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## SCANNED JAN 0 5 2010

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public Inspection

A Fort	ne <b>20</b> 0	D8 calendar year, or tax year beginning and ending					
B Check applica	hle l'	Please C Name of organization	D Employer identif	lcation number			
Add	ress !	abel or STAN HYWET HALL AND GARDENS FOUNDATION					
Nam	nge	type. Doing Business As	31-1	.548536			
Initia	m la	See Number and street (or P.0. box if mail is not delivered to street address) Room/s					
Terr	n t	nstruc /14 NORTH PORTAGE PATH		836-5533			
Ame	m lica-	City or town, state or country, and ZP + 4	G Gross receipts \$	1,942,211.			
App tion pen	ding	AKRON, OH 44303-1399  F Name and address of principal officer: WILLIAM R. BINNIE	H(a) Is this a group if for affiliates?	Yes X No			
		SAME AS C ABOVE	H(b) Are all affiliates in				
I Tax-e		t status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		a list. (see instructions)			
J Webs	ite: 🕨	▶ WWW.STANHYWET.ORG	H(c) Group exemption				
		<del></del>	ear of formation: 1997	M State of legal domicile; OH			
Part I		Immary	NO ODGENITOR	ON BOD BUB			
8 1		fly describe the organization's mission or most significant activities: SUPPORTINEFIT OF STAN HYWET HALL AND GARDENS, INC.	NG ORGANIZATI	ON FOR THE			
Activities & Governance		ick this box if the organization discontinued its operations or disposed of r	nore than 25% of its asse	ts.			
8 3		nber of voting members of the governing body (Part VI, line 1a)	3	28			
5 4		nber of independent voting members of the governing body (Part VI, line 1b)	4	28			
8 5	Tota	al number of employees (Part V, line 2a)	5	0			
夏 6	Tota	al number of volunteers (estimate if necessary)	6	0			
장 7a		al gross unrelated business revenue from Part VIII, line 12, column (C)	<u>7</u> 8				
b	Net	unrelated business taxable income from Form 990-T, line 34					
	C	shifts there and greate (Part VIII line 16)	Prior Year 27,550.	Current Year 44,925.			
9 8		tributions and grants (Part VIII, line 1h)	27,330	22,743.			
Revenue 9 10		gram service revenue (Part VIII, line 29) estment income (Part VIII, column A), lines 3,4, and 7d)	1,801,231.	-722,269.			
æ   11		er revenue (Part VIII, column (A), lines, 5, 6d &c. 94-10c/and 1e)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
12		al revenue - add lines 8 through 1/1 (must equal Part VIII, column (A), line 12)	1,828,781.	-677,344.			
13		nts and similar amounts paid (Partix, colupan (A), lines 1-3)	1,036,158	965,384.			
14		efits paid to or for members (Part IX; column (A), life 2000					
g 15	Sala	aries, other compensation, employee benefits (Part IX, column (A)2lines 5-10)					
sesuedxa 16	a Prof	fessional fundraising fees (Part IX, column tA) line (1e)	<del></del>				
<u> </u>	DIOU	at fundraising expenses (Part IX, Columni,(D), inter 2a)	50,203.	54,441.			
17		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,086,361				
19		renue less expenses. Subtract line 18 from line 12	742,420				
58	1101	Gradings dyportoge, daparage limb ve from line va	Beginning of Year	End of Year			
뚫幅 20	Tota	al assets (Part X, line 16)	18,453,308				
21	Tota	al liabilities (Part X, line 26)	1,149,264				
22 22 22		assets or fund balances. Subtract line 21 from line 20	17,304,044	11,044,978.			
Part	II   S	ignature Block	ate and to the heat of my knowled	se and belief it in true correct			
	and	der penalties of penury, I declare that I have examined this pour, including accompanying schedules and statems I complete. Declaration of preparer (other their bificer) is besed on all information of which preparer has any knowledge.	edge.	go and bollot, it is true, correct,			
Ci		William KW Marit	1 /2//	4109			
Sign Here	I₽	Signature of officer	Date	<del>// /</del>			
11010		WILLIAM R. BINNÍE, EXECUTIVE VP AND COO		•			
		Type or print name and title					
Paid	Pre	eparer's Christopher I Szuch CPA	celf (see i	rer's identifying number nstructions)			
Prepare		Christopher J Szuch CPA	employed  L				
Use Only	, you	n's name (or SS&G FINANCIAL SERVICES, INC.	EIN ▶	<del></del>			
	ado	ress, and NEON ONLY A4333 2434	B	230/660 0606			
14 ::		AKRON, OHIO 44333-2434	Phone no.	(330)668-9696 X Yes No			
		discuss this return with the preparer shown above? (see instructions)	instructions	Form <b>990</b> (2008)			

X

X

X

X

X

X

X

X

X

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24a

24b

24c

24d

25a

25b

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	990 (2008) STAN HYWET HALL AND GARDENS FOUNDATION 31-1548	<u> 536</u>	Р	age 3
Par	t IV   Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.55	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	l.	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
_	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	ŀ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		1	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,

and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals

Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization operate one or more hospitals? If "Yes," complete Schedule H ... ... ... ...

Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.

.. . . . ... .. ... ... ...

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

X Form **990** (2008)

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any tax-exempt bonds?

