, columns (b), (d), and (e)				13	543,25
	In line 13 instructions on page 29 to verify calculations  Relationship of Activities to the Activitie		ant of Evampt E	Durnosos		
Part XVI-B	Explain below how each activity for which income is				importantly to the	
Eilie NO.  ▼	accomplishment of the foundation's exempt purpose					he
·	instructions)		, , ,		,	
N/A		-	<del></del>			
				-		
			• • • • • • • • • • • • • • • • • • • •	-		
- <del>n</del>						
****			<del>.</del>	_	\ <u>-</u>	
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DAA						Form <b>990-PF</b> (

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1 D					in any of the follow	wing with any other	er organization describe				Yes	No
							on 527, relating to politi					
	ganization				.,.,	ŕ						į
a Ti	ansfers fro	om the reportii	ng founda	tion to a non	chantable exempt	organization of						į
(1	) Cash									1a(1)		<u>X</u>
(2	) Other as	ssets								1a(2)		X
<b>b</b> 0	ther transa	ections										
(1	) Sales of	assets to a n	oncharitat	ole exempt o	rganization					1b(1)		_X_
(2	) Purchas	es of assets f	rom a non	ncharitable e	xempt organizatioi	n				1b(2)		X
(3	) Rental o	of facilities, equ	uipment, c	or other asse	ts					1b(3)		X
(4	) Reimbu	rsement arran	gements							1b(4)		X
(5	) Loans o	r loan guarani	tees							1b(5)		<u>X</u>
(6	) Perform	ance of service	es or mer	mbership or t	fundraising solicita	ations				1b(6)		<u>X</u>
c S	naring of fa	acilities, equip	ment, mai	ling lists, oth	er assets, or paid	employees				1c		X
d If	the answe	r to any of the	above is	"Yes," comp	lete the following s	schedule Column	(b) should always sho	w the fair m	arket			
							e foundation received le					
Vä	lue in any	transaction of	r sharing a	arrangement	, show in column (	(d) the value of th	e goods, other assets,					
	ine no	(b) Amount	involved	(c) Name	of noncharitable exer	mpt organization	(d) Description of	transfers, tra	nsactions, and sl	haring arrange	ments	
N/A					<del> </del>							
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		•		=			cempt organizations			$\Box$	Γv	1
		•	•	•	nan section 501(c)	(3)) or in section	5277			☐ Y	es X	J NO
b If		nplete the folio		edule	(b) Type of	organization	<u> </u>	(c) Descript	on of relationshi	<u> </u>		
N/	<del></del>	) Name of organ	iizatiori		(b) Type of	organization		(c) Descript	OI Teladonam	<u> </u>		
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				· · · · · · · · · · · · · · · · · · ·								
	Under pe	nalties of perjur	y, I declare	that I have exa	amined this return, in	cluding accompanyi	ng schedules and statemen	nts, and to the	best of my know	wledge and		
Sign	belief, it i	s true correct, a	and complet			an taxpayer or fiduc	ary) is based on all informa	ation of which	preparer has an	y knowledge		
Here	<b> </b>	[lanou	abo	LVPF	TO HSB	2/	13/2012	Trus	tee			
	Sign	ature of off	or trustee			Date	· /	Title				
	Print/T	ype preparer's r	name			Preparer's signa	ture	<del></del>		Date	Check	lt l
Paid									,	-10-12	self-en	nployed
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			Amarl	llo, 1	X 79101				Phone no	806-37 Form <b>99</b>		
											- I	(4010)

