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990P 08/20/2013 10 52 AM

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BERTHA R BRISTER HOSPITAL TRUST

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 5200 BOB BILLINGS PKWY

Room/suite 201

City, town or post office, state, and ZIP code LAWRENCE KS 66049

D Employer identification number 48-6103283

E Telephone number

G Gross receipts$ 1,712,817

F Name and address of principal officer
THE TRUST COMPANY OF KANSAS
5200 BOB BILLINGS PKWY
LAWRENCE KS 66044-5811

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

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ N/A

H(c) Group exemption number ▶

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation 1962

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE FINANCIAL ASSISTANCE TO THREE CHARITABLE ORGANIZATIONS AS A QUALIFIED CHARITABLE TRUST

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120,034	156,732
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,034	156,732
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,488	24,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	18,272	18,370
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,859	2,907
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	49,619	45,277
19	Revenue less expenses. Subtract line 18 from line 12	70,415	111,455

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,860,751	1,967,161
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	1,860,751	1,967,161

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date ▶ 10/24/2013

▶ JANIS C BUNKER — SR VICE PRES & TRUST OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: R. Andrew Dunlap, CPA	Preparer's signature: R. Andrew Dunlap CPA	Date: 08/20/13	Check ☐ if self-employed	PTIN: P00142128
Firm's name ▶ Jarred, Gilmore & Phillips, PA			Firm's EIN ▶	20-3906022
Firm's address ▶ 16 W. Jackson Ave. Iola, KS 66749			Phone no	620-365-3125

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

DAA

Form 990 (2012)

SCANNED NOV 12 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission

PROVIDE FINANCIAL ASSISTANCE TO THREE CHARITABLE ORGANIZATIONS AS A QUALIFIED CHARITABLE TRUST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 24,000 including grants of $ 24,000) (Revenue $)

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)

(Expenses $ 9,185 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 33,185

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have 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, 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," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
b	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	11b		X
c	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	11c		X
d	Did the organization report an amount for other assets 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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 $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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction 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 prior 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related 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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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 reportable 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?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	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			
11	**Section 501(c)(12) organizations.** Enter				
a	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 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	0		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THE TRUST COMPANY OF KANSAS 5200 BOB BILLINGS PKWY #201 LAWRENCE KS 66049 785-749-0904

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

Check if Schedule O contains a response to any question in this Part VII [X]

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

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THE TRUST COMPANY OF KANSAS	10.00									
TRUSTEE	0.00		X					18,370	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total ▶								18,370		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								18,370		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a–1f ▶					
Program Service Revenue		Busn Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		57,751			57,751
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,632,678	(ii) Other 22,388			
	b Less cost or other basis & sales exps	1,556,085				
	c Gain or (loss)	76,593	22,388			
	d Net gain or (loss) ▶		98,981	76,593		22,388
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶					
	12 **Total revenue.** See instructions ▶		156,732	76,593	0	80,139

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)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	24,000	24,000		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	18,370	9,185	9,185	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	907		907	
c Accounting	2,000		2,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	45,277	33,185	12,092	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		1	
	2	Savings and temporary cash investments	115,388	2	279,575
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	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	
	11	Investments—publicly traded securities	1,745,363	11	1,687,586
	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	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,860,751	16	1,967,161
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	1,860,751	32	1,967,161
	33	Total net assets or fund balances	1,860,751	33	1,967,161
	34	Total liabilities and net assets/fund balances	1,860,751	34	1,967,161

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	156,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,277
3	Revenue less expenses Subtract line 2 from line 1	3	111,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,860,751
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,045
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,967,161

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization

BERTHA R BRISTER HOSPITAL TRUST

Employer identification number

48-6103283

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☒ Type III–Functionally integrated d ☐ Type III–Non-functionally integrated