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	The original of Frequency Commence			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	L '	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	l
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990 (	(2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-800
	- Table Marketing Carlot III.		Yes	No
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		X
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-		
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:			$\neg$
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1	i	
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
·	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6ь	1	
7	Organizations that may receive deductible contributions under section 170(c).			
·	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ī	to file Form 8282?	7c	ļ	x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		[
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	Х
Я	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12	j		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter: N/A	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	]		1
_	amounts due or received from them.)		<u> </u>	<u>l</u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .... N/A . | 12b |

Form 990 (2008) STAN HYWET HALL AND GARDENS FOUNDATION 31-1548536 Pare Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See Instructions.			
1a	Enter the number of voting members of the governing body 1a 28			
Ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	<u> </u>	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		L_	L
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b	l	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	х	1
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	l
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<del></del>	<del></del>	$\vdash$
·	to Oaka dula O karrakta la dana	12c	x	i
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	_
15	• • • • • • • • • • • • • • • • • • • •		-	
19	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	45-	1	X
a	The organization's CEO, Executive Director, or top management official?	15a	-	X
b		15b		┢
4-	Describe the process in Schedule O. (see instructions)			1
าซอ	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u> </u>	<b>├</b>	-
	taxable entity during the year?	16a	ļ	X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	]	j	j
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	<b>-</b>		<u> </u>
	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
-	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	•	
_	JOYCE JOHNSON, DIR. OF ACCOUNTING - 330-315-3211	p		
	714 N. PORTAGE PATH, AKRON, OH 44303-1399			

### **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours	(d		Posi all	tion	арр	ły)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Р</b> огта	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE STRAYER CHAIRMAN OF THE BOARD	0.00	x		x				0.	0.	0.
JIM PICKARD	0 00	х		x				0.	0.	0.
VICE CHAIRMAN AND TREASU DEB SELDEN	0.00	₽	┢	₽	-	├		0.	0.	
SECRETARY	0.00	x		x		l		0.	0.	0.
TOM GEDELIAN	-			<u> </u>		$\vdash$	Г			
DIRECTOR	0.00	X						0.	0.	0.
EDWARD BAYER										
DIRECTOR	0.00	X	L.	<u> </u>	_	ļ	L	0.	0.	0.
JOSEPH COPELAND	0 00							0.	0.	۾ ا
DIRECTOR STEVE COX	0.00		⊢	├	├	┝	├	<u> </u>	<u> </u>	0.
DIRECTOR	,0.00	x		l				0.	0.	0.
C GORDON EWERS	, , , , , ,		T	$\vdash$	t	┢	-			<u> </u>
DIRECTOR	0.00	x	ļ	İ			Ì	0.	0.	0.
JAMES FRANCIS					П					
DIRECTOR	0.00	X	<u> </u>					0.	0.	0.
LYNDA GRIEVES		l		1						
DIRECTOR	0.00	X	<u> </u>	<u> </u>	_	┖	<u>Ļ</u>	0.	0.	0.
JOHN M. HANEY		١.,			l			0.	٥.	۱ ,
DIRECTOR ANN HUBIAK	0.00	X	╀	┢	┝	┼-	┡	<u> </u>	0.	0.
DIRECTOR	0.00	x				l		0.	0.	0.
BETH KARTARIUS	0.00	L.	┢	┼	╁╴	╁	┢	<del>                                     </del>		
DIRECTOR	0.00	x				1		0.	٥.	l o.
PATRICIA KEMPH		Ħ	T	T	T	✝	$\vdash$			
DIRECTOR	0.00	x	İ	1				0.	0.	0.
RJ NEMER			Г		Ī					
DIRECTOR	0.00	X	丄	_	<u>L</u>	$oxed{oxed}$	L	0.	0.	0.
CURTIS OLIVER				1					_	
DIRECTOR	0.00	X	<u> </u>	┺	_	$\vdash$	igspace	0.	0.	0.
JANISE PARRY	0.00	1.		1				0.		_
DIRECTOR	0.00	<u> </u>			<u> </u>	<u>L</u>	<u></u>	<u> </u>	<u> </u>	0.

