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Form, 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment 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)

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

A For the 2008 calendar year, or tax year beginning

, 2008, and ending

, 20

B Check if applicable		C Name of organization	RHODES ROBERT R- SUCC-T/W 20 -242			D Employer identification number					
<input type="checkbox"/>	Address change	Doing Business As			34-6506870						
<input type="checkbox"/>	Name change	Number and street (or P O. box if mail is not delivered to street address)			Room/suite	216 689-7663					
<input type="checkbox"/>	Initial return	4900 TIEDEMAN RD OH-01-49-0150									
<input type="checkbox"/>	Termination	City or town, state or country, and ZIP + 4									
<input type="checkbox"/>	Amended return	BROOKLYN, OH 44144-2302									
<input type="checkbox"/>	Application pending	F Name and address of principal officer: KEYBANK N A, TRUSTEE SAME AS C ABOVE									
I Tax-exempt status:		X	501(c) (3)	◀ (insert no.)	4947(a)(1) or	527	H(a) Is this a group return for affiliates?				
J Website:		► N/A			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			H(b) Are all affiliates included?			
K Type of organization:		Corporation	X	Trust	Association	Other ►	Yes <input type="checkbox"/> No <input type="checkbox"/>			If "No," attach a list. (see instructions)	
L Year of formation:		1933			M State of legal domicile: OH			H(c) Group exemption number ►			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT 1				
Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3 1			
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4			
	5 Total number of employees (Part V, line 2a)	5			
	6 Total number of volunteers (estimate if necessary)	6			
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a			
	b Net unrelated business taxable income from Form 990-T, line 34	7b NONE			
Expenses	8 Contribution and grants (Part VIII, line 1h)				
	9 Program service revenue (Part VIII, line 2g)				
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,275,276 -3,419,921			
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,275,276 -3,419,921			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,777,523 1,957,332			
	14 Benefits paid to plan members (Part IX, column (A), line 4)				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	196,983 190,158			
	16a Professional fundraising fees (Part IX, column (A), line 11e)				
	b Total fundraising expenses (Part IX, column (B), line 25) ►	NONE			
17 Other expenses (Part IX, column (A), lines 11-11d, 11f-24f)	72,727 1,235				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,047,233 2,148,725				
19 Revenue less expenses. Subtract line 18 from line 12	3,228,043 -5,568,646				
Net Assets or Fund Balances	Beginning of Year	End of Year			
	20 Total assets (Part X, line 16)	43,237,757 37,669,111			
	21 Total liabilities (Part X, line 26)	NONE NONE			
	22 Net assets or fund balances. Subtract line 21 from line 20	43,237,757 37,669,111			

Part II Signature Block

2010 Sign Here JUL	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.		
	► <i>J. R. Freedline Jr.</i> 05/21/2010 Signature of officer Date		
► KEYBANK BY: J R FREEDLINE JR, Vice President Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ►
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Preparer's identifying number (see instructions)	
		EIN ►	
		Phone no. ►	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

JSA
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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 94,118. including grants of \$ 91,118.) (Revenue \$ _____)
Grants made to St Vincent Charity Hospital are for maintenance of the Hospital.

4b (Code: _____) (Expenses \$ 77,857. including grants of \$ 77,857.) (Revenue \$ _____)
Grants made to University Hospitals are for maintenance of the Hospital.

4c (Code: _____) (Expenses \$ 62,220. including grants of \$ 62,220.) (Revenue \$ _____)
Grants made to St Johns Orphanage are for maintenance.

4d Other program services. (Describe in Schedule O.)
(Expenses \$1,723,037. including grants of \$ 1,723,037.) (Revenue \$ _____)
4e Total program service expenses ► \$ 1,957,232. (Must equal Part IX, Line 25, column (B).)