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) FIRST PRESBYTERIAN CHURCH, MADISON&BUCKEYE, IOLA, KS.	48-0688383	1	X		X		X		6,000
(B) IOLA PUBLIC LIBRARY, 208 EAST MADISON, IOLA, KS. 66749	48-6039801	6	X		X		X		6,000
(C) KANSAS CHILDRENS SERVICE LEAGUE, 1365 N CUSTER, WICHITA	48-0543749	9	X		X		X		12,000
(D)									
(E)									
Total									24,000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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. Also complete this part for any additional information. (See instructions)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

BERTHA R BRISTER HOSPITAL TRUST

Employer identification number

48-6103283

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FIRST PRESBYTERIAN CHURCH MADISON & BUCKEYE IOLA KS 66749	48-0688383	1	6,000				SUPPORT ORG. MISSION
(2) IOLA PUBLIC LIBRARY 208 EAST MADISON IOLA KS 66749	48-6039801	6	6,000				SUPPORT ORG. MISSION
(3) KANSAS CHILDRENS SERVICE LEAGUE 1365 N CUSTER IOLA KS 66749	48-0543749	9	12,000				SUPPORT ORG. MISSION
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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. Part III can be duplicated if additional space is needed.

	(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)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

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Name of the organization

BERTHA R BRISTER HOSPITAL TRUST

Employer identification number

48-6103283

Form 990, Part III, Line 4d - All Other Accomplishment

EXPENSE SPECIFICALLY RELATED TO EXEMPT PURPOSE

Form 990, Part VI, Line 11b - 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

Form 990, Part VII - Group Return Method

Parent organization has filed a consolidated return

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Beginning of year fund balance per tax return variance from trust account total as of 12/31/11.	$	-471
Plus 2012 amount posted in 2013	$	-6,280
Less 2011 amount posted in 2012	$	1,706
	$	5,045

Bertha Brister Hospital Trust

Account #: 108400 | Tax Worksheet:From 1/1/2012 to 12/31/2012

Trust Category: Court Testamentary
Dates Open: 8/8/1991 to Present
Trust Year End: December
Date Printed: 02/01/2013

Admin Officer: Janis C Bunker
Invest Officer: Michal K Emory
Tax State: Kansas
Tax ID: 48-6103283

Capital Gains and Losses

Short-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Ivy International Core Equity Cl Y	465898682	643 613000	12/22/2011	01/30/2012	39	0 00	9,371 00	-8,830 37	540 63	Sold 643 613 @14 56 On 01/30/2012
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	201 138000	01/31/2011	01/30/2012	364	0 00	5,304 00	-5,322 11	-18 11	Sold 201 138 @26 37 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	1,609 066000	04/04/2011	01/30/2012	301	0 00	30,475 71	-42,672 46	-12,196 75	Sold 1609 066 @18 94 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	75 322000	08/01/2011	01/30/2012	182	0 00	1,426 60	-1,874 00	-447 40	Sold 75 322 @18 94 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	145 629000	08/10/2011	01/30/2012	173	0 00	2,758 21	-3,032 00	-273 79	Sold 145 629 @18 94 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	77 577000	09/26/2011	01/30/2012	126	0 00	1,469 31	-1,588 00	-118 69	Sold 77 577 @18 94 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	1,542 550000	12/12/2011	01/30/2012	49	0 00	29,215 90	-27,334 00	1,881 90	Sold 1542.55 @18 94 On 01/30/2012
MFS New Discovery Cl A Fund 97	552983553	77 126000	12/22/2011	01/30/2012	39	0 00	1,460 77	-1,342 00	118 77	Sold 77 126 @18 94 On 01/30/2012
Invesco Select Companies Fund A (formerly Small Companies Fund) (Load Waived)	00141T254	200 344000	10/24/2011	01/30/2012	98	0 00	4,073 00	-3,738 42	334 58	Sold 200 344 @20 33 On 01/30/2012
Ivy International Core Equity Cl Y	465898682	543 758000	12/22/2011	03/05/2012	74	0 00	8,363 00	-7,460 36	902 64	Sold 543 758 @15 38 On 03/05/2012
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	9 783000	10/24/2011	03/05/2012	133	0 00	271 77	-257 00	14 77	Sold 9 783 @27 78 On 03/05/2012
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	164 101000	08/10/2011	03/05/2012	208	0 00	4,558 72	-4,114 00	444 72	Sold 164 101 @27 78 On 03/05/2012
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	1,847 254000	09/26/2011	03/05/2012	161	0 00	51,316 71	-45,848 84	5,467 87	Sold 1847 254 @27 78 On 03/05/2012
Morgan Stanley Instl US Real Estate Port - P	61744J457	171 865000	03/05/2012	04/25/2012	51	0 00	2,847 80	-2,700 00	147 80	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	410 226000	10/24/2011	04/25/2012	184	0 00	4,487 87	-4,545 30	-57 43	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	575 023000	01/30/2012	04/25/2012	86	0 00	6,290 75	-6,308 00	-17 25	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	519 157000	03/05/2012	04/25/2012	51	0 00	5,679 58	-5,664 00	15 58	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	842 266800	12/12/2011	04/25/2012	135	0 00	9,214 40	-9,079 64	134 76	Automatically Generated Sale
Ivy International Core Equity Cl Y	465898682	12,078 150000	12/22/2011	04/25/2012	125	0 00	180,809 91	-165,712 21	15,097 70	Automatically Generated Sale