Form **990** (2008) 832007 12-18-08

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average		ı	_	ition			Reportable	Reportable	Estimated	d
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount o	of
	per	70			Π	Ť	ſ	from	from related	other	
	week	g di		1		Ļ		the	organizations	compensati	
		10 e	<b>8</b>	ĺ		Safe		organization	(W-2/1099-MISC)	from the	
		laste	Ĕ		曼	m per		(W-2/1099-MISC)		organizatio	
		individual trustae or director	nstitutional trustee	L.	퉡	12 82 S	<b>5</b>			and relate organizatio	
		휼	Insti	Officer	<u>\$</u>	Mghest compensated employee	퉅			Organizatio	
RENEE PIPITONE		├─	H	⊢	┢	<u> </u>	-			<del>                                     </del>	
	0.00	x		l				0.	0.		0.
DIRECTOR	0.00	1	┝	┝	₩	├	├			<del> </del>	<del></del>
WILLIAM RASBACH		۱.,				ĺ		0.	0.		^
DIRECTOR	0.00	X	-	┝	-	⊢	$\vdash$	- 0.	<u> </u>		0.
ED SEARLE			l			1			^		^
DIRECTOR	0.00	X	<u> </u>	_	┡	<b>!</b>	⊢	0.	0.	├──	0.
STEVE SHECHTER		١							^	}	^
DIRECTOR	0.00	X	_	_	_	<u> </u>	<u> </u>	0.	0.	<u> </u>	0.
ALAN TOBIN			1			ŀ					_
DIRECTOR	0.00	X	_	_	ļ	<u> </u>	∟	0.	0.		0.
THEOPHILOUS WOODS			1				]		_	ŧ	_
DIRECTOR	0.00	X		<u> </u>		乚	<u> </u>	0.	0.	<u> </u>	0.
BRYAN KINNAMON									_	1	_
DIRECTOR	0.00	X						0.	0.	<u> </u>	0.
CHRIS KRAMER			ļ		l				_		
DIRECTOR	0.00	X				<u> </u>		0.	0.	ļ	0.
BOB LEGGETT	i										
DIRECTOR	0.00	X	<u> </u>		<u> </u>			0.	0.		0.
DONNA VALENTINE		Г									
DIRECTOR	0.00	X					<u>l</u>	0.	0.		0.
1b Total						•		0.	460,024.	22,65	<u>54.</u>
2 Total number of individuals (including those	in 1a) who re	ceiv	ed r	nore	tha	ın \$1	00,	,000 in reportable			
compensation from the organization											0
										Yes	No
3 Did the organization list any former officer,	director or tru	ste	e, ke	y er	nplo	yee,	orl	highest compensated ei	mployee on		
line 1a? If "Yes." complete Schedule J for s										3	X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ens	atio	n an	d ot	ther compensation from	the organization		
and related organizations greater than \$15									· ·	4 X	
5 Did any person listed on line 1a receive or									rices rendered to		
the organization? If "Yes," complete Scheo										5	X
Section B. Independent Contractors				_		-					
Complete this table for your five highest co	mpensated in	dep	end	ent (	cont	ract	ors	that received more than	\$100,000 of compen	sation from	
the organization. NONE									, , , , , , , , , , , , , , , , , , , ,		
(A)	<del></del>							(B)		(C)	
Name and business	address							Description of s	services (	Compensation	า
<del> </del>										<del></del>	
									1		
<del> </del>		-				_		<del></del>	<del></del>		
										<del></del>	
									ĺ		
<del></del>					_					<del></del>	
2 Total number of independent contractors (	including thes	e in	1) w	the i	rece	ived	mo	re than \$100,000 in con	npensation		
from the organization	0	J ** '	.,								
SEE SCHEDULE J-2 FOR		ΙI	_	SE	СТ	ΙO	N	A CONTINUATI	ON	Form <b>990</b> (2	2008)
	•		-	_	_			· · · · · · · · · · · · · · · · · · ·	-		·/

Form **990** (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	965,384.	965,384.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S.				
	O D-+ N/ F 45 40				
4	Benefits paid to or for members		•		
5	Compensation of current officers, directors,	<del></del>			
3	•				
	trustees, and key employees			_	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
ь	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13					
14	Office expenses Information technology				
15		· · · · · · · · · · · · · · · · · · ·	·		
	Royalties			<u>-</u>	
16	Occupancy				-
17	Travel				
18	Payments of travel or entertainment expenses			i	
	for any federal, state, or local public officials				<del></del>
19	Conferences, conventions, and meetings			-	
20	Interest				
21	Payments to affiliates	ļ			
22	Depreciation, depletion, and amortization				<del> </del>
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)			·	
a	INVESTMENT EXPENSE	54,341.		54,341.	×
b	MISCELLANEOUS EXPENSE	100.		100.	
c					
đ					
ө					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,019,825.	965,384.	54,441.	0.
26	Joint Costs. Check here	i	<u> </u>		
0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	currential campaign and fundraising solicitation	L	<u> </u>		

LPar	τχ	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,556.	1	<del></del>
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		Ť	-
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Death of Oak adds 1		6	
္စ	7	Notes and loans receivable, net		7	
Assets	8			8	
As	9	Inventories for sale or use		9	
	10a			<u> </u>	
		Less: accumulated depreciation. Complete			
		Part VI of Schedule D		10c	
	11	Investments - publicly traded securities	16,817,733.	11	11,012,623.
	12	Investments - other securities. See Part IV, line 11	1,628,019.	12	943,319.
	13	Investments - program-related. See Part IV, line 11	1,020,0230	13	3107013.
	14			14	<del></del>
	15		<del></del>	15	
	16	Other assets. See Part IV, line 11	18,453,308.	16	11,955,942.
	17		1,079,079.	17	841,031.
	18		2,015,0150	18	011/0316
86	19	Grants payable		19	
	20	Deferred revenue		20	
				21	
Ĕ	21	Escrow account liability. Complete Part IV of Schedule D			· · · · · · · · · · · · · · · · · · ·
Liabilities	22	highest compensated employees, and disqualified persons. Complete Part II			
Lia	ĺ	- A		22	
	۱			23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable	70,185.	25	69,933.
	25	Other liabilities. Complete Part X of Schedule D	1,149,264.	26	910,964.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here	1,143,204.	20	310,304.
	İ				
Balances		lines 27 through 29, and lines 33 and 34.	15,905,546.	27	9,646,480.
<u>a</u>	27	Unrestricted net assets	13,303,340.	28	3,040,400.
_	28	Temporarily restricted net assets	1 200 /00		1 200 400
Ē	29	Permanently restricted net assets	1,398,498.	29_	1,398,498.
Ę	1	Organizations that do not follow SFAS 117, check here			
Net Assets or Fund	~	complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30 31	<del></del>
₹.	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	32	
Ž	32	Retained earnings, endowment, accumulated income, or other funds	17,304,044.	33	11,044,978.
_	33	Total net assets or fund balances	18,453,308.	_	11,955,942.
D-	rt XI	Total liabilities and net assets/fund balances	10,455,500.	34	11,333,342.
Fa	IL XI	Financial Statements and Reporting			Yes No
		ounting method used to prepare the Form 990: Cash X Accrual	ا مسمد		
1			_l Other		2a X
		e the organization's financial statements compiled or reviewed by an independent			· · · <del>  - ·   - ·   - ·  </del>
		e the organization's financial statements audited by an independent accountant?		٠	·
		es" to lines 2a or 2b, does the organization have a committee that assumes response			q+
_		ew, or compilation of its financial statements and selection of an independent acco			··· ·· <del> </del>
Ja		result of a federal award, was the organization required to undergo an audit or au		ie Au	1
		and OMB Circular A-133?			За Х
		es," did the organization undergo the required audit or audits?	· ·	<del></del>	3b
83201	11 12-1	8-08			Form <b>990</b> (2008)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

