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Department of the Treasury

### **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.

Open to Public Inspection

<u>A</u> _	ror tn	e 2009 calendar year, or tax year beginning and ending		
В	Check if applicab	Please C Name of organization	D Employer identif	ication number
		DARDARA E. KUILKE CHARITABLE KEMAINDER		
	Addre	e   print or   UNITRUST #15211-UU		
	Name chang	e type Doing Business As	34-6	5998164
Ļ	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si	ute E Telephone numb	er
	Termi	Instruction 5: MAIN SIREEI	330-	-384-7302
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$	3,118,819.
	Application	AKRON, OH 44308	H(a) Is this a group	return
	pendi	F Name and address of principal officer. TOBY BLOSSOM	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	icluded? Yes No
1	Tax-ex	empt status: X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a	a list. (see instructions)
J	<u>Websi</u>	te: NONE	H(c) Group exemption	on number 🕨
K	Form of		ear of formation: 1993	M State of legal domicile: OH
P	art I	Summary		
0	1	Bnefly describe the organization's mission or most significant activities: TO SUPPO	RT STAN HYWET	HALL &
Activities & Governance		GARDENS, INC. GROUNDS AND GARDENS MAINTENANC	E AND UPKEEP.	· · · · · · · · · · · · · · · · · · ·
Ĕ	2	Check this box  if the organization discontinued its operations or disposed of m	nore than 25% of its net a	issets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		0
G Q	4	Number of independent voting members of the governing body (Part VI, line 1b)		0
Se	5	Total number of employees (Part V, line 2a)	5	0
Ϋ́	6	Total number of volunteers (estimate if necessary)	6	0
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	b	Net unrelated business taxable income from Form 990-T, line 34		
			Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		
Ž	9	Program service revenue (Part VIII, line 2g)	-	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-232,481.	-199,488.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,209.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-231,272	
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	204,393	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	201,333	130,303.
w	١	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,831.	34,447.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	42,031	J=, == / •
þ	1.05 h	Total fundraising expenses (Part IX, column (D), line 25)		<del> </del>
鄞	17 [		3,006.	1,429.
-	100	Other expenses: Add Injes 13-17 (must equal Part IX, column (A), line 25)	250,230	
-		Revenue less expenses Subtract line 18 from line 12	-481,502	
ъ.	101			
ats (		MAY II ZUIU   (万) Total assets (Part X, line 216)	Beginning of Current Year 3,395,908.	End of Year 2,965,187.
Assets	210		3,333,300.	2,303,107.
E E	2	Notal habilities (Part X, line 26)	3,395,908.	2,965,187.
	art II	Signature Block	3,333,300.	2,303,107.
<u> </u>		Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my knowled	doe and belief, it is true, correct.
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	dge	_
ei.	_	1 1 mg / 1 / 1851	1 . 4-	19-10
Sig Her		Signature of officer	Date	
nei	e	TOBY BLOSSOM	-4.0	
		Type or print name and title	<del></del>	
		Propagaria N Date.	Check if Prepa	rer's identifying number
Paid	1	signature 1. Scienting, CFA 4/7/10	self- (seé ir	nstructions)
Pre	parer's	Firm's name (or BROCKMAN COATS GEDELTAN & CO	employed ► L	
Use	Only	yours if self-employed), 1735 MERRIMAN ROAD	LIN	
		address, and ZIP+4 AKRON, OH 44313-9007	Dhone no - 2	330-864-6661
Mar	, the I		Prione no. > 3	
		RS discuss this return with the preparer shown above? (see instructions)	ingle salis	Yes No Form <b>990</b> (2009)
932C	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	msu uctions.	rorm <b>330</b> (2009)

# Form 990 (2009) UNITRUST #15211-00 34-6998164 Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: TO SUPPORT STAN HYWET HALL & GARDENS, INC. GROUNDS AND GARDENS MAINTENANCE AND UPKEEP. Did the organization undertake any significant program services during the year which were not listed on .. Yes X No the pnor Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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. 198,385. including grants of \$ 198,385.)(Revenue\$ ) (Expenses \$ ) SUPPORT FOR STAN HYWET HALL & GARDENS, INC. GROUNDS AND GARDENS MAINTENANCE AND UPKEEP. (Code: ) (Expenses \$ ) (Revenue \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$

BARBARA E. KUHLKE CHARITABLE REMAINDER

198,385.