Part 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)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 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	
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 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 X	
8 Did the organization maintain collections or works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, 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 prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13 Is the organization a school 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	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 27? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
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
c	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	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 section 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	X
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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a 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	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a 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)?	4a	X
b 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.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	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?	9a	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9b	X
a Did the organization make any taxable distributions under section 4966?	10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	11a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	12a	X
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	1		
1b			
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9a		X	
9b			
10	X		
11			X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		
14	Does the organization have a written document retention and destruction policy?		
15	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:		
a	The organization's CEO, Executive Director, or top management official?		
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	Ohio
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.	
	<input type="checkbox"/> Own website	<input checked="" type="checkbox"/> Another's website
	<input type="checkbox"/>	Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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: ►KEYBANK N A; TEL: (216) 813-4556	
	4900 TIEDEMAN, OH-01-49-0150; BROOKLYN, OH 44144-2302	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above . .	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,127,956.		1,127,956.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
Other Revenue	7a Gross amount from sales of assets other than inventory					
		(i) Securities	(ii) Other			
	1,105,000		-4302246			
	b Less: cost or other basis and sales expenses		1,350,631			
	c Gain or (loss)		-245,631		-4302246	
	d Net gain or (loss)			-4,547,877.		-4,547,877.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.					
	a					
b Less: direct expenses						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19.						
a						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
Other Revenue	10a Gross sales of inventory, less returns and allowances					
	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory.					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-3,419,921.			-3,419,921.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,957,332.	1,957,332.		
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. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	190,158.		190,158.	
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 salaries 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):				
a Management				
b Legal	355.		355.	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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				
b				
c				
d				
e				
f All other expenses	880.		880.	
25 Total functional expenses. Add lines 1 through 24f	2,148,725.	1,957,332.	191,393.	NONE
26 Joint Costs. Check here ► <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	1.	1	
2	Savings and temporary cash investments	377,810.	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 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sales or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost basis	10a		
b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b		10c
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	42,859,946.	12	37,669,111.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	43,237,757.	16	37,669,111.
Liabilities				
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	NONE
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	43,237,757.	30	37,669,111.
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	43,237,757.	33	37,669,111.
34	Total liabilities and net assets/fund balances	43,237,757.	34	37,669,111.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public
Inspection

**Department of the Treasury
Internal Revenue Service**

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

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

Name of the organization

Employer identification number

RHODES ROBERT R- SUCC-T/W 20 -242000939462

34-6506870

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

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

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10 . . .						12
12 Gross receipts from related activities, etc (See instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		COST
Closely-held equity interests		COST
Other		
See attached	37,669,111	COST

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ► 37,669,111

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)

Part IX **Other Assets. See Form 990, Part X, line 15.**

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

Name of the organization

SIUCC-T/W 20 =242000939462

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Form 990, Part IV, line 21, for any recipient that received more than \$5,
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 Name and address of organization
or government

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

RHODES ROBERT R- SUCC-T/W 20 -242000939462

Employer identification number

34-6506870

POLICIES**PART VI, SEC B, Line 12a**

No conflict of interest policy exists for the trust. Keybank N.A. has a corporate conflict of interest policy.

POLICIES**PART VI, SEC. B, LINE 14**

The trust has no written document retention or destruction policy. Keybank N.A. has a corporate document retention and destruction policy.

POLICIES**PART VI SEC. B, Line 15a**

Keybank is sole trustee, is compensated as such and makes all decisions with respect to the operation and administration of the trust.

POLICIES**PART VI, SEC. B, Line 15b**

Keybank is sole Trustee, is compensated as such and makes all decisions with respect to the operation and administration of the trust.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 1a

Keybank is sole Trustee

Name of the organization

RHODES ROBERT R- SUCC-T/W 20 -242000939462

Employer identification number

34-6506870

FORM 990, PAGE 6, PART VI, LINE 10-DESCRIPTION OF PROCESS FOR REVIEW

All returns are thoroughly prepared and reviewed by our
internal professional tax department.

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC**FORM 990, PAGE 6, PART VI, LINE 19**

DOCUMENTS ARE AVAILABLE UPON REQUEST BY MAIL OR BY PHONE AND
DELIVERED WITHIN 2 WEEKS OF THE REQUEST.

FORM 990, PART I AND PART III - ORGANIZATION'S MISSION

Grants are made according to Trust Agreement dated, 10-19-1933. Keybank, as Trustee, makes distributions to pre selected exempt organizations to be used for their exempt purpose. Keybank maintains a responsiveness to the needs and activities of each beneficiary organization in the attainment of its mission. Under the Ohio institutional Trust Funds Act of 1999, all beneficiaries except Hiram House have chosen to receive the maximum of income based on the greater of 5% of AFV. Hiram House has chosen traditional income.

