990-PF



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

OMB No 1545-0052

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning , and ending Name of foundation Employer identification number BERTHA R BRISTER HOSPITAL TRUST 48-6103283 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 730 NEW HAMPSHIRE, 785-749-0904 SUITE 205 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here LAWRENCE KS 66044 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization |X| Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Cash X Accrual I Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination end of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) <u>2,4</u>96,625 line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per income books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is **not** required to attach Sch B 2 5,242 2,542 Interest on savings and temporary cash investments 52,023 Dividends and interest from securities 52,023 5a Gross rents h Net rental income or (loss) Stmt 1 77,573 Net gain or (loss) from sale of assets not on line 10 1,001,167 Gross sales price for all assets on line 6a 9,634 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 134,838 64,199 0 12 Total. Add lines 1 through 11 Received in APR 1 9 2018 SCANNED Batching Orden AAAministrative Expenses 19,559 19,559 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) See Stmt 2 947 947 16a Stmt 3 2,750 2,750 b Accounting fees (attach schedule) C Other professional fees (attach schedule) 17 Stmt 4 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Stmt 5 3,726 3,726 23 Other expenses (att sch) Total operating and administrative expenses. 27,007 26,982 Add lines 13 through 23 0 25 113,520 113,520 Contributions, gifts, grants paid 26,982 0 113,520 26 Total expenses and disbursements. Add lines 24 and 25 140,527 Subtract line 26 from line 12 -5,689 Excess of revenue over expenses and disbursements 37,217 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	I WILL	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	187,611	179,005	179,005
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att_schedule)	-		
		Less allowance for doubtful accounts ▶ 0			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments – U S and state government obligations (attach schedule) Stmt 6	49,301	49,301	50,725
	b	Investments – corporate stock (attach schedule) See Stmt 7	1,041,574	1,036,471	1,396,878
	С	Investments – corporate bonds (attach schedule) See Stmt 8	733,516	693,611	697,934
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) See Statement 9	113,609	161,299	172,083
	14	Land, buildings, and equipment basis		1	
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
-	16	Total assets (to be completed by all filers – see the			
\dashv		instructions. Also, see page 1, item I)	2,125,611	2,119,687	2,496,625
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Ë	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
\dashv	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
Ses	•		0.105.011		
a	24	Unrestricted	2,125,611	2,119,687	
Net Assets or Fund Balances	25 26	Temporarily restricted			
פ	26	Permanently restricted Foundations that do not follow SEAS 447, about how			
Ξ		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.		ŧ.	
5	27	Capital stock, trust principal, or current funds		-	
ş	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SSE	29	- 1			
Ž	30	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions)	2,125,611	2 110 607	
휜	31	Total liabilities and net assets/fund balances (see	2,123,611	2,119,687	
	٠.	Instructions)	2,125,611	2,119,687	
ᅥ	Part II		2,123,011	2,113,007	
-		net assets or fund balances at beginning of year – Part II, column (a), line 30 (must	agree with		
-		f-year figure reported on prior year's return)	agree with	1	2,125,611
2		amount from Part I, line 27a	2	-5,689	
3 Other increases not included in line 2 (itemize) ▶ 3					3,003
		nes 1, 2, and 3		4	2,119,922
		ases not included in line 2 (itemize) ▶ See Statement 10		5	235
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b)	, line 30	6	2,119,687
		(5)	,		=,===,==