		STAN HY	WET HALL AND	GARD	ens f	OUNDA	TION		31	-15485	36
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	te this part	t.) (see ins	tructions)			
The organi	zation is not a	private foundation t	pecause it is: (Please ch	eck only o	ne organiz	zation.)					
1 🔲	A church, cor	nvention of churches	, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in <b>section 17</b> 0	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)							
з 🔲	A hospital or	a cooperative hospit	al service organization (	described	in section	170(b)(1)	( <b>A)(iii).</b> (At	ach Sche	dule H.)		
4 🔲	A medical res	search organization o	perated in conjunction	with a hos	pital desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital's	name,
	city, and state										
5	_	on operated for the I (b)(1)(A)(iv). (Comple	benefit of a college or unite Part II.)	niversity ov	wned or op	perated by	a governr	nental un	it describe	d in	
6			ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).				
7	•	•	eives a substantial part					r from the	e general p	ublic descri!	bed in
	Ū	b)(1)(A)(vi). (Complet	•						3		
8 🔲	•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🔲	-		eives: (1) more than 33			rom contri	butions, m	embershi	io fees. an	d aross rece	ipts from
	_	=	ctions · subject to certa								
		<u>-</u>	xable income (less sec	•		•				-	
		509(a)(2). (Complete			•		•			,	•
10 🔲			erated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n <b>509</b> (a)(4	l). (see ins	structions)		
11 X			erated exclusively for the								one or
	-	- :	tions described in secti								
			organization and compl								
	a Type I	b 🗓	Type II o	с 🔲 Тур	e III - Fund	tionally int	tegrated		d 🗀	Type III - Ot	her
e 🔲	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons othe	r than
	foundation m	anagers and other t	han one or more publich	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509(a	a)(2).
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	is box								$\square$
9	Since August	t 17, 2006, has the o	rganization accepted a	ny gift or c	ontribution	from any	of the follo	owing per	sons?	_	
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described i	in (ii) and	(iii) below,		Yes No
	the gove	eming body of the su	pported organization?							11g(i)	X
	(ii) A family	member of a persor	described in (i) above?							11g(ii)	X
	(iii) A 35% (	controlled entity of a	person described in (i)	or (ii) abov	e? .					11g(iii)	X
h	Provide the f	ollowing information	about the organizations	s the organ	ization su	pports.					
							_				
(I) Name	of supported	(ii) EIN	(III) Type of	(iv) is the o	organization			(vi) !:	s the	(vii) Amo	unt of
	anization	\.,	organization (described on lines 1-9		sted in your		ion in col.	organizáti (I) organiz	zed in the l	suppo	
			above or IRC section		document?	1 '' '	r support?	U.S	5.7		
			(see instructions))	Yes	No	Yes	No	Yes	No		
				ŀ							
<u>SHHGI</u>		34-0819149	7	X		X		X		<u>965</u>	<u>,384.</u>
				İ							
_											
						1					
				Ļ	ļ	<u> </u>	ļ	ļ	1		
							]	1			
		1		ļ			1	L	<del> </del> _		
								ļ			
				ļ				<u> </u>	$\perp$		
					1		1				
Total				I	1			1		965	5,384.