RHODES ROBERT R-

SUCC-T/W 20 -242000939462

34-6506870

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

=====

NAME OF SUPPORTED ORGANIZATION:

See attached list

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: 1,957,332.

TOTAL SUPPORT:

1,957,332.
=====

STATEMENT 2

Type of Organization	Name	Address 1	Address 2	Address 3	ZIP	EIN	Payout
	Robert Rhodes MAX 2024200-0939462						
3	MERIDIA HURON HOSP/CLEVE CLINIC	6801 Brecksville Rd	Ste 20 RK45	Independence, Oh	44131	34-0714585	\$3312,086 16
3	LAKESIDE HOSPITAL UH OF CLEVE	2065 Adelbert Rd		Cleveland, Oh	44106	00-0031279	\$3312,086 16
7	YOUNG MENS CHRISTIAN ASSOCIATION	2200 Prospect Ave	Ste 900	Cleveland, Oh	44115	34-0714728	\$124,440 68
7	YOUNG WOMENS CHRISTIAN ASSOC	4019 Prospect Ave		Cleveland, Oh	44103	34-0714800	\$124,440 68
9	A M MCGREGOR HOME	14900 Private Dr		Cleveland, Oh	44112	34-0714356	\$124,440 68
3	UNIVERSITY HOSPITALS Rainbow Babies	c/o Dingas & Dago Inc	20600 Chagrin Blvd	Shaker Hts, Oh	44122	00-0031279	\$77,857 40
2	THE MEDICAL SCHOOL CWRU	11000 Cedar Ave		Cleveland, Oh	44106	34-1567805	\$62,220 32
11	ALTENHEIM FOUNDATION	18627 Shumer Rd		Strongsville, Oh	44136	34-1647102	\$62,220 32
3	ST ALEXIS/SISTERS OF ST FRANCIS	1515 E Dragon Trail		Mishawaka, In	46544	34-0714485	\$62,220 32
7	GOODRICH SOCIAL SETTLEMENT	1368 E 55th St		Cleveland, Oh	44103	34-1154199	\$62,220 32
7	VOCATIONAL GUIDANCE	2239 E 55th St		Cleveland, Oh	44103	34-0714650	\$62,220 32
7	ELIZA JENNINGS SENIOR CARE NETWK	14701 Detroit Ave	Ste 620	Lakewood, Oh	44107	34-1166722	\$62,220 32
3	BEECH BROOK	3737 Lander Rd		Cleveland, Oh	44124	34-0714597	\$62,220 32
7	CENTER FOR COMMUNITY SOLUTIONS	1226 Huron Rd	Ste 300	Cleveland, Oh	44115	34-0714723	\$62,220 32
3	ST VINCENT CHARITY/CSAHS	6935 Treeline Dr	Ste J	Brecksville, Oh	44141	34-1893452	\$62,220 32
3	CLEVE CLINIC CHILDRENS HOSP	3801 Brecksville Rd	Ste 20 RK45	Independence, Oh	44131	34-0714570	\$62,220 32
1	ST JOHNS ORPHANAGE	2230 Euclid Ave		Cleveland, Oh	44115	34-1018387	\$31,897 76
7	VISITING NURSE ASSOCIATION	2500 East 22nd St		Cleveland, Oh	44115	34-0714722	\$31,897 76
1	CHURCH HOME	2230 Euclid Ave		Cleveland, Oh	44115	34-0714658	\$31,897 76
1	ST JOHNS EPISCOPAL CHURCH	2230 Euclid Ave		Cleveland, Oh	44115	34-1018587	\$31,897 76
3	MATERNITY HOSPITAL UH OF CLEVE	2065 Adelbert Rd		Cleveland, Oh	44106	00-0031279	\$31,897 76
7	AMERICAN LUNG ASSOCIATION OF OH	1950 Artingate Ln		Columbus, Oh	43228	31-4379531	\$31,897 76
3	ST JOHN / CSAHS	6935 Treeline Dr	Ste J	Brecksville, Oh	44141	34-1893452	\$31,897 76
				Chagrin Falls, Oh			\$36,493 02
				Chagrin Falls, Oh			44022
				Chagrin Falls, Oh			34-0714352
				Chagrin Falls, Oh			THE HIRAM HOUSE 7

