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EXTENSION GRANTED UNTIL 11/15/2010

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	2009 cal	endar year, or tax year beginning and er	nding			
В	Check if applicable	Please use IRS	C Name of organization		D Employer identific	ation number	
	Address change	label or print or	THE PARKS SYSTEM TRUST FUND OF WHEEL	ING			
Ē	Name change lnitial	type	Doing Business As	-		000663	
Ļ	return	See Specific	, ,	oom/suite	E Telephone number		
느	Termin- ated	Instruc-	OGLEBAY PARK		304-	243-4011 2391146.	
Ļ	Amende			City or town, state or country, and ZIP + 4			
L	Applica- tion pending		WHEELING, WV 26003		H(a) Is this a group re		
	portuning	F Nan	ne and address of principal officer G. RANDOLPH WORLS		for affiliates?	Yes X No	
			e as C above		H(b) Are all affiliates incl		
			us X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		1	list (see instructions)	
		: ► N/			H(c) Group exemption		
			nn: X Corporation Trust Association Other	L Year	of formation: 1945 N	State of legal domicile WV	
P		Summ			MULL DUDI TO	DARKE OF	
8			scribe the organization's mission or most significant activities TO SU	PPORT	THE PUBLIC	PARKS OF	
Activities & Governance	_		ING, OHIO COUNTY, WEST VIRGINIA s box ▶ ☐ If the organization discontinued its operations or dispose		110504		
Jerr							
é			if voting members of the governing body (Part VI, line 1a)		3		
⊸ ŏ	1		f independent voting members of the governing body (Part VI, line 1b)		4	5	
ties	1		ber of employees (Part V, line 2a)		5	0	
Ξ			ber of volunteers (estimate if necessary)		6	0	
Ą	1	•	s unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_	b v	let unrela	ated business taxable income from Form 990-T, line 34		7b	0.	
				\vdash	Prior Year	Current Year	
رع)	8 0		ions and grants (Part VIII, line 1h)	<u> </u>	589846.	130496.	
Ę	°K	rogram I	Service revenue (Part VIII, line 2g)	-	400724	21 40 6	
8	10 		nt income (Part VIII, column (A), lines 3, 4, and 7d)		409724. 923.	31486. 436166.	
FO.GOBevenue	11 6	Iner revi	enue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\vdash	1000493.	598148.	
유	12 J				885112.	836727.	
			d similar anheints paid (Part IX, column (A), lines 1-3)		003112.	030/2/•	
Ĺ.,			hald the briffor members (Part IX, column (A), line 4)				
Expenses	15-5		other compensation, employee benefits (Part IX, column (A), lines 5-10)				
en	loar		nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)				
Ä	1 0 1			— <u> </u>	69036.	62901.	
	1		penses (Part IX, column (A), lines 11a-11d, 11f-24f) enses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	954148.	899628.	
		•	less expenses Subtract line 18 from line 12	-	46345.	-301480.	
<u></u>		revenue	less expenses Subtract line 16 from line 12	P.o.	ginning of Current Year		
ets c	20 T	Total acc	ets (Part X, line 16)	De	15411078.	End of Year 17369145.	
ASS	21 7		lities (Part X, line 16)		53077.	470750.	
Net Assets or	22 1		s or fund balances Subtract line 21 from line 20		15358001.	16898395.	
	art II		ture Block		13330001.	10030333.	
_		Under pena	lities of perjury, I declare that I have examined this return, including accompanying schedules and	statements,	and to the best of my knowledg	ge and belief, it is true, correct,	
		_	ate Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge			
Sıg	ın l		nature of officer JANET I. CLISER CONTROLLER A OF PURI DAME AND A UTB.		9/13/	10	
He	1	B igi	nature of officer		Date		
			TANET I, CLISER CONTROLLER				
		Тур	e or print name and title				
n.:		Preparer'	Date	امما ۔ .		er's identifying number	
Pai		signature		- 10 set	ployed [(355 iii)		
	- 1	Firm's nam yours if	e or SEACHRIST, KENNON & MARLING A.C.		EIN ►		
US	Only	self-employ					
_		address, ar ZIP + 4	WHEELING. WV 26003		Phone no ► 3	04-233-0141	
Ma	v the IR	S discus	s this return with the preparer shown above? (see instructions)	-	-	X Yes No	