Bertha Brister Hospital Trust

Account #: 108400 Tax Worksheet:From 1/1/2012 to 12/31/2012

Trust Category. Court Testamentary
Dates Open: 8/8/1991 to Present
Trust Year End· December
Date Printed: 02/01/2013

Admin Officer: Janis C Bunker
Invest Officer: Michal K Emory
Tax State: Kansas
Tax ID: 48-6103283

Capital Gains and Losses

Short-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	22 990000	09/26/2011	04/25/2012	212	0 00	650 16	-570 61	79 55	Automatically Generated Sale
Janus Triton Fund Class A (Load Waived)	47103C373	47 460000	03/05/2012	04/25/2012	51	0 00	861 87	-841 00	20 87	Automatically Generated Sale
Janus Triton Fund Class A (Load Waived)	47103C373	16 063000	01/30/2012	04/25/2012	86	0 00	291 70	-276 60	15 10	Automatically Generated Sale
Invesco Endeavor A	00141T296	2,659 476000	03/05/2012	05/01/2012	57	0 00	46,700 40	-46,727 00	-26 60	Sold 2,659 476 shares @ $17 5600
Invesco Endeavor A	00141T296	3,270 622000	01/30/2012	05/01/2012	92	0 00	57,432 12	-57,334 00	98 12	Sold 3,270 622 shares @ $17 5600
Invesco Endeavor A	00141T296	363 049000	12/12/2011	05/01/2012	141	0 00	6,375 14	-5,878 37	496 77	Sold 363 049 shares @ $17 5600
Oppenheimer Equity Income Fund Class A (835) (Load Waived)	68381A103	282 998000	03/05/2012	05/11/2012	67	0 00	6,820 25	-7,041 00	-220 75	Sold $6,820 25 @ $24 1000
Oppenheimer Equity Income Fund Class A (835) (Load Waived)	68381A103	694 161000	04/25/2012	05/11/2012	16	0 00	16,729 28	-17,229 07	-499 79	Sold $16,729 28 @ $24 1000
Oppenheimer Equity Income Fund Class A (835) (Load Waived)	68381A103	130 725000	01/30/2012	05/11/2012	102	0 00	3,150 47	-3,090 34	60 13	Sold $3,150 47 @ $24 1000
Ivy International Core Equity Cl Y	465898682	10,404 669000	12/22/2011	05/17/2012	147	0 00	141,087 31	-142,752 06	-1,664 75	Sold 10,404 669 shares @ $13 5600
MFS International Value A (Load Waived)	55273E301	7 563000	05/21/2012	06/25/2012	35	0 00	182 57	-182 87	-0 30	Automatically Generated Sale
Oppenheimer Equity Income Fund Class A (835) (Load Waived)	68381A103	598 759000	01/30/2012	06/25/2012	147	0 00	13,741 52	-14,154 66	-413 14	Automatically Generated Sale
Oppenheimer Equity Income Fund Class A (835) (Load Waived)	68381A103	14 303000	09/26/2011	06/25/2012	273	0 00	328 25	-300 36	27 89	Automatically Generated Sale
GS Growth Opportunity A (Load Waived)	38142Y104	1,844 334000	05/01/2012	06/25/2012	55	0 00	40,778 23	-44,466 89	-3,688 66	Automatically Generated Sale
Janus Triton Fund Class A (Load Waived)	47103C373	31 084000	01/30/2012	06/25/2012	147	0 00	522 21	-535 27	-13 06	Automatically Generated Sale
Invesco Select Companies Fund A (formerly Small Companies Fund) (Load Waived)	00141T254	85 059000	03/05/2012	06/25/2012	112	0 00	1,605 07	-1,733 50	-128 43	Automatically Generated Sale
Goldman Sachs Absolute Return Tracker Cl A	38145N246	268 409000	03/05/2012	07/11/2012	128	0 00	2,356 63	-2,413 00	-56 37	Sold 268 409 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	419 058000	01/30/2012	07/11/2012	163	0 00	3,679 33	-3,738 00	-58 67	Sold 419 058 shares @ $8 7800