1957332 31

THE HIDDEN HOIIE

33775 Hiram Trail

RHODES ROBERT R-

SUCC-T/W 20 -242000939462

34-6506870

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

=====

NAME OF ORGANIZATION:

See attached list

ADDRESS:

OH

IRC SECTION:

170 (b) (1) (A)

AMOUNT OF CASH GRANT..... 1,957,332.

TOTAL CASH GRANTS..... 1,957,332.

=====

STATEMENT 3

Type of Organization	Name	Address 1	Address 2	Address 3	ZIP	EIN	Payout
3	Robert Rhodes MAX 2024200-0939462	6801 Brecksville Rd	Ste 20 RK45	Independence, Oh	44131 34-0714585	\$312,086.16	
3	MERIDIA HURON HOSPICLVE CLINIC	2065 Adelbert Rd		Cleveland, Oh	44106 00-0031279	\$312,086.16	
3	LAKESIDE HOSPITAL UH OF CLEVE	2200 Prospect Ave		Cleveland, Oh	44115 34-0714728	\$124,440.68	
7	YOUNG MENS CHRISTIAN ASSOCIATION	4019 Prospect Ave		Cleveland, Oh	44103 34-0714800	\$124,440.68	
7	YOUNG WOMENS CHRISTIAN ASSOC			Cleveland, Oh	44112 34-0714356	\$124,440.68	
9	A M MCGREGOR HOME	14900 Private Dr		Shaker Hts, Oh	44122 00-0031279	\$77,857.40	
3	UNIVERSITY HOSPITALS Rainbow Babies	clo Dingas & Dago Inc	20600 Chagrin Blvd	Cleveland, Oh	44106 34-1567805	\$62,220.32	
2	THE MEDICAL SCHOOL CWRU	11000 Cedar Ave		Strongsville, Oh	44136 34-1647102	\$62,220.32	
11	ALTENHIM FOUNDATION	18627 Shumner Rd		Mishawaka, In	46544 34-0714485	\$62,220.32	
3	ST ALEXISISTERS OF ST FRANCIS	1515 E Dragon Trail		Cleveland, Oh	44103 34-1154199	\$62,220.32	
7	GOODRICH SOCIAL SETTLEMENT	1368 E 55th St		Cleveland, Oh	44103 34-0714650	\$62,220.32	
7	VOCATIONAL GUIDANCE	2239 E 55th St		Lakewood, Oh	44107 34-1166722	\$62,220.32	
7	ELIZA JENNINGS SENIOR CARE NETWK	14701 Detroit Ave		Cleveland, Oh	44124 34-0714597	\$62,220.32	
3	BEECH BROOK	3737 Lander Rd		Cleveland, Oh	44115 34-0714723	\$62,220.32	
7	CENTER FOR COMMUNITY SOLUTIONS	1226 Huron Rd	Ste 300	Brecksville, Oh	44141 34-1893452	\$62,220.32	
3	ST VINCENT CHARITYCSAHS	6935 Treeline Dr	Ste J	Independence, Oh	44131 34-0714570	\$62,220.32	
3	CLEVE CLINIC CHILDRENS HOSP	3801 Brecksville Rd	Ste 20 RK45	Cleveland, Oh	44115 34-1018887	\$31,897.76	
1	ST. JOHNS ORPHANAGE	2230 Euclid Ave		Cleveland, Oh	44115 34-0714722	\$31,897.76	
7	VISITING NURSE ASSOCIATION	2500 East 22nd St		Cleveland, Oh	44115 34-0714658	\$31,897.76	
1	CHURCH HOME	2230 Euclid Ave		Cleveland, Oh	44115 34-1018587	\$31,897.76	
1	ST. JOHNS EPISCOPAL CHURCH	2230 Euclid Ave		Cleveland, Oh	44106 00-0031279	\$31,897.76	
3	MATERNITY HOSPITAL UH OF CLEVE	2065 Adelbert Rd		Columbus, Oh	43228 31-4379531	\$31,897.76	
7	AMERICAN LUNG ASSOCIATION OF OH	1950 Arlington Ln		Brecksville, Oh	44141 34-1893452	\$31,897.76	
3	ST JOHN / CSAHS	6935 Treeline Dr	Ste J				
7	THE HIRAM HOUSE	33775 Hiram Trail		Chagrin Falls, Oh	44022 34-0714352	\$36,493.03	