								Form 99	90 (2009)
4e	Total program service			912.		-			
4d	Other program service (Expenses \$	es (Describe in Schedul includin	le O) g grants of \$) (Revenue	\$)		
	Other program assure	oo (Doograho in Cohadiil	In (1)						
								 	
									
									
								<u></u>	
								-	
	-								
4c	(Code) (Expenses \$		including grants	of \$) (Revenue \$)
		_							
						· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
			·-			·			
70	,0000	/ (Expended #		moduling grants	υ. Ψ		, (r ιονοιία ς φ		,
4b	(Code) (Expenses \$		including grants	of \$) (Revenue \$		١
				-					
	OF THE GENE	RAL PUBLIC.							
	AND ITS OBJ	ECTIVE OF MA							
	3	FOR THE CONT				WHEELI		COMMIS	SION
4a	(Code) (Expenses \$	842912	Including grants	of \$) (Revenue \$		١
	allocations to others, t	he total expenses, and	revenue, if any	, tor each program s	service report	ed			
		501(c)(4) organizations					nt of grants an	d	
4		ourpose achievements f							
		e changes on Schedule		J	• • •	ŭ			
3		ease conducting, or ma		hanges in how it coi	nducts, any p	orogram servic	ces?	Yes	X No
	•	e new services on Sche	edule O					1165	
2	the prior Form 990 or 9	ndertake any significant ago.E72	. program servi	ces during the year	wnich were n	ot listed on		Ves	X No
	D. (1)								
									_
	IO BOITORI	IIIB I ODBIC I	MIND OI	WIIBBBING,	01110	COOMIT,	WEDT V	INGINIA	
1	Briefly describe the org	ganization's mission THE PUBLIC P	ARKS OF	WHEELTNG	OHIO	COUNTY,	WEST V	IRGINIA	
			Accomplis	siments			_ .		
					OF WHI	EELING	<u> 55-6</u>	000663	Page 2
	990 (2009)	THE PARKS f Program Service			OF WHI	EELING	<u> 55-6</u>	000663	Page 2
			~		<u> </u>			~~~~~	

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		v
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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	-		
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	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	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 of 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	<u>X</u>	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	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			İ
•	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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
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	<u> </u>		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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			v
	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	46		v
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X _
18	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	18		х
19	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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990 (2009)

	`		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 19 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,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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	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 lines 24b through 24d and complete	İ		
	Schedule K If "No", go to line 25	24a		X
ь	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		
	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	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 prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
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	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	and the second s	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		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		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	ļ		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u></u>	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	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1 -		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
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	<u></u>	Х
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	990	(2009)

			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	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			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	En		
٥-	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_5c		
оа	any contributions that were not tax deductible?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
Ü	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	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		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g_		 -
	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.	<u> </u>		
а	7.11	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		900	(2000)
		rorm	990	(2009)

Page 6

Form 990 (2009) THE PARKS SYSTEM TRUST FUND OF WHEELING 55-6000663 Page
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

	tion A. Governing Body and Management				Yes	No
1a	Enter the number of voting members of the governing body	1a		5		
b	Enter the number of voting members that are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		_X
3	Did the organization delegate control over management duties customarily performed by or under th	ne direc	t 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 Fo	orm 99	0 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
	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 mi	embers	of the			
	governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?		7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertaken					
	by the following	-				
а	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b		Х
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)	•		
			<u> </u>		Yes	No
0a	Does the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
_	and branches to ensure their operations are consistent with those of the organization?	·		10ь		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing th	e form?	11		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Ū				
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld aiv	e rise			
	to conflicts?			12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."	describe			
Ŭ	in Schedule O how this is done	,		12c	Х	
3	Does the organization have a written whistleblower policy?			13	X	
4	Does the organization have a written document retention and destruction policy?			14	X	
5	Did the process for determining compensation of the following persons include a review and approve	al by ii	ndenendent	<u> </u>	† 	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		аоренает			
_	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15a	 	X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			130	 	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a		1	
oa	taxable entity during the year?	inchi (vitti a	16a	1	Х
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evo	aluata	ts narticination		+	
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization					
	exempt status with respect to such arrangements?	gai iizat	0113	16b		
iec	tion C. Disclosure		,	100		
17	List the states with which a copy of this Form 990 is required to be filed ►WV					
.,		T (501)	c)(3)s only) ava	lable for		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501)	,0,(0,0 0), ava			
	public inspection. Indicate how you make these available. Check all that apply	1 (501)	<i>(</i>)(<i>(</i>) <i>(</i>)			
18	public inspection. Indicate how you make these available. Check all that apply Own website. X Upon request				ancıal	
18	public inspection. Indicate how you make these available. Check all that apply. Own website. X Another's website. X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents,				ancial	
18 19	public inspection. Indicate how you make these available. Check all that apply. Own website. X Another's website. X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, statements available to the public.	conflic	t of interest pol	icy, and fin		
	public inspection. Indicate how you make these available. Check all that apply Own website. X Another's website. X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, statements available to the public. State the name, physical address, and telephone number of the person who possesses the books as	conflic	t of interest pol	icy, and fin		
18 19	public inspection. Indicate how you make these available. Check all that apply. Own website. X Another's website. X Upon request. Describe in Schedule O whether (and if so, how), the organization makes its governing documents, statements available to the public.	conflic	t of interest pol	icy, and fin		