Bertha Brister Hospital Trust

Account #: 108400 | Tax Worksheet:From 1/1/2012 to 12/31/2012

Trust Category: Court Testamentary
Dates Open: 8/8/1991 to Present
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Admin Officer: Janis C Bunker
Invest Officer: Michal K Emory
Tax State: Kansas
Tax ID: 48-6103283

Capital Gains and Losses

Short-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Goldman Sachs Absolute Return Tracker Cl A	38145N246	166 061000	12/12/2011	07/11/2012	212	0 00	1,458 02	-1,463 00	-4 98	Sold 166 061 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	346 556000	10/24/2011	07/11/2012	261	0 00	3,042 76	-3,119 00	-76 24	Sold 346 556 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	1,863 657000	08/10/2011	07/11/2012	336	0 00	16,362 91	-16,512 00	-149 09	Sold 1,863 657 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	56 243000	08/01/2011	07/11/2012	345	0 00	493 81	-518 00	-24 19	Sold 56 243 shares @ $8 7800
Morgan Stanley Instl US Real Estate Port - P	61744J457	1,769 189000	06/25/2012	08/08/2012	44	0 00	29,350 85	-28,430 87	919 98	Automatically Generated Sale
Morgan Stanley Instl US Real Estate Port - P	61744J457	352 424000	08/10/2011	08/08/2012	364	0 00	5,846 71	-4,652 00	1,194 71	Automatically Generated Sale
Federated International Leaders A (Load Waived)	31428U847	1,117 132000	04/25/2012	08/08/2012	105	0 00	26,274 95	-26,922 88	-647 93	Automatically Generated Sale
MFS International Value A (Load Waived)	55273E301	99 963000	05/21/2012	08/08/2012	79	0 00	2,596 04	-2,417 11	178 93	Automatically Generated Sale
Thornburg International Growth A (Load Waived)	885215319	100 815000	05/21/2012	08/08/2012	79	0 00	1,494 08	-1,418 47	75 61	Automatically Generated Sale
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	3,518 739000	06/25/2012	08/08/2012	44	0 00	92,824 34	-91,522 39	1,301 95	Automatically Generated Sale
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	801 634000	09/26/2011	08/08/2012	317	0 00	21,147 10	-19,896 55	1,250 55	Automatically Generated Sale
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	358 691000	12/22/2011	08/08/2012	230	0 00	9,462 27	-8,770 00	692 27	Automatically Generated Sale
Janus Triton Fund Class A (Load Waived)	47103C373	1,191 849000	01/30/2012	08/08/2012	191	0 00	21,048 06	-20,523 64	524 42	Automatically Generated Sale
Invesco Select Companies Fund A (formerly Small Companies Fund) (Load Waived)	00141T254	12 095000	03/05/2012	08/08/2012	156	0 00	248 31	-246 50	1 81	Automatically Generated Sale
Invesco Select Companies Fund A (formerly Small Companies Fund) (Load Waived)	00141T254	1,088 191000	10/24/2011	08/08/2012	289	0 00	22,340 57	-20,337 76	2,002 81	Automatically Generated Sale