) (Revenue \$

including grants of \$

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ►\$

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

Page 3

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 4 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 Did the organization maintain any donor advised funds or any similar funds or 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 X 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III  $\mathbf{X}_{\_}$ R 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 Х 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 10 X Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X . ... .. .. X 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X. line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. X 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I X 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 X 15 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 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . . 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

19

. . . . . . .

X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? 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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			<b></b>
00	· · · · · · · · · · · · · · · · · · ·	27	<del>                                     </del>	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A STATE OF THE STA	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
Ū	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
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		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		Х
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	<b>990</b> (	2009)

		-	·	
4.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
14				
	U.S. Information Returns. 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?	40		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
20	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?	2ь		
	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	00		
	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:	Tu		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.	j		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
-	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		İ	
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8	]	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a_		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:		ļ	
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		İ	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Eor-	990 (	2000
		CHILLI		ZURIMI

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<u>34-6998164</u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body		·	
b	Enter the number of voting members that are independent 1b 0			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			ĺ
	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.			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		_X_
9	Is there any officer, director, 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	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
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?	10b		<del></del>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		<u> </u>
11A		ļ		l
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	Ì		
	to conflicts?	12b		<del></del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		37
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
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?			
_		45-		v
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	150		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
. <b>~</b> a	taxable entity dunng the year?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	10a		
_	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		
Sec	tion C. Disclosure	.00		
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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial	
	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 organizat	on. 🕨		
	FIRSTMERIT BANK, NA - 330-384-7302			
	106 S. MAIN STREET, NO. 1600, AKRON, OH 44308			

\_\_\_ UNITRUST #15211-00

Form 990 (2009)

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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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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)	(B)	e any current officer, direct (C) e Position						(D)	(E)	(F)
Name and Title	Average hours	(c				n ∶app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
FIRSTMERIT BANK, N.A. TRUSTEE	2.00		x					34,447.	0.	0
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	1	1	ı					i i		

Pai	t VII Section A. Officers, Directors, Tru	í	nplo	yee			ligh	est					(F)	
	(A)	(B) (C) Average Position							(D)	(E)	· I			_
	Name and title	Average hours	(check all that apply)					ly)	Reportable compensation	Reportable compensation			mate ount c	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	<b>(</b> )	comp	m the nızatio relate	on ed
												<del></del>		
										<del></del>	$\downarrow$			
		_									_	<u> </u>		
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											1			
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	T-A-I								34,447.		0.			0.
<u>10</u> 2	Total	ot limited to th					•) wt	no re			<u> </u>			<u> </u>
	compensation from the organization													0
											_	_ Y	'es	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual					•••					3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	co.	mple	ete S	Sche	dule	J f	or such individual		:	4		X
5 	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	-					· uiii	eiai.				5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization.	mpensated inc	epe	ende	nt c	ontr	acto	rs t		\$100,000 of comp	ensa			
	(A) Name and business	address							(B) Description of s	ervices	Co	(C) ompens		l 
	·													
												_		
								_						
	<del></del>										•			
2 —	Total number of independent contractors (i \$100,000 in compensation from the organization  _	ot lir	nited	d to	tho:	_	ted	above) who received m	ore than					
											F	om 99	90 0	nnaı

BARBARA E. KUHLKE CHARITABLE REMAINDER UNITRUST #15211-00

Form 990 (2009)

34-6998164 Page 9

Form **990** (2009)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns ... 1a **b** Membership dues 1b c Fundraising events ... 1c 1d d Related organizations 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 Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 93,986. 93,986. other similar amounts) . .... Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 3021805. assets other than inventory b Less: cost or other basis 3315279 and sales expenses c Gain or (loss) -293,474. -293,474. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_ of contributions reported on line 1c). See Part IV, line 18 . . . . b Less: direct expenses ... . . . **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . . . . . . . a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . . **b** Less: cost of goods sold ... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 3,028. 11 a MISCELLANEOUS 900099 3,028. d All other revenue 3,028. e Total. Add lines 11a-11d 0.-196,460. -196,4600. 12 Total revenue. See instructions.