Part IV Capital Gains a	and Losses for Tax on Investme	ent Income			
2-story brick w	e the kind(s) of property sold (for example, real estate, varehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquire (mo day, yr)	
1a See Worksheet					
b					
С					
d					
<u>e</u>	10 D	(=) Cook			n) Gain or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale	•	plus (f) minus (g))
a					
b	<u> </u>				
<u>c</u>					
d e					
	ng gain in column (h) and owned by the fo	oundation on 12/31/	69	//\ Cain	ns (Col. (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (i)	col (k), t	but not less than -0-) or sses (from col (h))
a					
b					
С					
d					
_e		<u> </u>			
2 Capital gain net income or (net	capital loss)			2	9,634
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (6	5)			
If gain, also enter in Part I, line 8	8, column (c) See instructions If (loss), e	nter -0- ın			
Part I, line 8 Part V Qualification U	Jnder Section 4940(e) for Redu			3	
	this part blank iction 4942 tax on the distributable amoun alify under section 4940(e). Do not compli		base period?		Yes X No
	n each column for each year, see the instr		ing any entries		· · · · · · · · · · · · · · · · · · ·
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning	Advisted a velifying distribution	s Net va	ulue of noncharitable-use assets	(c	Distribution ratio col (b) divided by col (c))
2016	116	5,348	2,279,11		0.051050
2015		,066	2,347,78		0.037936
2014),483	2,465,42	29	0.012364
2013					
2012			<u> </u>		
2. Total of line 1. column (d)				2	0.101350
2 Total of line 1, column (d) 3 Average distribution ratio for the	e 5-year base period – divide the total on	line 2 by 50 or by t	he	-	0.101330
_	has been in existence if less than 5 years			3	0.033783
number of years the foundation	has been in existence in less than 5 years	,			
4 Enter the net value of noncharit	table-use assets for 2017 from Part X, line	e 5		4	2,367,699
	·				
5 Multiply line 4 by line 3				5	79,988
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	372
					00 200
7 Add lines 5 and 6				7	80,360
O Futor confidence distribution (om Dark VII. line 4				113,520
8 Enter qualifying distributions fro	om Part XII, line 4 an line 7, check the box in Part VI, line 1b	and complete that	t nart using a 1% tay rete	8 See the	113,320
Part VI instructions	an inter, shoot the box in Fait VI, life 10	, and complete that	c part doing a 170 tax rate		
. art yr mot dottorio					Form 990-PF (2017

Form	990-PF (2017) BERTHA R BRISTER HOSPITAL TRUST 48-6103283				Pa	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				372
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		_		0
3	Add lines 1 and 2	3_			;	372
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				372
6	Credits/Payments	· •				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,072	1				
b	Exempt foreign organizations – tax withheld at source 6b	-				
С	Tax paid with application for extension of time to file (Form 8868) 6c	- 1				
d	Backup withholding erroneously withheld 6d 6d	1				
7	Total credits and payments Add lines 6a through 6d	7			2,	072
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	•			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,	700
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 1,700 Refunded ▶	11				
********	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	Instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					-
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					:
-	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_				
٠	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		• -	5		X
-	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part I	ΧV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
_	KS					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
-	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"			[[
	complete Part XIV			9		x b
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		x
			F		0-PF	(2017)

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

foundation had excess business holdings in 2017)

Form **990-PF** (2017)

X

3b

4a

N/A

	990-PF (2017) BERTHA R BRISTER HOSPITAL TRUST		103283			Page 6
Pŧ	at VII-B Statements Regarding Activities for Which Form	4720 May Be R	Required (contin	nued)		
5a	During the year did the foundation pay or incur any amount to					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es XINo		-
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,				
	directly or indirectly, any voter registration drive?		Ye			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es 🗶 No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
	section 4945(d)(4)(A)? See instructions		Y	es 🗓 No		1
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational	_			1
	purposes, or for the prevention of cruelty to children or animals?		Ye	es X No		1
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	er the exceptions de	scribed in			
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b	
	Organizations relying on a current notice regarding disaster assistance, check h	ere		▶ ∐		•
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax		_		1
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es 🗌 No		1
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					1
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	ay premiums				1
	on a personal benefit contract?		Y	es 🗶 No		1
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit contra	ict?		6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	Yo	es 🗶 No	;	- [
b	If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transacti	ion?	N/A	7b	
Pa	rt VIII Information About Officers, Directors, Trustees, F	oundation Man	agers, Highly <mark>f</mark>	Paid Employe	ees,	
	and Contractors					
1	ist all officers, directors, trustees, and foundation managers and their con	npensation. See ins	structions.			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
TF	E TRUST COMPANY OF KANSAS LAWRENCE	TRUSTEE				
	0 NEW HAMPSHIRE, SUITE 205 KS 66044	2.00	19,559	0		0
			1			
2	Compensation of five highest-paid employees (other than those included "NONE."	on line 1 – see ins	tructions). If none	, enter		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NC	NE					
-		 	 		-	
		_				
		 	 			