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

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 2008 rt II   Support Schedule for (	<u>Imanizatione</u>	Described in	Sections 170	(5)/1)/A)/(v) an	d 170/b)(1)(A)(A	ri) Page 2
ra -	(Complete only if you checked				(D)(1)(A)(14) 811	a 110(b)(1)(x)(-	•••
Sec	tion A. Public Support		, , , , , , , , , , , , , , , , , , , ,		<del></del>		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(6) 2000_	(0) 2000	(0) 2001	10,200	
•	membership fees received. (Do not				Į	1	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			_			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				<del></del>		
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3						
	The portion of total contributions			· · · · · · · · · · · · · · · · · · ·			
•	by each person (other than a			į			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					1	
	amount shown on line 11,			ļ	1	1	
	column (f)			1	Ì		
6	Public Support. Subtract line 5 from line 4.						
	tion B. Total Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		l				
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	l	ŀ	1	1	ł	
	business is regularly carried on .					<u> </u>	
10	Other income. Do not include gain				· ·		
	or loss from the sale of capital						1
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						<u></u>
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	r the organization	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	. —
_	organization, check this box and stor			<u> </u>	<del></del>		<u></u>
	ction C. Computation of Publ					Tak I	
	Public support percentage for 2008 (			column (f))		14	
15						15	<u>%</u>
16a	33 1/3% support test - 2008. If the c						ox and
	stop here. The organization qualifies		_				لــا ▼
	33 1/3% support test - 2007. If the c						I IIS DOX
	and stop here. The organization qual					and line 14 is 10%	or more
178	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					arrivinow une orga	Inzation ►
	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes					 : 17a and line 15 in	
	more, and if the organization meets t						
	organization meets the "facts-and-cir						<b>▶</b> □
10							ns
18	Fire to discussion. If the Organization	JI GIG HOL CHOCK E	200 0111110 10, 1	, 100, 114, 01 <u>1</u>		nedule A (Form 99	

						Dona O
chedule A (Form 990 or 990-EZ) 2008  Part III   Support Schedule for	Organizations	Described in	Section 509(a)	(Complete only	if you checked the bo	Page 3 ox on line 9 of Part I
Section A. Public Support	<u> </u>			//-/ (Complete City)	ii you ondokoo allo ok	on mio o or r are i
calendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	:	1				
include any "unusual grants.")		1				
2 Gross receipts from admissions, merchandise sold or services per-						
formed, 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 bus-			Ì			ļ
iness under section 513						
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to	Ì					
or expended on its behalf			İ			
5 The value of services or facilities						
fumished by a governmental unit to	اه			<u> </u>		ļ
the organization without charge		]	ł			}
6 Total. Add lines 1 - 5		<del> </del>				
7a Amounts included on lines 1, 2, an					<b>.</b>	
3 received from disqualified person	I					
b Amounts included on lines 2 and 3 received	~	1				
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>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6		<u> </u>		<u> </u>	<u></u>	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income		Ī				
(less section 511 taxes) from business	es					1
acquired after June 30, 1975	İ				1	1
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on	ss					
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	<b>3</b>					
14 First five years. If the Form 990 is		's first, second, th	ird, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation,
check this box and stop here						▶□
Section C. Computation of Pu	blic Support P		·			<u> </u>
15 Public support percentage for 200			column (fl)		15	-
16 Public support percentage from 2					16	(
Section D. Computation of In				<u> </u>		<u> </u>
17 Investment income percentage fo				<u>.                                    </u>	17	·
<ul><li>17 Investment income percentage to</li><li>18 Investment income percentage from the company of the comp</li></ul>					18	
19a 33 1/3% support tests - 2008. If						
more than 33 1/3%, check this bo						is not
b 33 1/3% support tests - 2007. If						<b>-</b>
n oo iion support tests - 2007. II	u le organization dio	. ICL GIOCK & DOX U		,	1/0/0,	

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

Name of the organization

Employer Identification number 31-1548536

	STAN HYWET HALL AN	D GARDENS FOUNDATION	31-1548536
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	- · · · · · · · · · · · · · · · · · · ·	
v	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	Preservation of certific	
			ed historio sudotaro
•	Preservation of open space  Complete lines 2a-2d if the organization held a qualified con-	sociation containstion in the form of a con	convetion accoment on the last day
2	_	servation contribution in the form of a con-	Servation easement on the last day
	of the tax year.		Held at the End of the Year
_	Total and have of an accounting accounting		2a
a	Total number of conservation easements		2b
b	•		2c
C	Number of conservation easements on a certified historic st		2d
d	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the taxable
_	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, violations, a	
_	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
Da	conservation easements. rt III   Organizations Maintaining Collections of	of Art Historical Transumos or C	ther Similar Assets
Pal	Complete if the organization answered "Yes" to Form		rulei Sililliai Assets.
	Complete it the organization answered Tes To Form	11990, Faitiv, iiile 6.	
_	Mail 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at the second in the second part amount and b	salance about works of out historical
18	If the organization elected, as permitted under SFAS 116, n		
	treasures, or other similar assets held for public exhibition, e		iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5</b>
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS		
a	Revenues included in Form 990, Part VIII, line 1		. • \$
ь	Assets included in Form 990, Part X		. • \$

