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Short Form
Return of Organization Exempt From Income TaxDepartment of the Treasury
Internal Revenue ServiceUnder 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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public
Inspection

For the 2009 calendar year, or tax year beginning

, 2009, and ending

Check if applicable
Address
change
 X Name change
Initial return
Termination
Amended
return
Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization
HEMINGWAY HOSPITAL TRUST AT MORITZ COMMUNITY
HOSPITAL, JANE MASON CO-TTEE 30 -10341013136
Number and street (or P.O. box, if mail is not delivered to street address)
4900 TIEDEMAN RD. OH-01-49-0150
City or town, state or country, and ZIP + 4
BROOKLYN, OH 44144-2302

D Employer identification number
87-6209740
E Telephone number
(801) 297-5777
F Group Exemption
Number . . . ►

- 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) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) - X 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . ► \$ 29,253.

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

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	STMT. 1 . . .
5 a	Gross amount from sale of assets other than inventory	5a 26,767.
b	Less: cost or other basis and sales expenses	5b 25,549.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 1,218.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/>	
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 ►)	STMT. 2 . . .
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	► 9 3,704.
10	Grants and similar amounts paid (attach schedule)	STMT. 3 . . .
11	Benefits paid to or for members	10 5,856.
12	Salaries, other compensation, and employee benefits	11
13	Professional fees and other payments to independent contractors	12 523.
14	Occupancy, rent, utilities, and maintenance	13 450.
15	Printing, publications, postage, and shipping	14
16	Other expenses (describe ►)	15
17	Total expenses. Add lines 10 through 16	16 6,829.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	17 -3,125.
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)	18 141,072.
20	Other changes in net assets or fund balances (attach explanation)	19 -1.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20 21 137,946.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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. 5	141,072. 22 137,946.
23	Land and buildings		23
24	Other assets (describe ►)		24
25	Total assets		141,072. 25 137,946.
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		141,072. 27 137,946.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? STMT 6

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, and other relevant information for each program title.

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

28 STMT 7

(Grants \$

) If this amount includes foreign grants, check here ►

288

29

(Grants \$

) If this amount includes foreign grants, check here ►

298

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

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 8		- 0 -	- 0 -	- 0 -

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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 why the organization did not report the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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 outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	X
d Section 501(c)(3) and 501(c)(4) organizations. 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 9		
42a The organization's books are in care of ► STMT 10 Telephone no. ► Located at ► STMT 10 ZIP + 4	42b	X
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)?	42c	X
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 ► <input type="checkbox"/> 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	44	X
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	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 47 X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X
- b If "Yes," was the related organization a section 527 organization? 49b
- 50 Complete this table for the organization's 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."

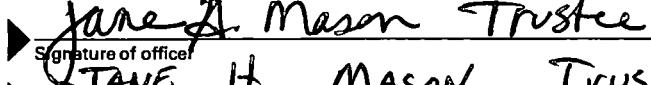
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► NONE

- 51 Complete this table for the organization's 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		

d Total number of other independent contractors receiving over \$100,000 ► NONE

Sign Here	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.		
		Date <u>7-21-2010</u>	Date <u>7-6-2010</u>
► 			
Paid Preparer's Use Only	Preparer's signature 	Date <u>7-6-2010</u>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (See instructions) <u>P01067132</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>KEYBANK NATIONAL ASSOCIATION 4900 TIEDEMAN RD. OH-01-49-0150,</u>	EIN <u>► 34-0797057</u>	Phone no <u>► 216-813-4614</u>

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

BROOKLYN, OH 44144

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

Employer identification number

HEMINGWAY HOSPITAL TRUST AT MORITZ COMMUNITY

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: (For lines 1 through 11, check only one box.)

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10 . . .						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 - 2008. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

JSA

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

DIVIDEND INCOME	2,505.
TOTAL	2,505.

=====

STATEMENT 1

HEMINGWAY HOSPITAL TRUST AT MORITZ COMMUNITY

87-6209740

FORM 990EZ, PART I - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
K-1 (FORM 1065)			14	-19.	
TOTALS				-19.	

HEMINGWAY HOSPITAL TRUST 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 5,856.

TOTAL GRANTS PAID OVER \$5,000: 5,856.

=====

STATEMENT 3

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

=====

ROUNDING ADJ 1.

TOTAL 1.

=====

STATEMENT 4

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SAVINGS	4,026.	985.
INVESTMENTS - SECURITIES	137,046.	136,961.
TOTALS	141,072.	137,946.

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 6

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.	5,856.	5,856.
TOTAL		

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

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

OTHER STATES WHERE FORM 990EZ IS FILED

=====

UT

STATEMENT 9

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 10

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: 5,856.

TOTAL SUPPORT:

5,856.

=====

CHARITABLE TRUSTS HOLDINGS REPORT

CHARITABLE TRUSTS HOLDINGS REPORT
X-RG-OFF-ACCOUNT
0-10-341-0131360 HEMINGWAY-MORITZ HOSP TRUST AGTR
FISCAL YEAR CODE 1231 AS OF 12-31-2009
ACCOUNT NAME TAX ANALYST/NAME
287 C E SCOTT
216-813-4614
REPORT TAC-CRR41
RUN DATE 2010-01-16
BUS DATE 2010-01-15
PAGE 51
SAR ID TAC000PCRR41

CLISIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNITS
06314H204	ARTISAN INTERNATIONAL OPEN-END FUND INV CL	31,512.22	0.00	28,815.01	1,525.277
46428R107	ISHARES S&P GSCI COMMODITY INDEX CLOSED-END FUND	6,364.00	0.00	6,210.00	6,199.00 200.000
464287176	ISHARES BARCLAYS TIPS BOND FUND CLOSED-END FUND	7,792.50	0.00	7,922.50	7,444.20 75.000
464287648	ISHARES RUSSELL 2000 CMTH INDEX CLOSED-END FUND	10,891.20	0.00	12,171.00	160.000
52106NB89	LAZARD EMERGING MARKETS PORTF OPEN-END FUND INSTL CL	13,311.44	0.00	10,334.82	739.114
922031208	VANGUARD HIGH YIELD CORP FD OPEN-END FUND	9,371.53	0.00	10,050.47	1,713.259
926464603	VICTORY DIVERSIFIED STOCK FUND	51,407.49	0.00	49,304.07	49,098.4443,677.217
926464785	VICTORY INSTITUTIONAL MONEY MARKET FUND INVESTOR CLASS	0.00	1,319.72	1,319.72	1,319.720
936772201	WASATCH CORE GROWTH FUND OPEN-END FUND	22,744.18	873.83	12,847.41	857.901
999999USD	UNINVESTED CASH	-334.51	0.00	-334.51	334.510
	*** TOTAL ***	153,060.05			
	*** TOTAL ***	153,555			
					137,997.49
					9,932.976

$$\begin{array}{r}
 * \quad -19.00 \\
 \hline
 \text{Total FmV} \quad \text{155.253.60} \\
 \hline
 \begin{array}{r}
 137.978.49 \\
 -27.30 \\
 \hline
 110.69
 \end{array}
 \end{array}$$

TO ENDING CAPITAL ACCOUNT
BALANCE ON PARTERSHIP K-1

ADT. $\beta \in \gamma$

RETURN OF CAPITAL AND 2009
COST BASIS ADJ '4-15-2010.

87-62090740