 Tota	I number of other employees paid over \$50,000					0
	· · · · · · · · · · · · · · · · · · ·				1	

Fo <u>rm 9</u> 90- <u>PF</u> (2017) BERTHA R BRISTER HOSPITAL TRUST	48-6103283	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Contractors (contractor)	ndation Managers, Highly Paid E	mployees,
3 Five hig	and Contractors (continued) hest-paid independent contractors for professional services. See ins	tructions If none enter "NONE "	
3 Five ing	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of Service	(c) compensation
Total number	of others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct charitable activities during the tax year. Include relevant statistical information of other beneficianes served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B			
	p largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program	n-related investments. See instructions		
Total. Add line	se 1 through 3		
TOLAI. AUU IIII	so i unough o		L

	990-PF (2017), BERTHA R BRISTER HOSPITAL TRUST 48-6103283		Page 8
₽₽	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fou	ndations,
1	see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
•	purposes	1	
а	Average monthly fair market value of securities	1a	2,220,447
b	Average of monthly cash balances	1b	183,308
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,403,755
e	Reduction claimed for blockage or other factors reported on lines 1a and		
ŭ	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,403,755
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	Ť	
7	instructions)	4	36,056
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,367,699
6	Minimum investment return. Enter 5% of line 5	6	118,385
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	_	
1 2	and certain foreign organizations check here ▶ □ and do not complete this part)	·ouiic	idiono
1	Minimum investment return from Part X, line 6	1	118,385
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	372
3	Distributable amount before adjustments Subtract line 2c from line 1	3	118,013
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	118,013
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	118,013
_			
Pŧ	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	-	
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	113,520
b	Program-related investments – total from Part IX-B	1b	
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	
b	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	113,520
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 See instructions	5	372
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	113,148
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda	tion	

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

-orm 990-PF (2017), BERTHA R BRISTER HOSPIT	AL TRUST	48-610328	33	Page
Part XIII Undistributed Income (see instructions)				
	(a)	(b)	(c)	(d)
Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
line 7				118,013
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			113,519	
b Total for prior years 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2017				
a From 2012			1	
b From 2013			1	
c From 2014			-	
d From 2015			1	
e From 2016		1	1	·
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from Part XII,				
line 4 ▶ \$ 113,520				
a Applied to 2016, but not more than line 2a			113,519	
b Applied to undistributed income of prior years	ran-			
(Election required – see instructions)				
c Treated as distributions out of corpus (Election				
required – see instructions)			1	
d Applied to 2017 distributable amount				1
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017				
(If an amount appears in column (d), the same				
amount must be shown in column (a))		1		
6 Enter the net total of each column as			1	
indicated below:			1	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b			,	
c Enter the amount of prior years' undistributed				· ,,,
income for which a notice of deficiency has			1	
been issued, or on which the section 4942(a)			1	
tax has been previously assessed			1	
d Subtract line 6c from line 6b Taxable		†		
amount – see instructions				
e Undistributed income for 2016 Subtract line	· · · · · · · · · · · · · · · · · · ·	+		
4a from line 2a Taxable amount – see				
instructions				
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be			1	
distributed in 2018				110 010
7 Amounts treated as distributions out of corpus		······································		118,012
to satisfy requirements imposed by section			-	
170(b)(1)(F) or 4942(g)(3) (Election may be			1	
required—see instructions)			1	
8 Excess distributions carryover from 2012 not			· · · · · · · · · · · · · · · · · · ·	
applied on line 5 or line 7 (see instructions)			1	
			·····	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a			1	
F-		<u> </u>	····	
0 Analysis of line 9			1	
a Excess from 2013		1	1	
b Excess from 2014		#	1	
c Excess from 2015			1	
d Excess from 2016		1	1	
e Excess from 2017		1	†	