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

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

X Check this box if the organization did not o		y CL	rren			, dıre	ecto		***	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	, ,		Pos			L A	Reportable	Reportable	Estimated
	hours per	H	neck	(a))	tnat	app	iy)	compensation from	compensation from related	amount of other
	week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ROLAND L. HOBBS										
CHAIRMAN	5.00	X		X				0.	0.	0.
WILBUR S. JONES										
VICE-CHAIRMAN	2.00	X		Х				0.	0.	0.
SUE SEIBERT FARNSWORTH										
SECRETARY-TREASURER	3.00	X		X				0.	0.	0.
G. OGDEN NUTTING										
TRUSTEE	2.00	X						0.	0.	0.
DR. DONALD H HOFREUTER							ļ			
TRUSTEE	2.00	X	L.	<u> </u>	L_	ļ		0.	0.	0.
G. RANDOLPH WORLS								_		
PRESIDENT	5.00	<u> </u>	<u> </u>	X		ļ	_	0.	147916.	44077.
	ļ	-				1	 			
						1				
		Ì				Ì				
· · · · · · · · · · · · · · · · · · ·			╁	 		+				
	 	<u> </u>	T		-	 -	-			
										
	1	\Box								
		L								
			<u> </u>	<u> </u>	L	<u> </u>	<u>L</u>			
			<u> </u>	_						
							<u> </u>	<u> </u>		

									OF WHEELING		<u>0663</u>	F	Page 8
rai	t VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours			(C Pos) ition			(D) Reportable compensation	(E) Reportable compensation	i i	(F) stimat mount	
	· · · · · · · · · · · · · · · · · · ·	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f org an	other npensifrom the ganiza nd rela ganizat	ation ne tion ted
										_			
1b 2	Total Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	_ e) wh	no r	0. eceived more than \$100	147916 0,000 in reportable		440)77.
	compensation from the organization	<u>-</u>										Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		stee	, ke	y em	plo	yee,	or h	nighest compensated ei	nployee on	3	1.00	X
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15									the organization	4	x	
5	Did any person listed on line 1a receive or				from	any	unr/	elat	ted organization for serv	rices rendered to			
Sec	the organization? If "Yes," complete Schedition B. Independent Contractors	uie J for such	pers	on							5	L	X
1	Complete this table for your five highest countered the organization NONE	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
	(A) Name and business	address							(B) Description of s	services	Compe	C) ensatio	on
				-			-						
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	ea li	etac	d above) who received n	nore than			

\$100,000 in compensation from the organization

	1 990 (2 rt VIII			TEM TRUS	T FUND OF	WHEELING	55-6000	663 Page 9
	,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gifts, grants ilar amounts		Federated campaigns	1a					
gra		Membership dues	1b					
ts, arr		Fundraising events	1c					
gi		Related organizations	1d					
Sin's		Government grants (contribut						
e ti	f	All other contributions, gifts, gran		400405				
흕뒿		similar amounts not included abo		130496.				
Contributions, and other simi	_	Noncash contributions included in lines	s 1a-1f \$		120406			
0 6	<u>h</u>	Total. Add lines 1a-1f		D O . d .	130496.			
	0 -		Ī	Business Code				
Program Service Revenue	2 a b							
Ser	C							-
E S	d							
ğœ	e	to their			· ·			
<u>۾</u> ا		All other program service reve	enue	- *				
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		•	290330.			290330.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		•	19133.			19133.
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	þ	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1534154.					
	b	Less cost or other basis	1700000					
		and sales expenses	1792998. -258844.					
		Gain or (loss) Net gain or (loss)	-230044.		-258844.			-258844.
		Gross income from fundraising	an events (not		-230044.			-230044.
Other Revenue	O d	including \$ contributions reported on line	of					
μ Έ		Part IV, line 18	а					
Ę	b	Less direct expenses	b					
J		Net income or (loss) from fun	_	•				
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а			1		
		Less direct expenses	b					
		Net income or (loss) from gar	•			-		
	10 a	Gross sales of inventory, less						
	<u> </u>	and allowances Less cost of goods sold	a b					
	l	Net income or (loss) from sale	- 1					
		Miscellaneous Reven		Business Code				
	11 a	BENEDUM CABIN I		900099	404235.	404235.]
		MISCELLANEOUS		900099	12798.			
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		>	417033.			
	12	Total revenue See instructions.		<u> </u>	598148.	417033.	0.	50619.
9320 02-04	4-10				1.0			Form 990 (2009)