Capital Gains and Losses for Tax on Investment Income

Form 990-PF For calendar year 2010, or tax year beginning

10/01/10 , and ending 09/30/11

2010

Name

Employer Identification Number

Martha Ann Cogdell Hospital Trust	_Martha Ann Cogdell Hospital Trust					
(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )			
(1) 259 Sh Merck & Co Inc New Com	P	11/13/09	12/16/10			
(2) 549 Sh Pfizer Inc	P	03/04/09	12/16/10			
(3) 98 Sh Pfizer Inc	P	10/22/09	12/16/10			
(4) 48262 Sh SA Global Fixed Income FD	P	11/19/09	06/22/11			
(5) 5731 Sh SA Emergingh Markets FD	P	11/19/09	06/22/11			
(6) 10377 Sh SA Real Estate Securities F	P	11/19/09	06/22/11			
(7) 46404 Sh Sa US Fixed Income Fd	P	11/19/09	06/22/11			
(8) 7065 Sh SA US Market FD	P	11/19/09	06/22/11			
(9) 4075 Sh SA International Small Co FD	P	11/19/09	06/22/11			
(10) 6027 Sh SA International Value FD	P	11/19/09	06/22/11			
(11) 10779 Sh SA US Small Company FD	P	11/19/09	06/22/11			
(12) 14792 Sh SA US value FD	P	11/19/09	06/22/11			
(13) JP Morgan Short Duration						
(14) SA Emerging Markets FD						
(15) SA US Fixed Income Fund						

(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1)	9,490		8,376	1,114
(2)	9,352		7,590	1,762
(3)	1,676		1,725	-49
(4)	485,033		495,579	-10,546
(5)	68,955		57,853	11,102
(6)	79,281		55,630	23,651
(7)	477,040		476,050	990
(8)	84,574		70,821	13,753
(9)	72,466		59,053	13,413
(10)	67,442		60,086	7,356
(11)	182,286		133,172	49,114
(12)	169,967		136,178	33,789
(13)	78			78
(14)	906			906
(15)	492			492

Complete only for assets showing			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) <b>Or</b> Losses (from col. (h))
(1)			1,114
(2)			1,762
(3)			-49
(4)			-10,546
(5)			11,102
(6)			23,651
(7)			990
(8)			13,753
(9)			13,413
(10)			7,356
(11)			49,114
(12)			33,789
(13)			78
(14)			906
(15)			492

	Adjusted Net Income	Charitable Purpose \$ 213 \$ 213	Charitable Purpose \$ 735	Charitable Purpose	1-4
	ncome  Net Investment Income \$ 318,951 808 24 \$ 319,783	Adjusted Net	Adjusted Net	Adjusted Net	
Federal Statements	Form 990-PF, Part I, Line 11 - Other Income  Revenue per Books \$ 318,951 \$ \$ 808 24 \$ 319,783 \$	- Form 990-PF, Part I, Line 16a - Legal Fees  Net  Total Investment  854 \$ 641 \$ \$ 641 \$ \$	Sart I, Line 16b - Accoun  Net Investment  \$ 2,205 \$ 2,205	Total Net Investment \$ 21,242 \$ 21,242 1,377 7,380 \$ 29,999 \$ \$ 29,999	
Federal	Statement 1 - Form 990-PF	Statement 2 - Form 990-Pl  Total  \$ 854 \$ 854	Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees   Net	Statement 4 - Form 990  Total \$ 21,242 1,377 7,380 \$ 29,999	
75-6013973	Description Happy Bank - Mineral Income JPMorgan Class Action Proceed Bank of Am Class Action Proce	Description Lafont, Tunnell LP Total	Description  Tax Preparation  Total	Description Minerals Production Tax Excise Tax 2010 Estimated Taxes Total	

### Federal Statements

75-6013973

## Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose	ጭ		\$
Adjusted Net	ঞ		w O
Net Investment	₩.	3,785	\$ 3,785
Total	٠	3,785	\$ 3,785
Description		Expenses Mineral Lease Operating Expen	Total

## Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Fair Market Value	\$ 89,522	\$ 189,129
Basis of Valuation	Cost Cost	
End of Year	90,045 100,100	190,145
	₩	·ν-
Beginning of Year	w	٠
Description	90,000 Sh Federal Home Loan Banks 100,000 Sh Fed Natl Mtg Assn	Total