		WET HALL A				1-1548536 Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or O	ther Similar	r Assets (continued)
3	Using the organization's accession and other	r records, check any	of the following th	at are a significant	use of its colle	ction items (check all
	that apply):					
a	Public exhibition	d	Loan or ex	change programs		
ь	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's	exempt purpos	e in Part XIV.
5	During the year, did the organization solicit of	r receive donations	of art, historical tre	asures, or other sir	nilar assets	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's o	collection?		Yes No
Par	t IV Trust, Escrow and Custodial reported an amount on Form 990, Par		. Complete if organ	nization answered	"Yes" to Form 9	990, Part IV, line 9, or
10	Is the organization an agent, trustee, custodi		diany for contribution	one or other assets	not included	<del></del>
ıa	<del>-</del>		•		not included	Yes No
h	on Form 990, Part X?	and complete the fe			• • • • • •	. L Tes L NO
	ii res, explain the arrangement in Part Aiv	and complete the id	mowing table.			Amount
_	Posinging belongs					Amount
0	Beginning balance			-	1c	
u	Additions during the year				1d   1e	
f	Distributions during the year			•	16 1	
	Ending balance				· · · · <u>  "  </u>	Yes No
	If "Yes," explain the arrangement in Part XIV.	•	217	• • • • •	• • • • • • • • • • • • • • • • • • • •	L fes No
Par			ared "Ves" to Form	990 Part IV line 1	0	
<u> </u>	L T LITEO TO THE TENTE OF THE PERSON OF THE		(b) Prior year	(c) Two years bad		ars back (e) Four years back
10	Reginning of year belonce	(a) Current year 16578722.	(b) Prior year	(C) TWO years bac	K (G) Tillee yea	is back (e) roul years back
18		103/0/22:				
-	Contributions	-5273444.		<del>                                     </del>	<del></del>	
ن	Investment earnings or losses Grants or scholarships			+		<del></del>
d				-	-	
•	Other expenditures for facilities	981,849.				
	and programs	JUI, 04J.	<u> </u>	-	-	<del></del>
Ţ	Administrative expenses	10323429.	44E - 11			
9	End of year balance			1		
2	Provide the estimated percentage of the year					
a	Board designated or quasi-endowment	86.45	%			
b	Permanent endowment ► 13.55	%				
C		<b>%</b>				
3a	Are there endowment funds not in the posses	ession of the organiz	ation that are held	and administered t	or the organiza	
	by:					Yes No
						3a(i) X
					••	3a(ii) X
_	If "Yes" to 3a(ii), are the related organizations	•		•		3b
4	Describe in Part XIV the intended uses of the					<del></del>
Pal	t VI Investments - Land, Building					1
	Description of investment	(a) Cost or o basis (investr		st or other (a s (other)	c) Depreciation	(d) Book value
1a	Land					
b	Buildings					
	Leasehold improvements					
d	Equipment					
	Other					
Tota	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B), line 10(c).)			0.

under FIN 48. 832053 12-23-08

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 STAN HYWET HALL AND GARDENS				<u> 31</u>	1546536	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to I	Financial St	tateme	nts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			-677,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,019,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			-1,697,	169.
4	Net unrealized gains (losses) on investments		4			-4,545,	532.
5	Donated services and use of facilities		5				
6	In and anomal community		6			<del></del>	
7			7			<del></del>	<u>-</u>
			··   7	-		-16	365.
8		• • •	8			-4,561,	897
9	Total adjustments (net). Add lines 4-8		<u> </u>	<del> </del>	-	-6,259	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	de Wilde De	.   10	L			. 000.
	t XII Reconciliation of Revenue per Audited Financial Statemen	its With he	venue t	חושל		<u> </u>	217
1	Total revenue, gains, and other support per audited financial statements				1	-5,277,	41/.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains on investments	2a -4,	<u>545,5</u>	<u>32.</u>			
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					
е	Add lines 2a through 2d				2е	-4,545,	532.
3	Subtract line 2e from line 1	• •	-		3	-731,	685.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	•	• •		•	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
_		4b	54,3	41.			
b		40		47.	4c	5.4	3/1
C	Add lines 4a and 4b			• ••	5	-677	341.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				_	-011	, 744.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts with E	<del>penses</del>	s per	neu	001	040
1	Total expenses and losses per audited financial statements					981	849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
ь	Prior year adjustments	_26			]		
С	Losses reported on Form 990, Part IX, line 25	2c					
d	Other (Describe in Part XIV)	2d	16,3	65.	}		
е	Add lines 2a through 2d				2е	16	365.
3	Subtract line 2e from line 1				3		,484.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•		П		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			! !		
_	Other (Describe in Part XIV)	4b	54,3	41.	ſI		
b	Add the state of t	40			4c	5.4	,341.
`	Add lines 4a and 4b		• • • • • •	٠	5	1,019	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	· · ·	<del></del>	<u> </u>	5	1,013	,625.
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a and 4	; Part IV,	lines 1	b and	2b; Part V, line	4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.						
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
					_		-
CH	ANGE IN ANNUITY VALUE						
XI	I LINE 4B OTHER ADJUSTMENTS:						
IN	VESTMENT EXPENSES SHOWN NET OF INVESTMENT I	NCOME O	N FIN	IANC	<u>IAL</u>	STATEM	ENTS
BU	r gross on the return.						
==							

Schedule D (Form 99 Part XIV Supple	0) 2008 emental	STAN Information	HYWET (continued)	HALL	AND	GARDENS	FOUNDATIO	ON 31-1	548536	Page 5
XIII LINE		<u> </u>					· · · · · · · · · · · · · · · · · · ·			
CHANGE IN A										
								<del></del>		
XIII LINE	4B OTH	ER ADJUS	TMENTS							
INVESTMENT	EXPEN	SES ARE	NETTED	AGAI	NST	INVESTME	NT INCOME	ON THE	FINANC	IAL
STATEMENTS	BUT A	RE SHOWN	GROSS	ON T	HE R	ETURN.				
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31-1548536 Schedule I (Form 990) 2008 STAN HYWET HALL AND GARDENS FOUNDATION

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

Page 2

### **AS AMENDED**

Schedule I (Form 990) 2008

832102 12-18-08

### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STAN HYWET HALL AND GARDENS FOUNDATION