Bertha Brister Hospital Trust

Account #: 108400 — Tax Worksheet:From 1/1/2012 to 12/31/2012

Trust Category: Court Testamentary
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Admin Officer: Janis C Bunker
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Tax State: Kansas
Tax ID: 48-6103283

Capital Gains and Losses

Short-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Federated International Leaders A (Load Waived)	31428U847	32 273000	04/25/2012	10/01/2012	159	0 00	789 73	-777 78	11 95	Automatically Generated Sale
MFS International Value A (Load Waived)	55273E301	28 390000	05/21/2012	10/01/2012	133	0 00	766 25	-686 47	79 78	Automatically Generated Sale
Thornburg International Growth A (Load Waived)	885215319	265 369000	05/21/2012	10/01/2012	133	0 00	4,203 44	-3,733 74	469 70	Automatically Generated Sale
T Rowe Blue Chip Growth Fund Advisor Class	77954Q205	256 129000	08/08/2012	10/01/2012	54	0 00	11,789 64	-11,300 41	489 23	Automatically Generated Sale
Invesco Select Companies Fund A (formerly Small Companies Fund) (Load Waived)	00141T254	23 906000	10/24/2011	10/01/2012	343	0 00	499 88	-446 79	53 09	Automatically Generated Sale
Hewlett Packard Co	428236103	300 000000	05/10/2012	10/03/2012	146	0 00	4,589 12	-6,981 63	-2,392 51	Sold 300 shares @ $15 3174
T Rowe Blue Chip Growth Fund Advisor Class	77954Q205	928 177000	08/08/2012	10/10/2012	63	0 00	42,000 00	-40,951 17	1,048 83	Sold $42,000 00 @ $45 2500
T Rowe Blue Chip Growth Fund Advisor Class	77954Q205	498 984000	08/08/2012	10/24/2012	77	0 00	22,100 00	-22,015 17	84 83	Sold $22,100 00 @ $44 2900
T Rowe Price Real Estate Advisor Class	779919208	902 438000	08/08/2012	11/19/2012	103	0 00	18,346 56	-19,068 52	-721 96	Sold 902 438 shares @ $20 3300
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	675 570668	08/08/2012	11/19/2012	103	0 00	7,613 68	-7,600 17	13 51	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	331 517532	12/12/2011	11/19/2012	343	0 00	3,736 20	-3,573 76	162 44	Automatically Generated Sale
PIMCO Real Return Asset Instl	72200Q505	214 971000	10/02/2012	11/19/2012	48	0 00	2,762 38	-2,745 18	17 20	Automatically Generated Sale
Federated International Leaders A (Load Waived)	31428U847	57 969000	04/25/2012	11/19/2012	208	0 00	1,427 78	-1,397 05	30 73	Automatically Generated Sale
Thornburg International Growth A (Load Waived)	885215319	56 353000	05/21/2012	11/19/2012	182	0 00	889 25	-792 89	96 36	Automatically Generated Sale
T Rowe Blue Chip Growth Fund Advisor Class	77954Q205	1,021 726000	08/08/2012	11/19/2012	103	0 00	45,160 29	-45,078 55	81 74	Automatically Generated Sale
GS Growth Opportunity A (Load Waived)	38142Y104	24 498000	10/01/2012	11/19/2012	49	0 00	576 93	-592 36	-15 43	Automatically Generated Sale
GS Growth Opportunity A (Load Waived)	38142Y104	856 121000	05/01/2012	11/19/2012	202	0 00	20,161 65	-20,641 08	-479 43	Automatically Generated Sale
GS Growth Opportunity A (Load Waived)	38142Y104	524 212000	05/01/2012	12/10/2012	223	0 00	11,800 00	-12,638 75	-838 75	Sold $11,800 00 @ $22 5100
				Short-Term Total		0 00	1,155,891 08	-1,144,458 95	11,432 13	