Part IX | Statement of Functional Expenses

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

	All other organizations must comple				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	836727.	836727.		
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 US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	}			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				···
7	Other 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				
b	Legal				
С	Accounting	6400.		6400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	50316.		50316.	
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	6170.	6170.		
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.)				
а	MISCELLANEOUS EXP	15.	15.		
b					
C					
d					
e					
f	All other expenses	-	· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses Add lines 1 through 24f	899628.	842912.	56716.	0.
<u>25</u> 26	Joint costs. Check here	0330201	<u> </u>	30,200	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet				
	`			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1336.	1	1150.
	2	Savings and temporary cash investments			2	_
	3	Pledges and grants receivable, net			3	75775.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
	•	employees, and highest compensated employe				
	ļ	of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
	•	4958(f)(1)) and persons described in section 49				
		Part II of Schedule L	(-)(-)(-)		6	
Ø	7	Notes and loans receivable, net		281690.	7	265147.
Assets	8	Inventories for sale or use			8	
Asi	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 962914.			
	h	Less accumulated depreciation	10b 55527.	914672.	10c	907387.
	11	Investments - publicly traded securities		11661862.	11	13222777.
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		2551518.	15	2896909.
	16	Total assets. Add lines 1 through 15 (must equ	ial line 34)	15411078.	16	17369145.
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,		17	
	18	Grants payable	44907.	18		
	19	Deferred revenue		19	465834.	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D	8170.	21	4916.
Liabilities	22	Payables to current and former officers, directo				
ᅙ	—	highest compensated employees, and disqualif				
ڌ		of Schedule L	,		22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities Complete Part X of Schedule D	·		25	
	26	Total liabilities. Add lines 17 through 25		53077.	26	470750.
		Organizations that follow SFAS 117, check h	ere X and complete			
g		lines 27 through 29, and lines 33 and 34.	•			
2	27	Unrestricted net assets		1111840.	27	1129776.
Fund Balances	28	Temporarily restricted net assets		11763291.	28	12875892.
e B	29	Permanently restricted net assets		2482870.	29	2892727.
Ë		Organizations that do not follow SFAS 117, o	check here and			
Þ		complete lines 30 through 34.				
Net Assets or	30	Capital stock or trust principal, or current funds	•		30	
SSe	31	Paid in or capital surplus, or land, building, or e			31	·
χ¥	32	Retained earnings, endowment, accumulated in	• •		32	
ž	33	Total net assets or fund balances	·	15358001.		16898395.
	34	Total liabilities and net assets/fund balances		15411078.		17369145.

<u>Form</u>	990 (2009) THE PARKS SYSTEM TRUST FUND OF WHEELING 55-60	<u>000663</u>	Pa	ge 12					
Par	XI Financial Statements and Reporting								
	•		Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_							
	f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			ĺ					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	b Were the organization's financial statements audited by an independent accountant?								
С	f "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?								
	f the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
d	f "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								
	X 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?	3a		X					
b	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	l							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L					
		Form	990	2009)					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No 1545-0047