Employer identification number 31-1548536

פ	irt i Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.	ļ		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
		1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
8	The organization?	5a		X
Ь	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
8	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 STAN HYWET HALL AND GARDENS FOUNDATION 31-1548536

Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i) (iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of V	of W-2 and/or 1099-MISC compensation	C compensation	(C)	(D)	(E)	(F)
(A) Name	<u>-</u>	(I) Base compensation	(II) Bohus & incentive compensation	(iii) Other compensation	Compensation	Nonaxable benefits	(B)(0-(D)	reported in prior Form 990 or Form 990-EZ
	(8)	0	0		0	0 .	$  \cdot  $	0.
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**AS AMENDED** 

### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensation (Part of the Compensation from the Compensa	STAN HYWE	T HALL	ΑN	1D	G.	RI	EN	IS	FOUNDATION	31-154			
Name and Title  Average nours per week    Average nours per week	Part I Continuation of Officers, Dir	rectors, Tr	ust	ees			Em	plo					
HARRY P. LYNCH PRESIDENT & CEO SUSAN D VAN VORST VP OF FUND DEVELOPMENT BILL BINNIE EXECUTIVE VP / COO    Check all that apply)   General of from related organizations (W.2/1099-MISC)   Compensation from the organizations (W.2/1099-MISC)   Compensation from the organizations (W.2/1099-MISC)   Compensation from the organizations (W.2/1099-MISC)					(C	;)			(D)	(E)	(F)		
Per   Week   Page   P	Name and Title												
JAN WOJNO DIRECTOR  0.00 X  HARRY P. LYNCH PRESIDENT & CEO SUSAN D VAN VORST VP OF FUND DEVELOPMENT  BILL BINNIE EXECUTIVE VP / COO  A 0.00 X  BILL BINNIE EXECUTIVE VP / COO  The state of the corganization (W-2/1099-MISC)  The corganization (W-2/1099-MISC)  Compensation from the corganization (W-2/1099-MISC)  Compensation from the corganization (W-2/1099-MISC)  Compensation from the corganization (W-2/1099-MISC)  D. 0. 0. 0. 0.  266,027. 10,435.  D. 99,937. 7,800.  BILL BINNIE EXECUTIVE VP / COO  40.00 X  0. 94,060. 4,419.			(check all that apply)			ii that apply)							
Tan Wojno		•					8						
JAN WOJNO   DIRECTOR		WOOK	喜				pby						
JAN WOJNO   DIRECTOR			rdire				ted e	i	(W-2/1099-MISC)				
JAN WOJNO   DIRECTOR			eaps:	truste			Suad						
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JAN WOJNO   DIRECTOR			dMid	is#f	ЩCer.	ey em	lghes	ormo					
DIRECTOR 0.00 x 0. 0. 0. 0. HARRY P. LYNCH PRESIDENT & CEO 40.00 x 0. 266,027. 10,435. SUSAN D VAN VORST VP OF FUND DEVELOPMENT 40.00 x 0. 99,937. 7,800. BILL BINNIE EXECUTIVE VP / COO 40.00 x 0. 94,060. 4,419.	TAN WOTNO		=	=	-	~	۳	ш.					
HARRY P. LYNCH PRESIDENT & CEO		0.00	x						0.	0.	0.		
PRESIDENT & CEO		0.00	╧				Н						
SUSAN D VAN VORST VP OF FUND DEVELOPMENT 40.00 X 0. 99,937. 7,800.  BILL BINNIE EXECUTIVE VP / COO 40.00 X 0. 94,060. 4,419.		40.00			x				0.	266,027.	10,435.		
VP OF FUND DEVELOPMENT         40.00         X         0.         99,937.         7,800.           BILL BINNIE         EXECUTIVE VP / COO         40.00         X         0.         94,060.         4,419.											<del></del>		
BILL BINNIE EXECUTIVE VP / COO		40.00			x				0.	99,937.	7,800.		
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

STAN HYWET HALL AND GARDENS FOUNDATION

Employer Identification number 31-1548536

FORM 990, PART VI, SECTION A, LINE 10: STAN HYWET HALL & GARDENS FOUNDATIONS RECEIVES A COPY OF FORM 990 TO REVIEW BEFORE THE FORM IS FILED. FORM 990 IS REVIEWED BY THE DIRECTOR OF ACCOUNTING AND THEN PRESENTED TO THE COO OR EXECUTIVE DIRECTOR FOR THEIR SIGNATURE AND REVIEW OF COMPLETENESS AND ACCURACY. FORM 990, PART VI, SECTION B, LINE 12C: THE PRESIDENT ALONG WITH THE BOARD CHAIR ADDRESS SPECIFIC ISSUES AS NEEDED PER ANY DISCLOSURES MADE ON THE ANNUAL CONFLICT OF INTEREST AGREEMENTS. FORM 990, PART VI, SECTION C, LINE 19: STAN HYWET HALL AND GARDENS FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION'S ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE FORM 990 IS PUBLISHED ON GUIDESTAR. PART XI LINE 2C: IN PRIOR YEARS, THE FINANCE COMMITTEE OF STAN HYWET HALL AND GARDENS FOUNDATION WAS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT, REVIEW OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR. THIS YEAR AN AUDIT COMMITTEE WAS FORMED, WHICH IS A SUBGROUP OF THE FINANCE THE AUDIT COMMITTEE NOW HOLDS THE RESPONSIBLITY OF THE COMMITTEE. OVERSIGHT OF THE AUDIT, REVIEW OF THE FINANCIAL STATEMENTS AND SELECTION OF THE INDEPENDENT AUDITOR.

### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

**Employer Identification number** Name of the organization 31-1548536 STAN HYWET HALL AND GARDENS FOUNDATION AMENDED RETURN: FORM 990 IS BEING AMENDED TO CORRECT THE TITLE OF BILL BINNIE ON PART VII FROM EXECUTIVE DIRECTOR/PRESIDENT TO EXECUTIVE VICE PRESIDENT/COO. IN ADDITION THE REPORTABLE COMPENSATION FROM A RELATED ORGANIZATION WAS UPDATED TO SHOW THE CORRECT AMOUNT.

SCHEDULE R

Related Organizations and Unrelated Partnerships

Open to Public Inspection

OMB No. 1545-0047 8000

Schedule R (Form 990) 2008 Employer Identification number 31-1548536 Direct controlling Direct controlling entity E E Public charity status (if section 501(c)(3)) End-of-year assets ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Û Exempt Code Total income section 501(C)(3) <u>e</u> <u>e</u> Legal domicile (state or Legal domicile (state or foreign country) foreign country) <u></u> <u>ပ</u> ► See separate instructions. STAN HYWET HALL AND GARDENS FOUNDATION OHIO LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. PRESERVATION & EDUCATION OF Primary activity Primary activity STAN HYWET HALL AND PROVIDE HISTORIC 0 0 Identification of Related Tax-Exempt Organizations Identification of Disregarded Entitles Name, address, and EIN of related organization Name, address, and EIN of disregarded entity 714 NORTH PORTAGE PATH Name of the organization - 34-0819149 AKRON, OH 44303 Department of the Treasury Internal Revenue Service (Form 990) Part II Parti SHHGI

832181 12-23-08

Part III Identification of Related Organizations Taxable as a Partnership

(J) General or managing pertner? Yes No				(H) Percentage ownership					30) 2008
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				(G) Share of Perend-of-year ow					Schedule R (Form 990) 2008
(H) Disproportionate allocations?									Sch
(G) Share of end-of-year assets		į		(F) ty Share of total income					
(F) Share of total income				(E) Type of entity (C corp, S corp, or trust)					
				(D) Direct controlling entity					
(E) Predominant income (related, investment, unrelated)								 	
				(C) Legal domicile (state or toreign country)					
(D) Direct controlling entity			Trust	(B) Primary activity					
(C) Legal domicile (state or foreign country)		•	poration or	Pai	1	11	1 1		
(B) Primary activity			anizations Taxable as a Cor	Z.c					
(A) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust	(A) Name, address, and EIN of related organization					832162 12-23-08

# Schedule R (Form 990) 2008 STAN HYWET HALL AND GARDENS FOUNDATION Part V Transactions With Related Organizations

		}	⊢	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		_	88	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	+	٦,
a Receipt of (I) interest (II) annuities (III) royalties (Iv) rent from a controlled entity	:	4	+	اه
b Gift, grant, or capital contribution to other organization(s)		₽	×	
e. Giff mant or capital contribution from other organization(s)		<u>۽</u>	_	×
		Ŧ		  ×
		╀	,	
e Loans or loan guarantees by ofther organization(s)	•	•	┧	Γ
		1	+	٦,
f Sale of assets to other organization(s)	:	=	7	اه
g Purchase of assets from other organization(s)		19		×
Exchange of assets		ŧ		M
		=	r	×
I Lease of facilities, equipment, or other assets to other diganization(s)			+	ا
		;	+	٦,
J Lease of facilities, equipment, or other assets from other organization(s)	•	F	7	اه
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	_	×
Performance of services or membership or fundraising solicitations by other organization(s)		=	_	×
m Charing of facilities on inment mailing lists or other assets		Ę		l⋈
יון ליות ווען ליות מעות היא מעם ליות היא היא מעם ליות מעות היא מעם ליות היא היא מעם ליות היא היא מעם ליות היא מ		Ş	F	×
n Sharing of paid employees		=	+	٦
		ç	Ť	ן×
		: 5	Ť	
p Reimbursement paid by other organization for expenses	:	1	+	₄۲
		1	╁	٦.
q Other transfer of cash or property to other organization(s)	:	5	+	×I
r Other transfer of cash or property from other organization(s)		+	$\exists$	×I
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nsaction thresholds.			
( <b>Y</b> )	<u>(9</u>	<u> </u>		
Name of other organization(s)	Transaction type (a-r)	Amount involved	olved	
	,			l
(1) STAN HYWET HALL AND GARDENS, INC.	В	965	,384	4.
ONT DWGGGRO GAR TIKE BELLEN WERD AND	[z	824	20	~
AND GANDEINS,			~1	;
(6)				
(4)				
(c)				1
(9)			i	
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Schedule R (Form 990) 2008 STAN HYWET HALL AND GARDENS FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

### FOOTNOTES

STATEMENT

1

SCHEDULE A PART I LINE 11H(I) NAME OF SUPPORTED ORGANIZATION SSHGI - STAN HYWET HALL AND GARDENS, INC.