### Federal Statements

75-6013973

## Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	<b>6</b>	Beginning of Year	End of Year		Basis of Valuation	Fair Market Value
				1		
10143 SH SA Real Estate Securities	ss-	54,084	vs-		COST	<b>ም</b>
6984 SH SA US Market - FD		69,891			Cost	
14652 SH SA US Value Fund		134,685			Cost	
10754 SH SA US Small Company FD		132,759			Cost	
5619 SH SA Emerging Markets FD		56,480			Cost	
5921 SH SA International Value FD		58,941			Cost	
4027 SH SA International Small Co FD		58,231			Cost	
259 SH Merck & CO Inc New Com		8,376			Cost	
648 SH Pfizer Inc		9,315			Cost	
600 Ishares Silver Trust ETF			17,(	694	Cost	17,346
110 SPDR Gold Shares ETF			17,	193	Cost	17,387
4,773 Sh DFA Real Estate Securities			107,	000	Cost	97,002
38,930 Sh DFA US Core Equity 2 Porti			428,	000	Cost	364,004
12,966 Sh DFA US Targeted Value			214,	000	Cost	171,681
19,563 Sh DFA Intl Core Equity			214,	000	Cost	177,246
5,038 Sh DFA Emerging Markets Core E			107,	000	Cost	83,746
Total	\$	582,762	\$ 1,104,887	887		\$ 928,412

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it 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments
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Statement

Fair Market Value	\$ 101,308 100,460 92,330	126,290	369,110 300,589	157,843	358,593	\$ 1,664,300
Basis of Valuation	Cost Cost Cost	Cost	Cost	Cost	Cost Cost	
End of Year	102,634 101,162 89.896	127,589 51,238	333,274 261,886	152,193	346,420	1,566,292
Beginning of Year	w.	51,238	333,274 261,886	152,193 472,201	346,420 485,796	\$ 2,103,008
Description	100,000 Sh FPL Group Cap Inc 100,000 Sh General Elec Cap Corp Mtn	125,000 Sh Sempra Energy 5108 SH JP Morgan Strategic Income	31174 SH JP Morgan Core Bond Select 25935 SH JP Morgan Government Bond	14375 SH JP Morgan Short Duration Bo 46027 SH SA US Fixed Income FD	43837 SH JP Morgan Core Plus Bond Se 47270 SA Global Fixed Income FD	Total

75-6013973	Federal Statements			
Statement 9 -	Form 990-PF, Part II, Line 15 -	Other Ass	<u>ets</u>	
- Description	Beginning of Year	End Yea		Fair Market Value
Mineral Interest	\$ 51	\$	3 \$	
Total	\$ 51	\$	3 \$	
Statement 10 - F	Form 990-PF, Part III, Line 5 - C	ther Decre	ases	
Description		A	mount	
Basis Adjustment Adjustment to reinvestment in	terest Ford Interest	\$	48	
Total		\$	52	
Statement 11 - Form 990-PF, P	art XV, Line 2b - Application F	ormat and	Required C	Contents
Descr	iption			
Provide the following: Name, Address, and Purpose Contact Person and Phone No Amount and purpose of reque List of board members Charitable status of organi	umber est			
Form 990-PF	F, Part XV, Line 2c - Submissio	n Deadline	<u> </u>	
Descr	ription			
September 30th				

Description

Health Care Related

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### Federal Statements

# Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Address			
Address	Relationship	Status	Purpose	Amount
Martha Ann Cogdell Women	1600 Martha Ann Boulevard	vard		
Snyder TX 79549	None		Recreation Center	30,000
Rock Salt Youth Camp	1456 Pine Street			
Silverton TX 79257	None		Recreation Center	30,000
Swisher Memorial Hospital 539 SE 2nd Street	539 SE 2nd Street			
Tulia TX 79088	None		Medical Services	20,000
Friends of Silverton Libr 407 Broadway Street	407 Broadway Street			
Silverton TX 79257	None		Public Library	30,000
Silverton Voluntary Ambul	409 Broadway Street			
Silverton TX 79257	None		Ambulance Service	30,000
Covenant Health System	3623 22nd Place			
Lubbock TX 79410	None		Health Care Services	15,000
	911 US Highway 70			
Lockney TX 79241	None		Ambulance Service	25,000
Hall County EMS Ambulance 618 W. Main Street	518 W. Main Street			
Memphis TX 79245	None		Ambulance Service	10,000
Caprock Hospital District 901	901 W Corckett Street			
Floydada TX 79235-3609	None		Health Care Clinic	20,000
City Quitague Ambulance	105 1st Street			
Quitague TX 79255	None		Ambulance Service	20,000
City Turkey Ambulance Fun 100 Main	100 Main Street			
Turkey TX 79261	None		Ambulance Service	20,000
Total				250,000