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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>
		HEMINGWAY-WEBER STATE TR 30 -103410131340		87-0465806
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		4900 TIEDEMAN RD. OH-01-49-0150		(801) 535-1239
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b> . . . ▶
		BROOKLYN, OH 44144-2302		

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

**G Accounting method:** ☒ Cash ☐ Accrual  
Other (specify) ▶

**I Website:** ▶

**J Organization type** (check only one) - ☒ 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527

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

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 176,222.**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	5,000.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . . STMT. 1	<b>4</b>	32,545.
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b> 138,677.		
	<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b> 134,614.		
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	4,063.
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . . <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1) . . . . . <b>6a</b>		
<b>b</b> Less: direct expenses other than fundraising expenses . . . . . <b>6b</b>			
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a). . . . .	<b>6c</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>			
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ )	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	<b>9</b>	41,608.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . . STMT. 2	<b>10</b>	106,449.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	5,391.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	450.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ STMT 3 )	<b>16</b>	3,282.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	115,572.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-73,964.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	1,677,200.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . STMT. 4	<b>20</b>	1.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	1,603,237.

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

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . . STMT. 5		1,677,200.	<b>22</b> 1,603,237.
<b>23</b> Land and buildings . . . . .			<b>23</b>
<b>24</b> Other assets (describe ▶ )			<b>24</b>
<b>25 Total assets</b> . . . . .		1,677,200.	<b>25</b> 1,603,237.
<b>26 Total liabilities</b> (describe ▶ )			<b>26</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		1,677,200.	<b>27</b> 1,603,237.

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		X
<b>38a</b> Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ STMT 9		
<b>42a</b> The books are in care of ▶ STMT 10 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

Form 990-EZ (2008)

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

- |     |  |     |     |    |
|-----|--|-----|-----|----|
| 46  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .  | 46  | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47  |     | X  |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  |     | X  |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .  | 49a |     | X  |
| b   | If "Yes," was the related organization(s) a section 527 organization? . . . . .  | 49b |     | -  |
| 50  | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |     |     |    |

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

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

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


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.

**Sign  
Here**

Signature of officer Spang S. Rhyne, Chair & Trustee Date 11-6-09

▶ HENRY S. Hemingway, Trustee  
Type or print name and title.

**Paid  
Preparer's  
Use Only**

Preparer's signature 	Date 10/30/2009	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 294-42-6425
Firm's name (or yours if self-employed), address, and ZIP + 4 KEYBANK NATIONAL ASSOCIATION 4900 TIEDEMAN RD. OH-01-49-0150.	EIN 34-0797057	Phone no 216-813-4614	

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

BROOKLYN, OH 44144

Form 990-EZ (2008)



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1-3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6</b> <b>Public support.</b> 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
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (See instructions.) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> 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**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2008.</b> 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>b</b> <b>33 1/3% support test - 2007.</b> 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"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> 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>b</b> <b>10%-facts-and-circumstances test - 2007.</b> 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"/>	
<b>18</b> <b>Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .	<b>18</b>	%

- 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. ☐
- 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. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



**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)

Area with horizontal dashed lines for supplemental information.

## FORM 990EZ, PART I - INVESTMENT INCOME

## =====

## DESCRIPTION

-----

DIVIDEND INCOME

32,545.

INTEREST INCOME

NONE

TOTAL

-----

32,545.

=====

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

=====

## RECIPIENT NAME:

WEBER STATE UNIVERSITY

## ADDRESS:

4018 UNIVERSITY CIRCLE

OGDEN, UT 84408

## RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID ..... 106,449.

TOTAL GRANTS PAID OVER \$5,000:

106,449.

=====

FORM 990EZ, PART I - OTHER EXPENSES  
=====

AWARDS LUNCHEON & PROMO AWARDS

3,282.

TOTAL

-----  
3,282.  
=====

## FORM 990EZ, PART I - OTHER INCREASES IN FUND BALANCES

=====

ROUNDING ADJ

1.

TOTAL

-----

1.

=====

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

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	149,695.	93,076.
INVESTMENTS - SECURITIES	1,527,505.	1,510,161.
TOTALS	1,677,200.	1,603,237.
	=====	=====

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

PROVIDE FUNDS TO UPGRADE QUALITY & TEACHING AT WEBER STATE  
UNIVERSITY THROUGH FACULTY EXCELLANCE AWARDS

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

=====

DESCRIPTION  
-----

GRANTS AND  
ALLOCATIONS  
EXPENSES  
-----

TRUST DISTRIBUTED FUNDS TO WEBER STATE UNIVERSITY TO UPGRADE  
THE QUALITY OF FACULTY & TEACHING.

106,449. 106,449.

TRUST DISTRIBUTED FUNDS FOR AWARDS LUNCHEON AND  
GIVE PROMO AWARDS.

3,282.

TOTAL

-----  
106,449. 109,731.  
=====



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

## OFFICER NAME:

KEYBANK

## ADDRESS:

50 SOUTH MAIN ST 114

SALT LAKE CITY, UT 84144

## TITLE:

AGENT FOR TRUSTT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 5,391.