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved fo	or Future Payment	,	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	 	· · · · · · · · · · · · · · · · · · ·
a Paid during the year FIRST PRESBYTERIAN CHURCH MADISON & BUCKEYE IOLA KS 66749	NONE	FOR RELIGIOUS	PURPOSES	28,380
IOLA PUBLIC LIBRARY 218 E MADISON IOLA KS 66749	NONE FOR	PUBLIC LIBRARY	PURPOSES	28,380
KANSAS CHILDRENS SERVICE LE 1365 N CUSTER IOLA KS 66749	AGUE NONE	FOR CHILDRENS'	SERVICES	56,760
Total			▶ 3a	113,520
b Approved for future payment N/A				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-A

Analysis of Income-Producing Activities

Unrelated business income

Excluded by section 512, 513, or 514

-	ounts unless otherwise mulcated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program se	ervice revenue					(See instructions)
		_				
_						
		-		++		
				+		
e		-		 		
q Fees a	nd contracts from government agencies					
=	p dues and assessments					
	savings and temporary cash investments		<u> </u>	14	5,242	
	and interest from securities			14	52,023	
5 Net rental ii	ncome or (loss) from real estate	,				
a Debt-fir	nanced property					
b Not del	ot-financed property					
6 Net rental i	ncome or (loss) from personal property					
7 Other inves	stment income		·			· ·
8 Gain or (los	ss) from sales of assets other than inventory			18	9,634	67,939
9 Net income	or (loss) from special events					
	t or (loss) from sales of inventory					
11 Other rever	nue a	_		\bot		
b	<u> </u>	_				
d		_				
e		_			- 66 000	
	dd columns (b), (d), and (e)	<u> </u>		0	66,899	67,939
	line 12, columns (b), (d), and (e)				13	134,838
Part XVI-E	t in line 13 instructions to verify calculations) Relationship of Activities to the	Accomplishm	ent of Evennt	Burnocoo		
Line No.	Explain below how each activity for which incor					
Eille NO. ▼	accomplishment of the foundation's exempt put					s)
4	STATE AND LOCAL BOND IN				, , , , , , , , , , , , , , , , , , ,	
			-			
						
_				<u> </u>		
_						
-						. <u> </u>
						
			· · · · · · · · · · · · · · · · · · ·			
	<u> </u>					
	<u> </u>		- 			
	<u> </u>				_ 	_ _
						
	<u> </u>					
	<u> </u>					000 05
						Form 990-PF (2017)

Form 990-PF (2017) BERTHA R BRISTER HOSPITAL TRUST

48-6103283

Page 13

\geq
⋖
2
Ö.
တ
~
8
0
S
-
\overline{z}
4

20BRI021 BERTHA R BRISTER HOSPITAL TRUST

Federal Statements

48-6103283 FYE: 12/31/2017

t I. Line 6a - Sale of Assets
4
<u></u>
<u>e</u>
Sa
•
6a
9
⋽
_
t
a
-
Ť
4
90
Ö
1 - Form 990-PF. Part I. L
5
Ľ.
_ '
_
Statement
Ĕ
ē
ā
S

	Net Gain / Loss	712	67,227	67,939
	<u> </u>	٠٠)	ۍ ا
	Depreciation			0
		ᡐ	, [ς, " Ο∥
	Expense	-		
	Cost	248,384 \$	675,210	923, 594 \$
How Received		Purchase 249,096 \$	urchase 42,437	991, 533 \$
— (Ser	P. 2	۲. ۱۳	0
	Date Sold	IED 2/07/17 12/26/17 \$	12/26/17	<i>ν</i> -
Description	Date Acquired	CHED 2/07/17	HED 5/21/12 12/26/17	
Des	Whom Sold	STCG /L SCHEDULE ATTACHED 2/0	LTCG/L SCHEDULE ATTACHED 5/2	Total

Fees
=
9
ą
-
6a
16
Ō
.⊑
_
L
a
<u>a</u>
щ
<u>-</u>
Ö
96
E
Ĕ
F
•
7
ī
<u>u</u> e
e
ate
S

Charitable Purpose	\$	\$
Adjusted Net	v)	\$
Net Investment	947	947
	ۍ د	φ.
Total	947	947
	ጭ [†]	w.
Description	LEGAL FEES	Total

Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	S.	\$
Adjusted Net	⟨∧	\$
Net Investment	2,750	2,750
Total	2,750 \$	2,750 \$
Description	SEER	\$ \$
	ACCOUNTING	Total

4/11/2018 9:02 AM 96,897 99,478 108,505 69,921 50,725 50,725 Charitable Charitable Purpose Purpose Fair Market Fair Market Value Value ሪን ሪን Ś Ś S S S) Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments Valuation Valuation Adjusted Net Basis of Basis of Adjusted Cost Cost Cost Cost Cost Cost Cost Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 4 - Form 990-PF, Part I, Line 18 - Taxes S 84,421 55,706 94,470 57,251 49,301 49,301 End of End of 3,726 Year 3,726 Year Investment Investment Federal Statements Set Net ሪን s. ረን ‹ን-Ś 48,935 106,779 18,117 108,215 83,401 49,301 49,301 Beginning of Year Beginning of Year 25 3,726 3,726 Total Total 20BRI021 BERTHA R BRISTER HOSPITAL TRUST S ሪን ረን ሪን S OPPENHEIMER INTERNATIONAL GRO OPPENHEIMER DEVELOPING MKTS FOREIGN TAXES ON DIVIDENDS OAKMARK INTERNATIONAL INST MFS INTERNATIONAL VALUE A ENERGY SELECT SECTOR **Description** Description Description Description ARK CITY BLDG 5.40% REIMBURSED FEES INTERNATIONAL FYE: 12/31/2017 48-6103283 Total Total Total Expenses

FMI

:

20BRI021 BERTHA R BRISTER HOSPITAL TRUST 48-6103283 FYE: 12/31/2017

Federal Statements

Dodi
of Year
_የ
Ś.

4/11/2018 9:02 AM 93,090 93,471 91,137 74,942 25,207 27,978 93,962 44,034 8,195 172,083 40,242 119,854 697,934 Fair Market Fair Market Value Value ŧŊ-ሪን Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments Valuation Valuation Basis of Basis of Cost Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments 109,116 43,806 44,916 95,017 25,660 27,420 66,871 94,837 40,095 94,457 161,299 91,051 .13,287 693,611 8,377 End of End of Year Year Federal Statements Ś S ረን 76,815 167,790 97,025 1,323 85,442 85,280 96,886 16,723 733,516 68,236 113,609 85,205 66,400 Beginning Beginning of Year of Year 20BRI021 BERTHA R BRISTER HOSPITAL TRUST ď Ś VANGUARD REIT INDEX FD - ADM COHEN & STEERS REAL ESTATE 2019 PIMCO COMMODITIES PLUS 2018 DEC 2020 2021 JANUS HENDERSON FLEXIBLE BD FEDERATED TOTAL RETURN BOND GOLDMAN SACHS INFLATION PRO ETF iSHARES iBONDS DEC 2022 MUTUAL FUNDS - ALTERNATIVE BLACKROCK HIGH YIELD BOND DEC DEC Description **Description** DEC DEC JANUS FLEXIBLE BOND I ETF iSHARES iBONDS iSHARES iBONDS iSHARES iBONDS ETF iSHARES iBONDS ETF iSHARES iBONDS PIMCO SHORT TERM A 6.125% FYE: 12/31/2017 ETF ISHARES KRAFT FOODS 48-6103283 Total 20BRI021 BERTHAR BRISTER HOSPITAL TRUST
48-6103283 Federal Statements

FYE: 12/31/2017

Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
PRIOR PERIOD ADJUSTMENT	\$ 235
Total	\$ 235

4/11/2018 9·02 AM