195732.31

CHARITABLE TRUSTS HOLDINGS REPORT

IK - RG - OFF - ACCOUNT	ACCOUNT NAME	TAX ANALYST/NAME			
0-24-200-0939462	RHODES ROBERT R-MAX	662 DAYNA WOZNIAK	216-813-4515		
ISCAL YEAR CODE 1231	AS OF 12-31-2008				
CUSIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNITS
7495200A1	KT SHORT TERM DEPOSIT FUND	241,682.68	0.00	241,682.68	241,682.680
998156269	CHARITABLE MULTI ASSET FUND	25,392,166.17	0.00	35,768,889.55	2,666,824.152
	*** TOTAL ***	25,633,848.85	0.00	36,030,572.23	2,908,506.832

REPORT TAC-CRR41
 RUN DATE 2009-01-16
 BUS DATE 2009-01-15
 PAGE 1850
 SAR ID TAC000PCRR41

CHARITABLE TRUSTS HOLDINGS REPORT

K-RG-OFF-ACCOUNT		ACCOUNT NAME	TAX ANALYST/NAME		
0-24-200-0939463	RHODES ROBERT R-INC	SUCC-T/W	662 DAYNA WOZNIAK	216-813-4515	
ISCAL YEAR CODE 1231	AS OF 12-31-2008				
CUSIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNIT'S
7495200A1	KT SHORT TERM DEPOSIT FUND	1,510.38	0.00	1,510.38	1,510.380
995292695	ITFA TOTAL \$37,807.13 HIRAM HOUSE RESERVE	1.00	0.00	1.00	1.000
998156269	CHARITABLE MULTI ASSET FUND	966,737.09	0.00	1,391,913.55	101,532.016
	*** TOTAL ***	968,248.47	0.00	1,393,424.93	103,043.396

REPORT TAC-CRR41
 RUN DATE 2009-01-16
 BUS DATE 2009-01-15
 PAGE 1851
 SAR ID TAC000PCRR41

CHARITABLE TRUSTS HOLDINGS REPORT

K-RG-OFF-ACCOUNT		ACCOUNT NAME	TAX ANALYST/NAME	REPORT	
0-24-200-0939461	RHODES	ROBERT R-ESCROW	662 DAYNA WOZNIAK	TAC-CRR41	
ISCAL YEAR CODE 1231	AS OF 12-31-2008		216-813-4515	RUN DATE 2009-01-16	
				BUS DATE 2009-01-15	
				PAGE 1869	
				SAR ID TAC000PCRR41	
CUSIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNITS
CTCFI0009	CHARITABLE INCOME FUND	23,955.89	0.00	26,266.76	304.288
7495200A1	KT SHORT TERM DEPOSIT FUND	0.00	218,846.66	218,846.660	
	*** TOTAL ***	23,955.89	218,846.66	245,113.42	219,150.948

Application for Extension of Time To File an
Exempt Organization Return

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization RHODES ROBERT R-MAX -242000939462	SUCC-T/W 20	Employer identification number 34-6506870
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 4900 TIEDEMAN RD. OH-01-49-0150		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, OH 44144-2302		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► _____

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/17, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2008 or
► tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization RHODES ROBERT R-MAX -242000939462	SUCC-T/W 20	Employer identification number 34-6506870
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 4900 TIEDEMAN RD. OH-01-49-0150		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BROOKLYN, OH 44144-2302		

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► _____

Telephone No. ► _____ FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ► . If it is for part of the group, check this box . . . ► and attach a list with the names and EINs of all members the extension will cover.

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► calendar year 2008 or
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

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