Part IX Statement of Functional Expenses

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

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	100 305	100 00-		
	organizations in the U.S. See Part IV, line 21	198,385.	198,385.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			<u>-</u>	<del></del>
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	34,447.	_	34,447.	
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):				
а	Management				
þ					
С	Accounting	1,118.		1,118.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	·		,		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			1	
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.)				
9	FILING FEE	200.		200.	
h	MISCELLANEOUS	111.		111.	
c		111.		1110	
d					
_				+	
e f	All other expenses			-+	
25 25	Total functional expenses. Add lines 1 through 24f	234,261.	198,385.	35,876.	0.
<u>23</u> 26	Joint costs. Check here if following	23 ± , 201 •		33,070.	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	ococaconal campaign and lunuralsing solicitation	_			

Form 990 (2009) UNITRUST #15211-00 34-6998164 Page 11 Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	241,868.	2	184,671.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. 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	
ফ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	·- ·		
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	3,141,409.	11	2,770,992.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,631.	15	9,524.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,395,908.	16	2,965,187.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab		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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here   and complete			
98		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporanly restricted net assets		_28	
덛	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117, check here   X and			
Ď		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	3,395,908.	30	3,395,908.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
<b>Vet</b>	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	-430,721.
	33	Total net assets or fund balances	3,395,908.	33	2,965,187.
	34	Total liabilities and net assets/fund balances	3,395,908.	34	2,965,187.

Form 990 (2009)	UNITRUST #15211-00	34-6998164 Page 12
Part XI Financial S	Statements and Reporting	
		Yes No

			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	_X
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of the organization

BARBARA E. KUHLKE CHARITABLE REMAINDER

Employer identification number

			T #15211-00						34	<u> -69981</u>	64
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.			
he organ	ızation ıs not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🖳	A church, co	nvention of churches	s, or association of chui	rches desc	ribed in se	ection 170	(b)(1)(A)(i	).			
2 🖳			' <b>0(b)(1)(A)(ii).</b> (Attach So								
3 🖳	A hospital or	a cooperative hospi	tal service organization	descnbed	in section	170(b)(1)	(A)(iii).				
4 📖	A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter th	ne hospital's	name,
	crty, and stat						•				
5 🔲		ion operated for the (b)(1)(A)(iv). (Comple	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	nt describe	ed in	
6 🗀			ent or governmental un	rt describe	d in coatic	n 170/hV:	4VAV.A				
7			eives a substantial part					or from the	aonomi n	ublio docont	od in
,	_	(b)(1)(A)(vi). (Comple	•	or its supp	ort nom a	governing	antai uniit C	i iioiii tiie	generarp	ublic descrit	eu III
в 🔲			ection 170(b)(1)(A)(vi).	(Complete	Dort II \						
9			eives: (1) more than 33			rom contr	butione n	ambarchi	in face an	d arose roco	inte from
<b>-</b>			nctions - subject to cert						-	-	•
			axable income (less sec							-	
		509(a)(2). (Complete	•		, 110111 DU		aoquiicu L	, and ongo	ankaliUII d	itei oulle ou,	1913.
10 🗀			perated exclusively to te	est for nubl	ic safety 9	See sectio	n 500(a)(	1)			
11 🕱			perated exclusively for t						v out the r	numnees of	nne or
			ations described in sect							-	
			organization and comp				-). 000 <b>00</b>	)	<b>a</b> /( <b>0</b> ). 0110	OK UIO DOX U	
	а П Туре	· · · · · · · · · · · · · · · · · · ·	- ·	с 🔲 Тур	_		tegrated		dХ	Type III - Oti	ner
e X			t the organization is not					r more dis			
			han one or more publicl				-				
f			ten determination from						` , , ,	`	
		rganization, check th			•	. , ,.					
g	_	_	rganization accepted a	ny gift or c	ontributior	n from any	of the foll	owing per	sons?	••••	
_	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and (	iii) below,	\(\sigma\)	res No
			upported organization?					,,,		11g(i)	X
	(ii) A family	member of a persor	n 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 supported or	ganization	(s).						
		· ·	• • •								
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	u notify the	(yi) ls	the	(vii) Amo	unt of
	inization	(11) = 11	organization (described on lines 1-9	in col. (i) la	sted in your	organizat	ion in col.	organizatı (i) organız	on in col.	suppo	
·			above or IRC section	governing	document?	(i) of you	r support?	U.S	.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
TAN	HYWET		-								
IALL	& GARDE	34-0819149	7	Х		X		X		198	,385.
						<u> </u>					
				<u></u>							
				<u> </u>	<u></u>	<u> </u>					
otal									<u></u>	198	<u>,385.</u>