Bertha Brister Hospital Trust

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Tax ID: 48-6103283

Capital Gains and Losses

Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Home Depot Inc Common	437076102	350 000000	10/06/2008	01/04/2012	1,185	0 00	14,966 95	-7,842 20	7,124 75	Sold 350 @42 8035 On 01/04/2012
Morgan Stanley Instl US Real Estate Port - P	61744J457	186 375000	04/29/2010	01/30/2012	641	0 00	2,900 00	-2,482 51	417 49	Sold 186 375 @15 56 On 01/30/2012
Invesco International Small Co A (Load Waived)	008879561	54 794000	06/01/2009	01/30/2012	973	0 00	1,023 00	-672 87	350 13	Sold 54 794 @18 67 On 01/30/2012
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	346 226000	02/22/2011	03/05/2012	377	0 00	2,202 00	-2,205 46	-3 46	Sold 346 226 @6 36 On 03/05/2012
Invesco International Small Co A (Load Waived)	008879561	14 712000	06/01/2009	03/05/2012	1,008	0 00	286 00	-180 66	105 34	Sold 14 712 @19 44 On 03/05/2012
Morgan Stanley Multi Cap Growth (Formerly Capital Opportunities) A	61747T106	134 010000	01/31/2011	03/05/2012	399	0 00	3,722 80	-3,545 91	176 89	Sold 134 01 @27 78 On 03/05/2012
Goldman Sachs Absolute Return Tracker Cl A	38145N246	28 794000	02/22/2011	04/25/2012	428	0 00	257 42	-268 65	-11 23	Automatically Generated Sale
Morgan Stanley Instl US Real Estate Port - P	61744J457	164 242000	04/29/2010	04/25/2012	727	0 00	2,721 49	-2,187 70	533 79	Automatically Generated Sale
Blackrock High Yield Bond Class A (Load Waived)	091929679	908 701000	01/31/2011	04/25/2012	450	0 00	7,024 26	-7,087 87	-63 61	Automatically Generated Sale
Morgan Stanley Instl US Real Estate Port - P	61744J457	2,629 628000	04/29/2010	05/23/2012	755	0 00	42,152 94	-35,026 65	7,126 29	Sold 2,629 628 shares @ $16 0300
Goldman Sachs Absolute Return Tracker Cl A	38145N246	2,372 317000	02/22/2011	06/25/2012	489	0 00	20,710 33	-22,133 72	-1,423 39	Automatically Generated Sale
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	231 679000	02/22/2011	06/25/2012	489	0 00	1,174 61	-1,475 79	-301 18	Automatically Generated Sale
Blackrock High Yield Bond Class A (Load Waived)	091929679	432 707000	01/31/2011	06/25/2012	511	0 00	3,318 86	-3,375 11	-56 25	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	1,251 238000	01/31/2011	06/25/2012	511	0 00	13,938 79	-13,062 92	875 87	Automatically Generated Sale
Federated Total Return Bond Inst Svc Shs (288)	31428Q507	1,206 466000	01/31/2011	06/25/2012	511	0 00	13,801 97	-13,427 97	374 00	Automatically Generated Sale
Goldman Sachs Absolute Return Tracker Cl A	38145N246	2,309 633000	02/22/2011	07/11/2012	505	0 00	20,278 58	-21,548 87	-1,270 29	Sold 2,309 633 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	477 681000	01/31/2011	07/11/2012	527	0 00	4,194 04	-4,409 00	-214 96	Sold 477 681 shares @ $8 7800
Goldman Sachs Absolute Return Tracker Cl A	38145N246	87 612000	08/02/2010	07/11/2012	709	0 00	769 23	-785 00	-15 77	Sold 87 612 shares @ $8 7800

Bertha Brister Hospital Trust

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Admin Officer: Janis C Bunker
Invest Officer: Michal K Emory
Tax State: Kansas
Tax ID: 48-6103283

Capital Gains and Losses

Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Goldman Sachs Absolute Return Tracker Cl A	38145N246	6,146 275000	04/29/2010	07/11/2012	804	0 00	53,964 29	-55,623 78	-1,659 49	Sold 6,146 275 shares @ $8 7800
Morgan Stanley Instl US Real Estate Port - P	61744J457	2,034 383000	04/29/2010	08/08/2012	832	0 00	33,750 41	-27,097 98	6,652 43	Automatically Generated Sale
Morgan Stanley Instl US Real Estate Port - P	61744J457	242 822000	06/28/2010	08/08/2012	772	0 00	4,028 42	-2,943 00	1,085 42	Automatically Generated Sale
Invesco International Small Co A (Load Waived)	008879561	18 898000	06/01/2009	08/08/2012	1,164	0 00	349 81	-232 07	117 74	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	6,366 410800	01/31/2011	10/01/2012	609	0 00	71,494 79	-66,465 33	5,029 46	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	1,895 744200	02/22/2011	10/01/2012	587	0 00	21,289 21	-19,734 70	1,554 51	Automatically Generated Sale
Invesco International Small Co A (Load Waived)	008879561	94 169000	08/10/2011	10/01/2012	418	0 00	1,868 32	-1,663 97	204 35	Automatically Generated Sale
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	905 000000	08/01/2011	10/03/2012	429	0 00	5,230 90	-5,792 00	-561 10	Sold $5,230 90 @ $5 7800
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	1,528 981000	02/22/2011	10/03/2012	589	0 00	8,837 51	-9,739 61	-902 10	Sold $8,837 51 @ $5 7800
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	277 937000	01/31/2011	10/03/2012	611	0 00	1,606 48	-1,751 00	-144 52	Sold $1,606 48 @ $5 7800
Goldman Sachs Commodity Strategy FD Cl A (Load Waived)	38143H373	4,808 843000	04/29/2010	10/03/2012	888	0 00	27,795 11	-29,407 82	-1,612 71	Sold $27,795 11 @ $5 7800
Johnson & Johnson	478160104	500 000000	12/31/1984	11/07/2012	10,173	0 00	34,993 02	-763 31	34,229 71	Sold 500 shares @ $70 0276
Target Corp	87612E106	400 000000	06/20/2011	11/07/2012	506	0 00	25,069 76	-18,789 57	6,280 19	Sold 400 shares @ $62 7158
Blackrock High Yield Bond Class A (Load Waived)	091929679	2,516 517000	01/31/2011	11/19/2012	658	0 00	19,905 65	-19,628 83	276 82	Automatically Generated Sale
Delaware Inflation Protected Bond FD Class A (Load Waived)	246094882	912 036800	02/22/2011	11/19/2012	636	0 00	10,278 66	-9,494 30	784 36	Automatically Generated Sale
Invesco International Small Co A (Load Waived)	008879561	44 157000	08/10/2011	11/19/2012	467	0 00	881 81	-780 25	101 56	Automatically Generated Sale
				Long-Term Total		0 00	476,787 42	-411,626 38	65,161 04	
				Individual Transactions Total		0 00	1,632,678 50	-1,556,085 33	76,593 17	

Short Term Capital Gain Allocation

Description of Security	Cusip	Trade Date	Income	Principal	Gain/Loss	Description of Transaction	Qualified Amount