				S SYSTEM TR						55	-6000663
Part I	Reason 1	or Public	Charity	Status (All organiz	ations mu	st complet	e this part) See inst	ructions		
he organ	ization is not a	private foun	dation be	cause it is (For lines	1 through 1	11, check (only one b	ox)			
1 🔲	A church, cor	nvention of c	hurches,	or association of chur	ches desci	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school desc	cribed in sec	tion 170(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🔲	A hospital or	a cooperativ	e hospital	service organization	described	n section	170(b)(1)((A)(iii).			
4	A medical res	earch organ	zation op	erated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ıi	i). Enter th	ne hospital's name,
	city, and state	e									
5 🗌	An organizati	on operated	for the be	enefit of a college or u	niversity ov	wned or op	perated by	a governr	nental uni	t describe	d ın
	section 170	(b)(1)(A)(ıv). (Complete	Part II)							
6	A federal, sta	te, or local g	overnmen	it or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7	An organizati	on that norm	ally recen	ves a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic described in
	section 170(l	b)(1)(A)(vi). (Complete	Part II)							
8 🔲	A community	trust describ	oed in sec	ction 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗔	An organizati	on that norm	ally receiv	ves (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	d gross receipts from
	activities related	ted to its exe	empt func	tions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross investment
				able income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 30, 1975
	See section	509(a)(2). (C	omplete F	Part III)							
10 🖳	•	•	•	rated exclusively to te		-			-		
11 LX	_	-		rated exclusively for the							
			_	ons described in secti				2) See se o	tion 509(a)(3). Che	ck the box that
		• •		ganization and compl							
	a Type I		b X	• •		e III - Func	•	_			Type III - Other
e X				the organization is not							
		-		n one or more publicl						9(a)(1) or s	ection 509(a)(2)
f	J			n determination from	the IRS tha	atitisa Iy	pe I, Type	II, or Type	e III		
	supporting of	-						-646-6-11		0	
g	•		_	janization accepted a			-				Van Na
	• •		-	ectly controls, either a	ione or tog	ether with	persons c	iescribed i	iri (ii) ariu (iii) below,	Yes No
	•	• ,	•	ported organization?)						
	• • • •		•	described in (i) above?		2					
	• •		•	erson described in (i)							11g(iii) X
h	Provide the in	ollowing into	madon a	bout the supported or	gariization	(5)					
		5	. 1	(iii) Type of	(iv) Ic the	organization	(v) Did vo	u notify the	(vi) !s	the	
	of supported	(ii) Ell	- 1	organization		sted in your			organizati	on in col.	(vii) Amount of support
ury	anization			(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	2 111 1116	Support
			İ	(see instructions))	Yes	No	Yes	No	Yes	No	
WHEEL	ING			<u></u>	1				1		
	COMMISS	55-600	09576		х		x		x		835613.
	COLLIEBD	33 000	033.0	<u> </u>							
			1								
								1			
		}									
		-		-		1					
	-										
Total			L						<u> </u>	1	835613.

Form 990 or 990-EZ.

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

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

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

	rt III Support Schedule for O	rganizations	Described in	Section 509(a)(2) (Complete only	if you checked the bo	ox on line 9 of Part I.)
	ction A. Public Support					, - · · - · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	;					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				-		
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support		<u></u>				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization!	e firet eagand the	rd fourth or fifth +	tay year as a coct-	nn 501(a)/3) arasa	zation.
14	check this box and stop here	the organization	a mai, second, inii	a, iouitii, or iiith t	ian year as a section	on our (c)(o) organiz	Lation,
Se	ction C. Computation of Publi	c Support Pe	rcentage	-	· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2009 (li			column (fi)		15	
16		. ,,	•	colarrii (1))		16	
	ction D. Computation of Inves					110	
17						17	%
18				ne 10, column (i))		18	
	a 33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than	L	
13	more than 33 1/3%, check this box ar	-					is not
1	o 33 1/3% support tests - 2008. If the	•	- '		· · · · · ·		and
	line 18 is not more than 33 1/3%, che	=					▶ □
20							
						hedule A (Form 90	O == 000 E7\ 0000