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form 991	0 or 990·EZ	1 2009

Page 2

	art II Support Schedule for	Organization:	s Described in	Sections 17	0/b)(1)(A)(iv) at	nd 170(b)(1)(A)(	Page 2	
<u> </u>	(Complete only if you checke					14 170(D)(1)( <del>1</del> )(	•.,	
Se	ction A. Public Support		, , , , , , , , , , , , , , , , , , , ,				·	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and	(0) 2000	(0) 2000	(0) 2001	(4) 2000	(6) 2003	(I) TOTAL	
·	membership fees received. (Do not							
	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 through 3						1	
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)							
	Public support. Subtract line 5 from line 4							
Se	Section B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				_			
9	Net income from unrelated business							
	activities, whether or not the				i			
	business is regularly carried on .							
10	Other income. Do not include gain			ľ				
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)		
	organization, check this box and stor		····			·		
	ction C. Computation of Publ		<del></del>			<del></del>		
	Public support percentage for 2009 (		-	column (f))		14	%	
15 Public support percentage from 2008 Schedule A, Part II, line 14						15	%	
16a	33 1/3% support test - 2009. If the o				14 is 33 1/3% or r	nore, check this bo	x and	
	stop here. The organization qualifies		_				▶∟	
t	33 1/3% support test - 2008. If the o				d line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual						▶└∟	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
					•		,	
40	organization meets the "facts-and-circ		•	•	,	•••	. ▶⊨	
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	a. 160. 17a. or 17	D. check this box	and see instruction	s <b>D</b> II	

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. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organızatıon's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carned 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 ... ... ... 18 % . . . ... .. 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 19 a, 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

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

**2** Employer identification number 34-6998164 Open to Public MAINTENANCE AND UPKEEP, Inspection (h) Purpose of grant GROUNDS AND GARDENS or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of organization

(a) Amount of e) Amount of organization if applicable reash grant assistance or government assistance or government of the following and address of organization (b) EIN (c) IRC section if applicable reash grant assistance or government and government assistance or government assistance or government assistance or government and government assistance or government as government as government as government as government as government as government as government as government as government as government as government as government as government as government as gov Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. BARBARA E. KUHLKE CHARITABLE REMAINDER 198, 385 501(C)(3) UNITRUST #15211-00 34-0819149 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization STAN HYWET HALL & GARDENS Name of the organization 714 N. PORTAGE PATH Department of the Treasury AKRON, OH 44303 Internal Revenue Service SCHEDULE (Form 990) Part ! Part II

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

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

Enter total number of other organizations

Schedule I (Form 990) 2009

:

:

Page 2

34-6998164

UNITRUST #15211-00

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 Part III

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GRANT PART I, LINE 2: IN ACCORDANCE WITH THE TRUST AGREEMENT, (d) Amount of non-cash assistance (c) Amount of cash grant FUNDS ARE PAID ONLY TO STAN HYWET HALL AND GARDENS (b) Number of recipients (a) Type of grant or assistance SCHEDULE I,

Schedule I (Form 990) 2009

932102 02-02-10

### SCHEDULE O

(Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.



Department of the Treasury
Internal Revenue Service

Name of the organization

BARBARA E. KUHLKE CHARITABLE REMAINDER

Employer identification number 34-6998164

UNITRUST #15211-00	34-6998164
FORM 990, PART VI, SECTION A, LINE 8A: FIRSTMERIT BANK,	N.A. IS AN
INSTITUTIONAL TRUSTEE. NO OTHER TRUSTEES.	
FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES WI	TH AUTHORITY TO ACT
ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVI	EWED BY THE
FIRSTMERIT TRUST OFFICER PRIOR TO FILING.	
	,,
FORM 990, PART VI, SECTION C, LINE 19: THE TRUST DOES N	OT MAKE ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC.