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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

A For the 2008 calendar year, or tax year beginning 2008, and ending

B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type.	HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY HOSPITAL, JANE MASON CO-TTEE 30 -10341013136		87-6209740	
<input checked="" type="checkbox"/> Name change	<input type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Termination	<input type="checkbox"/> Amended return	4900 TIEDEMAN RD. OH-01-49-0150		(801) 297-5777	
<input type="checkbox"/> Application pending	<input type="checkbox"/> Specific Instructions.	City or town, state or country, and ZIP + 4		F Group Exemption Number . . . ►	
BROOKLYN, OH 44144-2302					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ►

J Organization type (check only one) - 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 13,666.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 STMT. 1
	5 a Gross amount from sale of assets other than inventory	5a 7,908
	b Less: cost or other basis and sales expenses	5b 2,735
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c 5,173
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/>	6
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7 a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ► _____)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 10,931
Expenses	10 Grants and similar amounts paid (attach schedule)	10 STMT. 2
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 404
	13 Professional fees and other payments to independent contractors	13 450
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► _____)	16
Net Assets	17 Total expenses. Add lines 10 through 16 ►	17 9,888
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,043
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 149,425
	20 Other changes in net assets or fund balances (attach explanation)	20 -9,396
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 141,072

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	STMT. 4	149,425 .22	141,072 .
23 Land and buildings		23	
24 Other assets (describe ► _____)		24	
25 Total assets		149,425 .25	141,072 .
26 Total liabilities (describe ► _____)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		149,425 .27	141,072 .

JSA 8E1008 1 000 For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

69410

B

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **STMT 5**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 STMT 6

(Grants \$

) If this amount includes foreign grants, check here **28a****29**

(Grants \$

) If this amount includes foreign grants, check here **29a****30**

(Grants \$

) If this amount includes foreign grants, check here **30a****31 Other program services (attach schedule)**

(Grants \$

) If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32** **9,034****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		404	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c reimbursed by the organization

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. ► STMT 8

42a The books are in care of ► STMT 9 Telephone no. ► Located at ► ZIP + 4 ►

b 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)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
33		X
34	X	
35a		X
35b		
36	X	
37a		
37b	X	
38a		X
38b		
39a		
39b		
40b		X
40e		X

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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. Yes No 46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No 47 X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a X

b If "Yes," was the related organization(s) a section 527 organization? Yes No 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►	NONE			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . ►	NONE	

Sign Here *Jane H. Mason Trustee* 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.

Paid Preparer's Use Only	Preparer's signature ► <i>Jane H. Mason</i>	Date 10/30/2008	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 244-42-6425
	Signature of officer <i>JANE H. MASON</i>			Date 11 NOV. 5, 2009
	Type or print name and title. <i>Trustee</i>			
	Preparer's signature ► <i>Carrie E. Schaefer</i>	Date 10/30/2008	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 244-42-6425
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► KEYBANK NATIONAL ASSOCIATION 4900 TIEDEMAN RD. OH-01-49-0150,	EIN ► 34-0797057		
		Phone no ► 216-813-4614		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BROOKLYN, OH 44144

Form 990-EZ (2008)

30-103410131360

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY

Employer identification number

87-6209740

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: (Please check only one organization.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)		
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)		
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)		
11	<input checked="" type="checkbox"/>	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.		
e	<input type="checkbox"/>	a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally Integrated
e	<input checked="" type="checkbox"/>	d <input checked="" type="checkbox"/> Type III - Other		
e	<input checked="" type="checkbox"/>	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 <input type="checkbox"/>			
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
g	(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? <input type="checkbox"/> (ii) A family member of a person described in (i) above? <input type="checkbox"/> (iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>			
h	Provide the following information about the organizations the organization supports.			

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

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. 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 ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. 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 "fact-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 ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

DIVIDEND INCOME	5,758.
TOTAL	5,758.

STATEMENT 1

HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

87-6209740

=====

RECIPIENT NAME:

ST LUKES WOOD RIVER MEDICAL FDN
ATTN: HILARY FURLONG

ADDRESS:

P. O. BOX 7005
KETCHUM, ID 83340-0416

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID 9,034.

TOTAL GRANTS PAID OVER \$5,000: 9,034.

=====

STATEMENT 2

XD578 2000

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16 -

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES

ADJ FOR RETURN OF 2007 FDS REC'D IN ERROR.	9,396.
TOTAL	9,396.

STATEMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
SAVINGS	24,679.	4,026.
INVESTMENTS - SECURITIES	124,746.	137,046.
-----	-----	-----
TOTALS	149,425.	141,072.
=====	=====	=====

STATEMENT 4

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DISTRIBUTIONS TO ST LUKES WOOD RIVER HOSPITAL, A TAX EXEMPT ORGANIZATION FOR CHARITABLE USES, INCLUDING EDUCATION OF STAFF.

STATEMENT 5

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
TRUST DISTRIBUTED FDS TO ST LUKES WOOD RIVER MEDICAL FDN, A TAX EXEMPT ORGANIZATION, FOR CHARITABLE USE.	9,034.	9,034.

TOTAL
9,034.

TOTAL
9,034.

HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY

87-6209740

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

KEYBANK N. A.

ADDRESS:

50 SOUTH MAIN ST #1914
SALT LAKE CITY, UT 84144

TITLE:

AGENT FOR TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION

404.

OFFICER NAME:

JANE HEMINGWAY MASON

ADDRESS:

201 S MAIN ST #1400
SALT LAKE CITY, 84144

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

HENRY S HEMINGWAY

ADDRESS:

201 S MAIN ST #1400
SALT LAKE CITY, UT 84144

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

OFFICER NAME:

HELEN HEMINGWAY-CARDON

ADDRESS:

201 S MAIN ST #1400
SALT LAKE CITY, UT 84144

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

TOTAL COMPENSATION:

404.

=====

STATEMENT 7

OTHER STATES WHERE FORM 990EZ IS FILED

=====

UT

STATEMENT 8

XD578 2000

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22 -

HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY

87-6209740

FORM 990EZ, PART V, LINE 42a - BOOKS ARE IN THE CARE OF
=====

NAME: KEYBANK N.A.

ADDRESS: 4900 TIEDEMAN RD M/C OH-01-49-0150
BROOKLYN, OH 44144-2302

TELEPHONE NUMBER: (216)813-4614

STATEMENT 9

HEMINGWAY-MORITZ HOSP TR AT MORITZ COMMUNITY

87-6209740

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

NAME OF SUPPORTED ORGANIZATION:

ST LUKES WOOD RIVER MED.

EIN: 23-7288535

TYPE OF ORGANIZATION FROM PART I: 3

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.??: YES

AMOUNT OF SUPPORT: 9,034.

TOTAL SUPPORT:

9,034.

=====

STATEMENT 10

X0576 2000

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24 -

FEDERAL FOOTNOTES

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SEE ATTACHED "DISCLOSURE REGARDING THE PENSION PROTECTION ACT OF 2006"
STATEMENT.

STATEMENT 11

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CHARITABLE TRUSTS HOLDINGS REPORT

IK-RG-OFF-ACCOUNT 10-10-341-0131360 ISICAL YEAR CODE 1231	ACCOUNT NAME HEMINGWAY-MORITZ HOSP TRUST AGTR AS OF 12-31-2008	TAX ANALYST/NAME 2B7 C E SCOTT	REPORT TAC-CRR41 RUN DATE 2009-01-16 BUS DATE 2009-01-15 PAGE 50 SAR ID TAC000PCRR41		
CUSIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNITS
04314H204	ARTISAN INTERNATIONAL OPEN-END FUND INV CL	22,545.02	0.00	28,444.58	1,507.020
464287648	ISHARES RUSSELL 2000 GMTH INDEX CLOSED-END FUND	8,137.60	0.00	12,171.00	160.000
61744G107	MORGAN STANLEY EMRG MRKTS FD INC CLOSED-END FUND	2,873.50	0.00	3,692.50	350.000
921937108	VANGUARD TOTAL BD HKT INDEX FD OPEN-END FUND	20,459.28	0.00	20,520.91	2,009.752
922031208	VANGUARD HIGH YIELD CORP FD OPEN-END FUND	6,728.29	0.00	9,386.16	1,575.712
926464603	VICTORY DIVERSIFIED STOCK FUND	40,964.20	0.00	49,104.07	3,677.217
926464785	VICTORY INSTITUTIONAL MONEY MARKET FUND INVESTOR CLASS	2,681.78	1,344.38	4,026.16	4,026.160
936772201	WASATCH CORE GROWTH FUND OPEN-END FUND	17,109.38	602.13	13,726.96	933.659
*** TOTAL ***		121,499.05	1,946.51	141,072.34	14,239.520

Total FmV. *123,445.56*

87-62 09740.

Disclosure Regarding The Pension Protection Act of 2006

As a consequence of the passage of the Pension Protection Act of 2006 ("the Act"), representatives of KeyBank National Association ("KeyBank") performed an extensive review of all accounts that had previously been classified as Type III Supporting Organizations under I.R.C. §509(a)(3). The review was a joint effort of administrators, tax analysts, and bank counsel. Since the Act removed the availability of the charitable trust test with respect to the responsiveness test, it was necessary to determine whether the underlying account documentation and relationship would qualify separately under the significant voice test. Please be advised that KeyBank representatives have determined, with respect to this particular account, that the requirements of the significant voice test are being met. Accordingly, KeyBank will continue to prepare Forms 990 with respect to this account. Please contact us if you should require any further information.

87-6209748