## OFFICER NAME:

JANE HEMINGWAY MASON

## ADDRESS:

50 SOUTH MAIN ST #1914

SALT LAKE CITY, UT 84111

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

## OFFICER NAME:

HENRY S. HEMINGWAY

## ADDRESS:

50 SOUTH MAIN ST #1914

SALT LAKE CITY, UT 84111

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

## OFFICER NAME:

HELEN HEMINGWAY CARDON

## ADDRESS:

50 SOUTH MAIN ST #1914

SALT LAKE CITY, UT 84111

## TITLE:

CO-TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 2

TOTAL COMPENSATION:

5,391.

=====

OTHER STATES WHERE FORM 990EZ IS FILED

=====

UT

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

NAME: KEYBANK N.A.  
4900 TIEDEMAN RD  
ADDRESS: MC: OH-01-49-0150  
BRROKLYN, OH 44144-2302  
TELEPHONE NUMBER: (216)813-4614

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

## NAME OF SUPPORTED ORGANIZATION:

WEBER STATE UNIVERSITY

EIN: 87-0465806

TYPE OF ORGANIZATION FROM PART I: 2

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: ..... 106,449.

TOTAL SUPPORT:

-----  
106,449.  
=====

FEDERAL FOOTNOTES

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

# CHARITABLE TRUSTS HOLDINGS REPORT

BK-RG-OFF-ACCOUNT				ACCOUNT NAME		TAX ANALYST/NAME		BUS DATE 2009-01-15	
50-10-341-0131340				HENINGWAY-WEBER STATE TR		287 C E SCOTT		PAGE 48	
FISCAL YEAR CODE 1231				AS OF 12-31-2008		216-813-4614		SAR ID TAC000PCRR41	
CUSIP	ASSET NAME	PRINCIPAL MV	INCOME MV	TAX COST	UNITS				
06738C778	IPATH DOW JONES-AIG COMMODITY ID CLOSED-END FUND	15,835.50	0.00	30,118.50	450.000				
084670108	BERKSHIRE HATHAWAY INC COM	193,200.00	0.00	132,600.20	2.000				
173064205	CITIGROUP CAPITAL X PFD 6.10%	7,040.00	0.00	10,105.00	500.000				
197199409	COLUMBIA ACORN FUND OPEN-END FUND CL Z	104,493.11	0.00	82,146.17	5,900.232				
197199813	COLUMBIA ACORN INTERNATIONAL FD OPEN-END FUND CL Z	90,132.13	0.00	71,656.38	3,896.763				
369626Z31	GENERAL ELECT CAP CORP MED TERM NT DTD 10/27/06 5.25% DUE 10/27/09	50,842.00	0.00	51,032.50	50,000.000				
464287176	ISHARES BARCLAYS TIPS BOND FUND CLOSED-END FUND	41,184.60	0.00	44,309.55	415.000				
464287507	ISHARES S&P MIDCAP 400 INDEX FD CLOSED-END FUND	33,597.90	0.00	52,346.70	630.000				
46625HBA7	JP MORGAN CHASE & CO SENIOR NT DTD 11/07/03 4.50% DUE 11/15/10	50,659.50	0.00	49,690.00	50,000.000				
58933IAL1	MERCK & CO INC NOTE DTD 11/14/06 5.125% DUE 11/15/11	53,635.00	0.00	51,891.50	50,000.000				
880210505	TEMPLETON INSTL FOREIGN EQUITY OPEN-END FUND	110,517.66	0.00	115,500.58	7,457.332				
921910204	VANGUARD INTERNATIONAL GROWTH FD OPEN-END FUND	62,063.27	0.00	109,282.87	5,087.153				
922908108	VANGUARD 500 INDEX FUND OPEN-END FUND	94,418.32	0.00	135,693.06	1,136.338				
926464603	VICTORY DIVERSIFIED STOCK FUND	360,296.94	0.00	480,500.00	32,342.634				
926464785	VICTORY INSTITUTIONAL MONEY MARKET FUND INVESTOR CLASS	63,017.70	30,058.30	93,076.00	93,076.000				
936772102	WASATCH SMALL CAP GROWTH FUND OPEN-END FUND	79,498.29	0.00	80,758.87	3,859.140				
989703202	ZIONS CAPITAL TRUST PFD CL B 8.00%	11,005.00	0.00	12,530.00	500.000				

87-0465806

# CHARITABLE TRUSTS HOLDINGS REPORT

BK-RG-OFF-ACCOUNT  
30-10-341-0131340  
FISCAL YEAR CODE 1231

ACCOUNT NAME  
HEMINGWAY-WEBER STATE TR  
AS OF 12-31-2008

TAX ANALYST/NAME  
287 C E SCOTT

216-813-4614

REPORT TAC-CRR41  
RUN DATE 2009-01-16  
BUS DATE 2009-01-15  
PAGE 49  
SAR ID TAC000PCRR41

CUSIP ASSET NAME

PRINCIPAL MV

INCOME MV

TAX COST

UNITS

\*\*\* TOTAL \*\*\*

1,421,436.92

30,058.30

1,603,237.88

305,252.592

Total FMV:

1,451,495.22

87-0465806

## Disclosure Regarding The Pension Protection Act of 2006

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

87-0465806