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions. Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	THE PARKS SYSTEM T	RUST FUND OF WHEELING	<u>; </u>	<u>55-6000663</u>	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	Ints. Complete if the	
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6			
		(a) Donor advised funds	(b) Fun	ds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			• •	
4	Aggregate value at end of year		<u> </u>		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	s exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor	_	used only		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring		
	impermissible private benefit?	• • •	_	Yes	No
Pai	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, P	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)			
	Preservation of land for public use (e.g., recreation or	· — :	torically impo	ortant land area	
	Protection of natural habitat	Preservation of a certi			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conserva	ation easement on the la	st
	day of the tax year				
	•			Held at the End of the Tax	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	• •	2d	· · · · · · · · · · · · · · · · · · ·	
3	Number of conservation easements modified, transferred, re		e organization	during the tax	
	year >	,	J	ŭ	
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements	_		Yes] No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	uring the yea	r >	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year	\$	
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expense	statement, a	and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organizat	tion's accounting for	
	conservation easements				
Pa	t III Organizations Maintaining Collections		ther Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116, ne	ot to report in its revenue statement and ba	alance sheet	works of art, historical	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, p	provide, in Part XIV, the t	ext of
	the footnote to its financial statements that describes these	eitems			
þ	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet wor	ks of art, historical treas	ures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the	following amounts relati	ing to
	these items				
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$ \$	
	(ii) Assets included in Form 990, Part X		>	\$	
2	If the organization received or held works of art, historical tro		ıl gaın, provid	e	
	the following amounts required to be reported under SFAS	116 relating to these items			
а	Revenues included in Form 990, Part VIII, line 1		>	\$	
b	Assets included in Form 990, Part X		>	\$	

		KS SYSTEM								Page 2
Par										
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	е	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	he organizat	ion's exe	mpt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or oth	er sımıla	r assets	_	_	
	to be sold to raise funds rather than to be ma								」Yes	No_
Par	t IV Escrow and Custodial Arran		ete if org	anızatıon ar	nswered "Ye	s" to For	m 990, Pa	ırt IV, line	9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other a	ssets not	included		_	
	on Form 990, Part X?								」Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212					LX	Yes	∟ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo					1	
		(a) Current year		rior year	(c) Two yea	irs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	11661862.		93740.						
b	Contributions	1148933.		<u>83262.</u>						
С	Net investment earnings, gains, and losses	1351623.		<u>71193.</u>						
d	Grants or scholarships	836727.	8	<u>85112.</u>						
е	Other expenditures for facilities									
	and programs	52769.		2139.						
f	Administrative expenses	50145.		<u>56696.</u>						
g	End of year balance	13222777.	116	<u>61862.</u>						
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Term endowment ▶ 100.00	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıst	ered for t	the organi	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	·							3b	
4	Describe in Part XIV the intended uses of the									
Par	rt VI Investments - Land, Building	<u> </u>		e Form 990	, Part X, line	1				
	Description of investment	(a) Cost or obasis (investi		ı	or other (other)		ccumulate preciation		(d) Book	value
1a	Land			8	23293.				82	3293.
þ	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other			1	39621.		555	27.	8	4094.
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10(c).)				90	7387.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 THE PARKS	SYSTEM TRUST	FUND OF WHEELI	NG 55-6000663 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line		father of of columbia
 (a) Description of security or category (including name of security) 	(b) Book value		flethod of valuation and-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
	-		
		-	
			
		 	-
			<u> </u>
			
			·
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, lin		
(a) Description of investment type	(b) Book value		Method of valuation
		Cost or e	end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets. See Form 990, Part X, III			
	a) Description		(b) Book value
ACCRUED INTEREST RECEIVABLE			4182.
BENEFICIAL INTEREST IN PERPE	יחוואו חסוופה		2892727.
BENEFICIAL INTEREST IN PERFE	ITOND INOSI		2032121
			··· · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) I		-	▶ 2896909.
Part X Other Liabilities. See Form 990, Part	X, line 25		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)		
2. FIN 48 Footnote in Part XIV, provide the text of the f		nn's financial statements that	reports the organization's liability for
Z. 1 114 TO 1 OUTHOLE III FAIL AIV, PROVIDE THE LEXT OF THE I	Comoto to the organization	and manda statements that	roporto trio organization 5 liability 101

