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Form **990-PF**

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

ıblic.

	Do not enter social security numbers on this form as it may be made pu
Department of the Treasury	·
Internal Revenue Service	▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/

	ment d Rev	enue Service	1	► Informatio	n about For	n 990-F	F and its:	separate i	nstructions i	is at www.lrs	gov/fo	rm990p1	f	Open to Publi	ic Inspection
POSTMARK DATE	alen	dar year 2014 d	or tax year	beginning	FEB	1,	2014		, and e	nding	JAN	31,	2015		
Z ENan	ne of	foundation RLES M BANK TR				-	·				A Emp	lover ide	ntification		
E C	HAI	RLES M	BATR	MEMORI	AT, TR	UST						,			
₹ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5	BANK TR				-	F	50302	210		8-	1-03	70774		
Num	bera	nd street (or PO b			vered to street	address)		<u> </u>	<u> </u>	Room/suite	 	phone nu			
ਜ਼ <u>ੵ</u>		SW OAK			I FLOO	-					,			30	
							do.				1				$\neg \Box$
		own, state or pro			or toreign p	usiai co	ue				C If exe	mption app	olication is p	ending, check her	
_ _		TLAND,	OK S	7204			1								~ —
<u>—</u> G C	neck	all that apply:	믐	Initial return			1		rmer public o	narny	ו טן. וּכּ	oreign ore	ganizations	s, check here	
2				Fınal return		<u> </u>	Amended				2. Fc	reion orda	nizations me	eting the 85% tes	t —
ا 20 15				Address cha			Name ch				ch	eck here a	nd attach co	eting the 85% tes imputation	` ▶∟
Մ ել Ը	٦.	type of organiz		X Section							E If pri	vate four	ndation sta	tus was termina	ated
	J Se	ction 4947(a)(1) nonexem					ate founda	tion		unde	er section	507(b)(1)	(A), check here	
		ırket value of all		end of year	J Accounts	ng meth	iod: LX	∐ Cash	Accr	ual	F If the	e foundat	ion is in a	60-month term	ination
(fr	om F	Part II, col. (c),	lıne 16)		O1	her (spe	ecify)				unde	er section	507(b)(1)	(B), check here	: ▶∟
	\$	1	0,215	5,108.	(Part I, colu	mn (d)	must be o	on cash b	asis.)		ļ				
Pa	rt I	Analysis of R (The total of amo	evenue an	d Expenses	(d) may not	(a) Revenue	and	(b) Net in	vestment	(c) Adjuste	d net	(d) Disbur	
		necessarily equa	al the amoun	its in column (a)	(d) may not	ext	ienses per	books	ince	ome		incom	е	for charitable (cash bas	
	1	Contributions,	gifts, grant	ts, etc., receiv	ed	1	,000,	000.							
_	2	Check X	if the foundatio	n is not required to	attach Sch B										
2013	3	Interest on saving	s and tempo	orary											
	4	Dividends and					125.	057.	12	5,057.				STATEM	ENT 1
6	5a	Gross rents													·
1		Net rental income	or (loss)											<u> </u>	
JUN	_	Net gain or (loss)	· · · -	accete not on h	no 10		278	321.			1				
	h	Gross sales price	for all	3,342			<u> </u>	<u> </u>			 				
ق کے	7	assets on line 6a Capital gain net ii			, 205.	-		-	27	8,321.	1				
SCANNED JI	,	Net short-term	•	•			·····			0,001	1				
4	٥	Income modifi		.,,					-						
A	10a	Gross sales less					 	-			1				
် က		and allowances				1					·				
U		Gross profit or		1										 	
		Other income	(1033)			—	1	195.		4,195.	 -			STATEM	7NTT 2
		Total. Add line	o 1 throug	.h 11		<u> </u>	,407,		4.0	7,573.	+		0.	DIALBEI	2111 2
						╁		041.		1,020			0.	3.	1,021.
	13	Compensation of			etc .		04,	041.		1,020	+		<u> </u>		1,021.
	14 15	Other employe		•										 	
စ္ဆ			, employee	STI	MT 3	-	 	853.		427.			0.	ļ	426.
ž.		Legal fees				-	A .			2,143			0.	-	$\frac{420.}{2,142.}$
and Administrative Expenses		Accounting fee		511	MT 4		4,	285.		4,143	•		<u> </u>	<u> </u>	4,144.
ij	ł	Other professi	onai tees						· · · · · · · · · · · · · · · · · · ·	·····				-	
Ě	17	Interest	معالفا فالمالية م		iem –	-		211							
Ťa	18	Taxes		ST	MT 5		<u> </u>	211.		0 .	 		0.	· · · · · · · · · · · · · · · · · · · ·	0.
:≝	19	Depreciation a	nd.depletic	on	—(O)				···-		 			 	 .
튵	20	Occupancy	11.151			<u> </u>					 			 	
₹ 5	21	Travel, confere	ences, and	C/ aginteent	1 7 A					 			· · · · · · · · · · · · · · · · · · ·	ļ	
ä	22	Printing and p			MT -6									 	
ng Bu	23	Other expense	L Sá => f .	FN ST	MT -6			534.		534	•		0.	•	0.
Operating	24	Total operation							_				_		
be		expenses. Ad		-		<u></u>	<u>72,</u>	924.	3	4,124	•		0.		<u>3,589.</u>
J	25	Contributions,				<u>_1</u>	,109,	101.			-			1,10	9,101.
	26	Total expense		oursements.							1				
		Add lines 24 a				<u> </u>	<u>,182,</u>	025.	3	14,124	•		0.	1,14	<u>2,690.</u>
	27	Subtract line 2	6 from line	e 12:			_	_							
	а	Excess of revenu	ie over exper	nses and disbur	sements		225,	548.			<u> </u>			ļ	
	b	Net investme	nt income ((if negative, ente	w -0-)				37	3,449	•			<u> </u>	
****		Adjusted net i	ncome (if n	negative, enter -	0-)								0.		
4235 11-2	U1 1-14	LHA For Pa	perwork R	Reduction Act	Notice, see	instruc	tions.							Form 990	-PF (2014)

1 Cash - non-interest-bearing

3 Accounts receivable ▶

4 Pledges receivable ►

disqualified persons 7 Other notes and loans receivable

Inventories for sale or use

b Investments - corporate stock

c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans

13 Investments - other

18 Grants payable 19 Deferred revenue

Less accumulated depreciation

15 Other assets (describe ▶

5 Grants receivable

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment basis

instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses

21 Mortgages and other notes payable 22 Other liabilities (describe

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

23 Total liabilities (add lines 17 through 22)

16 Total assets (to be completed by all filers - see the

20 Loans from officers, directors, trustees, and other disqualified persons

6 Receivables due from officers, directors, trustees, and other

10a Investments - U.S. and state government obligations STMT

US BANK TRUST DEPT

Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

81-0370774 Page 2 Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 455,324. 538,181. 538,181. 12,982. 76,244. 2,542,908. 2,694,080. STMT 8 STMT 9 1,516,658. 1,646,799. STMT 10 6.808. 251,989. 268,457. 4,192,378. 4,192,378. STATEMENT 11) 4,192,378. 8,954,478. 9,180,026. 10,215,108.

		Foundations that follow SFAS 117, check here]		
_		and complete lines 24 through 26 and lines 30 and 31.			
ő	24	Unrestricted			
Balances	25	Temporarily restricted			
æ	26	Permanently restricted	l		
Fund		Foundations that do not follow SFAS 117, check here]		
고		and complete lines 27 through 31.	l		
	27	Capital stock, trust principal, or current funds	Į	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	
Ą	29	Retained earnings, accumulated income, endowment, or other funds	; [8,954,478.	9

Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	8,954,478.
2	Enter amount from Part I, line 27a	2	225,548.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	9,180,026.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	9,180,026.
			r. 000 DE (0044)

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0 0

180,026

9,180,026

9,180,026

Net/

8,954,478

8,954,478

	and Losses for Tax		Income			<u>. 0.</u>	<u>L-03/(</u>	<i>) 1</i> 4	rayes
(a) List and descr 2-story brick wa	J P-P	acquired urchase onation	(c) Date a	acquired ay, yr.)	(d) Date so (mo., day,				
1a VARIOUS SALE O	F INVESTMENTS		<u> </u>		P				
b VARIOUS SALE O			-		P				
С	, , , , , , , , , , , , , , , , , , , ,					•			
d									
e				<u> </u>					
(e) Gross sales price	(f) Depreciation allowe (or allowable)		st or other basis expense of sale				ain or (loss) (f) minus (i		
a 3,334,645.			<u>3,063,88</u>	2.				270,7	<u> 163.</u>
b 7,558.	_							7,5	558.
С									
d									
Complete only for constant plants	(b)		40/04/00						
Complete only for assets showin		· · · · · · · · · · · · · · · · · · ·		— ∤			ol. (h) gaın ı ıot less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i)		001.		(from col. (t		
	43 01 12/01/03		COI. ()), II dily					270 5	162
8								270,7	558.
b								1,5	,50.
d d				_					
е									
	C 16 ann ai		7	$\overline{}$					
Capital gain net income or (net ca		so enter in Part I, line enter -0- in Part I, line		2	,			278,3	321.
,	•		•	7	<u> </u>				
Net short-term capital gain or (los If gain, also enter in Part I, line 8,		22(5) and (6):		٦					
If (loss), enter -0- in Part I, line 8	column (c).						N/A		
Part V Qualification U	nder Section 4940	e) for Reduced	Tax on Net	Inves	tment Inc	ome			
For optional use by domestic private f section 4940(d)(2) applies, leave to Vas the foundation liable for the sec	his part blank.							Yes 🖸	₹ No
f 'Yes,' the foundation does not qual Enter the appropriate amount in				ntries.					
(a)		(b)		(c)			Dietrib	(d) ution ratio	
Base periód years Calendar year (or tax year beginni	ng in) Adjusted qualif	ying distributions	Net value of no		ble-use assets		(col. (b) div	ided by col. (c)))
2013		1,040,969.			37,199			.18	7996
2012		694,628.			37,158				0694
2011		1,060,307.			550,223				<u>8012</u>
2010		1,517,786.			553,551				<u> 6157</u>
2009		<u>1,437,781.</u>		4,4	<u>136,691</u>	•		.32	<u>4066</u>
Total of line 1, column (d)						2_		1.20	<u> 5925</u>
Average distribution ratio for the	5-year base period - divide t	he total on line 2 by 5,	or by the number	of years	;				
the foundation has been in existe	nce if less than 5 years					_3		.24	<u> 1385</u>
Enter the net value of noncharitat	ole-use assets for 2014 from	Part X, line 5				4		<u>5,831,</u>	<u>336.</u>
Multiply line 4 by line 3						5		1,407,	<u> 597.</u>
Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6		3,	734.
						-			
Add lines 5 and 6		•				7		1,411,	33L.
Catan anni Commandet Commande	- D VII ! 4							1 140	C O O
B Enter qualifying distributions from	·					8	l	1,142,	<u> </u>
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Par	t VI, line 1b, and com	plete that part usir	ng a 1%	tax rate.				
Gee the rait vi monucuons.								orm 000 D	

CHARLES M BAIR MEMORIAL TRUST

Form 9 Part	90-PF (2014) US BANK TRUST DEPT t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 6	81 or 4948	-0370 - see)774 instru		Page 4 1 S)
1a E:	xempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		Ţ			
	ate of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
	omestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔛 and enter 1%	1			7,4	<u>69.</u>
	f Part I, line 27b					
	Il other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		i			_
	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 2				<u>0.</u>
	dd lines 1 and 2	3	1		7,4	
	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 		7,4	0.
	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			, 4	<u>. ço</u>
	oredits/Payments:	,,				
	014 estimated tax payments and 2013 overpayment credited to 2014 6a 7,77	<u> </u>				
	xempt foreign organizations - tax withheld at source ax paid with application for extension of time to file (Form 8868) 6c					
	ackup withholding erroneously withheld 6d					
	otal credits and payments. Add lines 6a through 6d	7			7,7	71
	nter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<i>, , ,</i>	<u>, </u>
	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	ex duct. If the 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3	02.
	nter the amount of line 10 to be: Credited to 2015 estimated tax					0.
	t VII-A Statements Regarding Activities		_!			
1a D	ouring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene in			Yes	No
а	ny political campaign?			1a		X
b D	old it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defi	nition)?		16		X
If	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pul	blished oi	-			
d	Istnbuted by the foundation in connection with the activities.					
c D	old the foundation file Form 1120-POL for this year?			1c		_X_
d E	inter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.				
еE	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	nanagers. ► \$ 0 .			1 1		
	las the foundation engaged in any activities that have not previously been reported to the IRS? f "Yes," attach a detailed description of the activities.			2		<u> </u>
	las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	tion, or				
	ylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,		3		X
	old the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	f "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?		·	5		X
11	f "Yes," attach the statement required by General Instruction T.					
6 A	ve 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	e state law				
	emain in the governing instrument?			6	X	
7 D	old the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	art XV		7	X	
	inter the states to which the foundation reports or with which it is registered (see instructions)					
b 11	f 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	X	<u> </u>
	s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	or calendar	•			
	rear 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10 F	old any nersons become substantial contributors during the tax year? It "yes " attach a schedule listing their names and addresses."			10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If nor	ne, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
		···
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research page 1.	rant statistical information such as the	Expenses
1 N/A	, p. 10 p. 1	
2		
3		·
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the ta	x year on lines 1 and 2.	Amount
1 <u>N/A</u>		
	-	
2		
All other program-related investments. See instructions.		
3		

0.

Total, Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	5,408,759.
	Average of monthly cash balances	1b	496,753.
	Fair market value of all other assets	1c	14,626.
d	Total (add lines 1a, b, and c)	1d	5,920,138.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) SEE STATEMENT 12 1e 4,192,378.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,920,138.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88,802.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,831,336.
6	Minimum investment return. Enter 5% of line 5	6	291,567.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	291,567.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
¢	Add lines 2a and 2b	2c	7,469.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	284,098.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	284,098.
6	Deduction from distributable amount (see instructions)	6	_0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	284,098.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,142,690.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,142,690.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0 .
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,142,690.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	r the section
	4040(a) reduction of town those works		

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Part XIII Undistributed Income (s	ee instructions)			
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI,	Обіраз	Tears prior to 2010	2010	2074
line 7				284,098.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013 295,768.	205 760			
f Total of lines 3a through e	295,768.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 1,142,690.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount	0.			284,098.
e Remaining amount distributed out of corpus	858,592.			204,070.
5 Excess distributions carryover applied to 2014	0.00,002.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,154,360.]	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	4
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	1 000 000			
may be required - see instructions)	1,000,000.			
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2015.	0.		-	
Subtract lines 7 and 8 from line 6a	154,360.			
10 Analysis of line 9:	134,300			
a Excess from 2010				
b Excess from 2011	1	1		
c Excess from 2012	1			
d Excess from 2013	1			
e Excess from 2014 154, 360.				
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SEE STATEMENT 13	
b The form in which applications should be submitted and information and materials they should include:	
c Any submission deadlines:	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to **A**mount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BILLINGS CLINIC FOUNDATION EXEMPT PRIVATE PASS THROUGH TO 801 N 29TH ST FOUNDATION HEALTHCARE FACILITY BILLINGS MT 59101 360,000. FIRST CHURCH OF CHRIST, SCIENTIST CHURCH GENERAL EXPENSE OR 7 BURLINGTON AVE CAPITAL EXPENDITURES BILLINGS MT 59101 25,000. FIRST CHURCH OF CHRIST, SCIENTIST CHURCH GENERAL EXPENSE OR MOTHER CHURCH CAPITAL EXPENDITURES 175 HUNTINGTON AVE BOSTON MA 021153117 55,000, MOUNTAINVIEW MEDICAL CENTER INC HEALTHCARE SUSTAIN REGIONAL 16 W MAIN ST FACILITY HEALTHCARE WHITE SULPHUR SPRINGS, MT 59645 80,000, SCHOLARSHIPS TO VARIOUS RECIPIENTS NONE N/A SCHOLARSHIP PO BOX 30678 BILLINGS MT 59101 509 101. SEE CONTINUATION SHEET(S) **▶** 3a Total 1 109 101. **b** Approved for future payment NONE <u>3b</u> Total

Part XVI-A Analysis of Income-Producing Activities

er gross amounts unless otherwise indicated.		ed business income		ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	0000		1		
			 -		
			 		 _
	1		1	-	
	_				
Fees and contracts from government agencies				-	
lembership dues and assessments					
terest on savings and temporary cash					-
vestments					
ividends and interest from securities			14	125,057.	
et rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					· ····
et rental income or (loss) from personal					
roperty					
ther investment income			15	4,195.	
ain or (loss) from sales of assets other					
nan inventory			18	278,321.	
let income or (loss) from special events	_		\perp		
Gross profit or (loss) from sales of inventory			 		
Other revenue:					
	_				
)	_				
•			1 1		
			+ +		
				407 572	
Subtotal. Add columns (b), (d), and (e)		0	•	407,573.	407 5
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations.	.)			13	407,5
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations. Relationship of Activities	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations. THE XVI-B Relationship of Activities Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. ort XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
ubtotal. Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations. Int XVI-B Relationship of Activities e No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Acc	omplishment of I	Exempt	13 t Purposes	407,5

Phone no. 406-245-5136

Form **990-PF** (2014)

D			<u> </u>			·	15 1 1		3707		age 13
Part 2	KVII	Information Re Exempt Organ		sters to a	ind I ransact	ions ai	nd Relationsh	iips With None	cnanta	ble	
4 Did	the ore	anization directly or indi		of the following	n with any other or		described in section	on 501(c) of	7	Yes	s No
		other than section 501(c)) 1 30 1(c) 01		1.0.	+
		rom the reporting found				vai vi gailu	Zauons:				
	Cash	rom the reporting rounds	andir to a monorial hab	ne exempt org	janization of.				11	(1)	x_
٠.	Other a	accetc		••	-		-			(2)	X
		actions:			- •			•	·		
		of assets to a noncharita	hle exemnt organizati	ınn					16	(1)	х
٠,		ases of assets from a no			•					(2)	X
٠,		of facilities, equipment,	•	gunzation		•		•		(3)	X
٠.		ursement arrangements		•		•				(4)	X
٠,		or loan guarantees				•		•		(5)	X
		mance of services or me	embership or fundrais	sina solicitatioi	ns .					(6)	X
		facilities, equipment, ma							· —	1c	X
	•	er to any of the above is				hould alw	ays show the fair m	arket value of the go	ods, other	assets,	
		given by the reporting f									
		the value of the goods,									
(a) Line n	0 (b) Amount involved	(c) Name of	noncharitable	exempt organizat	ion	(d) Description	of transfers, transactions	s, and sharii	ng arranger	nents
				N/A							
					•						
					_						
											
	_										
										·	
		· · · · · · · · · · · · · · · · · · ·								<u>-</u>	
											
										···	
							<u> </u>				
2a ls 1	the foun	dation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exem	ipt organiz	zations described			_	
		501(c) of the Code (othe		(3)) or in sect	tion 527?				Ш	Yes L	X No
<u>b lf</u>	Yes," co	mplete the following sch			# N.T 4			(-) D	h		
		(a) Name of or	ganization		(b) Type of orga	nization		(c) Description of rela	ationship		
		N/A			 			***			
		- · · · · · - · · · · · · · · · · ·									
	Linder	penalties of perjury, I declare	that I have examined thi	s return uncludin	ng accompanying sch	edules and	statements and to the	best of my knowledge			
Sign		lief, it is true, correct, and co								IRS discus	
Here		Carlina.	12malla		10-11	-15	TRUSTE	יסי	T	pelow (see	^
	Sign	ature of officer dr)truster	<u> </u>	y	Date		Title	7 <u>6</u>	- [[]	Yes L	l No
	l Ciâli	Print/Type preparer's n		Preparer's s			Date	Check If	PTIN		
		Transcrypt proparti 5 ft	umo	, ropardi 3 3	4//			self- employed			
Paid		DAVID S. F	RIGG, CPA	DAVID.	S. RIGG,	CP	05/29/15		P000	31 <i>71</i>	3
Prep	arer	Firm's name ► ANI				P.C		Firm's EIN ▶ 81			
Use		I IIII 3 HGHIC P AINI	YELLOOM ZON		a co.,		•	Tambem P 01	. 050	J) = U	
	•	Firm's address ▶ P	O. BOX 20	1435			· · · · · · · · · · · · · · · · · · ·				
		· · · · ·						1			

BILLINGS, MT 59104-0435

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or **A**mount contribution status of Name and address (home or business) recipient SUSTAIN REGIONAL HEALTHCARE WHEATLAND MEMORIAL HEALTHCARE 530 3RD ST NW FACILITY HEALTHCARE HARLOWTON, MT 59036 80,000,

Total from continuation sheets

80 000

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES S	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
DIVIDENDS FROM SECURITIES INTEREST FROM	97,921.		0.	97,921	. 97,921.	97,921	1.
SECURITIES	27,136.		0.	27,136	. 27,136.	27,136	5.
TO PART I, LINE 4	125,057.		0.	125,057	125,057	125,057	7 •
FORM 990-PF		OTHER I	NCO	ME	2	STATEMENT	2
DESCRIPTION					(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	E
ROYALTY INCOME				4,195.	4,195.	(0.
TOTAL TO FORM 990-P	F, PART I,	LINE 11		4,195.	4,195.		0.
FORM 990-PF		LEGAL	, FE	ES	(STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
LEGAL FEES		853.	-	427.	0	. 42	6.
TO FM 990-PF, PG 1,	LN 16A	853.	-	427.	0	. 420	6.

FORM 990-PF	ACCOUNTING FEES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,285.	2,143.	0.	2,142.
TO FORM 990-PF, PG 1, LN 16B	4,285.	2,143.	0.	2,142.
FORM 990-PF	TAXES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FEDERAL TAXES	5,211.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	5,211.	0.	0.	0.
FORM 990-PF	OTHER E	XPENSES	Si	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MINERAL FEES MISCELLANEOUS	53 4. 0.		0.	0.
TO FORM 990-PF, PG 1, LN 23	534.	534.	0.	0.

FORM 990-PF U.S. AND S	TATE/CITY GOVERNMEN	T OBLIGATIONS	STATEMENT 7
DESCRIPTION	U.S. OTHER GOV'T GOV'T		FAIR MARKET VALUE
VARIOUS US GOVERNMENT OBLIGAT	IONS X	0.	0.
TOTAL U.S. GOVERNMENT OBLIGAT	IONS		
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBLIGATIONS		
TOTAL TO FORM 990-PF, PART II	, LINE 10A	0.	0.
FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VARIOUS CORPORATE STOCK HOLDI	NGS	2,542,908.	3,536,766.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	2,542,908.	3,536,766.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VARIOUS CORPORATE BONDS INVEST - FIXED INCOME BONDS		1,646,799.	1,671,555.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	1,646,799.	1,671,555
FORM 990-PF	OTHER INVESTMENTS	3	STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ROYALTY INTERESTS INVEST - REAL ESTATE FUNDS INVEST - COMMODITIES INVEST - COAST DIVERSIFIED	COST COST COST COST	6,052. 121,603. 93,617. 30,717.	14,286, 172,058, 65,189, 16,924,
TOTAL TO FORM 990-PF, PART II	, LINE 13	251,989.	268,457
,			•

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BAIR RANCH FOUNDATION MEMBERSHIP INTEREST	4,192,378.	4,192,378.	4,192,378.
TO FORM 990-PF, PART II, LINE 15	4,192,378.	4,192,378.	4,192,378.

FORM 990-PF

REDUCTION EXPLANATION PART X, LINE 1E

STATEMENT

EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

THE CHARLES M BAIR MEMORIAL TRUST HAS A MEMBERSHIP INTEREST IN ANOTHER PRIVATE FOUNDATION, THE BAIR RANCH FOUNDATION. THE BAIR RANCH FOUNDATION MAKES ANNUAL DISTRIBUTIONS BASED ON THE VALUE OF ITS ASSETS. THE CONTRIBUTIONS MADE TO THE CHARLES M BAIR MEMOPRIAL TRUST FROM THE BAIR RANCH FOUNDATION ARE TREATED AS PASS THROUGH CONTRIBUTIONS. ACCORDINGLY, THE VALUE OF THE MEMBERSHIP INTEREST IS NOT INCLUDED AS IT IS CONSIDERED AN EXEMPT ASSET AND TO INCLUDE THE VALUE HERE WOULD RESULT IN DUPLICATION.

AS TO THE VALUE OF THE MEMBERSHIP INTEREST, BOOK VALUE HAS BEEN UTILIZED. THE MEMBERSHIP INTEREST IS NOT TRANSFERABLE OR SELLABLE AND THESE RESTRICTIONS CREATE A SITUATION WHEREBY THE TRUE VALUE IS NOT EASILY DETERMINABLE. SINCE IT IS AN EXEMPT ASSET THE VALUE IS NOT A SIGNIFICANT ISSUE. ACCORDINGLY, BOOK VALUE HAS BEEN UTILIZED.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

US BANK TRUST NATIONAL ASSOCIATION OF MONTANA BOX 30678 BILLINGS, MT 59115

TELEPHONE NUMBER NAME OF GRANT PROGRAM

(406)-657-8134 THE CHARLES M. BAIR MEMORIAL TRUST

FORM AND CONTENT OF APPLICATIONS

SEE STMT 13

ANY SUBMISSION DEADLINES

THE TRUSTEES WILL PROCESS SCHOLARSHIP APPLICATIONS RECEIVED AT ANY TIME PRIOR TO APRIL FIFTEENTH. SEE STMT 12 & 13 FOR GRANT SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE STMT 13

GENERAL EXPLANATION

STATEMENT 14

FORM/LINE IDENTIFIER

SEE STMT 13

EXPLANATION:

SCHOLARSHIPS:

EACH APPLICATION MUST BE ACCOMPANIED BY A FINANCIAL ASSISTANCE QUESTIONNAIRE SIGNED BY THE APPLICANT'S PARENT OR GUARDIAN. THE DETERMINATION OF FINANCIAL NEED WILL BE MADE EXCLUSIVELY BY THE TRUSTEES OF THE CHARLES M. BAIR MEMORIAL TRUST.

GRANTS:

BEFORE APPLYING AN OGANIZATION SHOULD REVIEW THIS DOCUMENT TO DETERMINE WHETHER IT IS THE TYPE OF ORGANIZATION THAT IS ELIGIBLE FOR A GRANT FROM THE CHARLES M. BAIR FAMILY TRUST.

IF AN ORGANIZATION BELIEVES THAT IT IS ELIGIBLE FOR A GRANT, IT SHOULD REQUEST A GRANT APPLICATION IN WRITING. THE GRANT APPLICATION MUST BE ACCOMPANIED BY A SUMMARY OF TWO PAGES OR LESS THAT DESCRIBES THE APPLICANT ORGANIZATION AND THE SPECIFIC PROGRAM OR PROJECT FOR WHICH IT IS SEEKING A GRANT.

IF AN APPLICANT ORGANIZATION IS A SECTION 501(C)(3) ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, IT MUST ATTACH TO THE GRANT APPLICATION A TAX DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE VERIFYING ITS TAX-EXEMPT STATUS. IF AN APPLICANT ORGANIZATION IS AN INSTRUMENTALITY OF THE FEDERAL GOVERNMENT, MONTANA STATE GOVERNMENT, OR LOCAL GOVERNMENT, IT MUST ATTACH TO THE GRANT APPLICATION EVIDENCE OF ITS GOVERNMENT AGENCY STATUS UNDER SECTION 170(C)(1) OF THE INTERNAL REVENUE CODE.

IF AN APPLICANT ORGANIZATION IS A SECTION 501(C)(3) ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION, IT MUST ALSO ATTACH TO THE GRANT APPLICATION A COPY OF ITS LATEST ANNUAL INFORMATION RETURN (FORM 990 OR FORM 990EZ)

AN APPLICANT ORGANIZATION MUST SUBMIT A COPY OF ITS CURRENT OPERATING BUDGET AND BALANCE SHEET AND BRIEFLY DESCRIBE HOW ITS ON-GOING FUNDING WILL BE ACHIEVED.

SEVEN COPIES OF THE GRANT APPLICATION AND SUMMARY PAGES WITH ONE SET OF SUPPORTING EVIDENCE AS REQUIRED SHOULD BE MAILED AS DIRECTED BELOW. PLEASE DO NOT STAPLE MATERIAL.

COMPLETED GRANT APPLICATION CYCLE DEADLINES ARE: THERE WILL BE ONLY 1 GRANT CYCLE PER YEAR. IF MARCH 1ST FALLS ON A WEEKEND, THE GRANT APPLICATIONS WILL BE DUE THE FOLLOWING BUSINESS DAY.

APPLICATIONS MUST BE POSTMARKED BY THE ABOVE DATE AND RECEIVED NO LATER THAN ONE WEEK AFTERWARD FOR CONSIDERATION WITHIN THE CURRENT FUNDING CYCLE.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO GRANT APPLICANTS AND CONSIDERED, WHEN COMPLETED, IN THE NEXT FUNDING CYCLE.

THE BOARD WILL SEND A WRITTEN RESPONSE TO GRANT APPLICANTS WITHIN 60-90 DAYS OF THE GRANT APPLICATION CYCLE DEADLINE. THE BOARD MAY, AT ITS DISCRETION, GIVE PRIORITY TO TIME-SENSITIVE REQUESTS.