$\overline{}$	t XI Reconciliation of Change in Net Assets from Form 990 to	OF WI	EELING		000663	Page 4
		Auditeu		ements		3148.
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			9628.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			<u>1480.</u> 1874.
4	Net unrealized gains (losses) on investments		4		104.	10/4.
5	Donated services and use of facilities		5			
6	Investment expenses		7			
7	Prior period adjustments Other (Describe in Part XIV)		8			
8	Total adjustments (net) Add lines 4 through 8		9		184	1874.
9	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	٠.۵	10			394.
10 Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With		Return		<u> </u>
1	Total revenue, gains, and other support per audited financial statements		<u> </u>	1	2440	0022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
_ a	Net unrealized gains on investments	2a	1841874	.		
b	Donated services and use of facilities	2b		7		
c	Recoveries of prior year grants	2c		7		
d	Other (Describe in Part XIV)	2d		7		
e	Add lines 2a through 2d	·		2e_	1843	1874.
3	Subtract line 2e from line 1			3	598	3148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		<u>8148.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses pe	r Returi		
1	Total expenses and losses per audited financial statements			1	89	9628.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a		_		
b	Prior year adjustments	2b		4		
С	Other losses	2c	****	4		
d	Other (Describe in Part XIV)	2d		-		•
е	Add lines 2a through 2d			2e	0.0	0.
3	Subtract line 2e from line 1			3	89	9628.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 - 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV)	4b		\dashv , \vdash		۸
_	Add lines 4a and 4b			4c	90	<u>0.</u> 9628.
D ₂	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIV Supplemental Information			5	09	9020.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	L lines 1s ar	nd 4 Part IV lines	1b and 2k	n Part V Juno	4 Port
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp					7,1 ait
	rt IV, line 2b: THE ORGANIZATION HOLDS FUND					
<u>r a</u> .	IC IV, TIME ED. THE ORGINIZATION HOLDS TON	<u> </u>				
CO	MMISSION.					
<u> </u>						
		<u>-</u>				
Pa	rt V, line 4: ENDOWMENT FUNDS ARE HELD FOR	THE F	UTURE SUP	PORT	OF THE	
		•				
PU	BLIC PARKS OF WHEELING, OHIO COUNTY, WEST	VIRGIN	IA.			
		<u></u>				

Schedule I (Form 990) 2009 Employer identification number 55-6000663 FOR THE MAINTENANCE AND OPERATION OF THE PUBLIC Open to Public OMB No 1545-0047 2009 PARKS OF WHEELING, WV. Inspection (h) Purpose of grant 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 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, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. THE PARKS SYSTEM TRUST FUND OF WHEELING 835613, (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations 55-6000957 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization WHEELING PARK COMMISSION or government Name of the organization WHEELING WV 26003 Department of the Treasury Internal Revenue Service OGLEBAY PARK SCHEDULE (Form 990) Part I Part II

2

Page 2 (f) Description of non-cash assistance 55-6000663 (e) Method of valuation (book, FMV, appraisal, other) 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 PARK COMMISSION BASED ON MONTHLY NEEDS FOR THE OPERATION AND MAINTENANCE OF Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Line 2: THE ORGANIZATION MAKES GRANTS TO THE WHEELING THERE ARE NO FURTHER MONITORING (d) Amount of non-cash assistance THE PARKS SYSTEM TRUST FUND OF WHEELING (c) Amount of cash grant (b) Number of recipients . ₩ THE PUBLIC PARKS OF WHEELING, (a) Type of grant or assistance Part I, Schedule I (Form 990) 2009 Schedule I, PROCEDURES Part III

Schedule I (Form 990) 2009

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932102 02-02-10

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE PARKS SYSTEM TRUST FUND OF WHEELING

Employer identification number 55-6000663

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	,		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	<u> </u>	X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of			
а	The organization?	5a	Ì	X
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		ŀ	
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2009

55-6000663 THE PARKS SYSTEM TRUST FUND OF WHEELING

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2009

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	9	(Q)	(E)	(F)
		(-)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(D)·(l)(B)	reported in prior Form 990 or Form 990-EZ
	Ξ	0	0	0	0	0	0	0
G. RANDOLPH WORLS	€	147916.	0	0	0	44077.	191993.	0
1	Ξ							
	(ii)							
	Ξ							
	Ξ							
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Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury

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.

OMB No 1545-0047 **Open to Public** Inspection

Internal Revenue Service Employer identification number Name of the organization THE PARKS SYSTEM TRUST FUND OF WHEELING 55-6000663 Form 990, Part VI, Section A, line 7a: THE TRUSTEES OF THE PARKS SYSTEM TRUST FUND OF WHEELING ARE THE PARK COMMISSIONERS OF THE CITY OF WHEELING, WEST VIRGINIA, AS APPOINTED BY THE MANAGER, MAYOR AND COUNCIL OF THE CITY OF WHEELING OR THE CIRCUIT COURT OF OHIO COUNTY. Form 990, Part VI, Section A, line 8b: THE ORGANIZATION'S GOVERNING BODY HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. Form 990, Part VI, Section B, line 11: THE ORGANIZATION'S USUAL PROCEDURES ARE TO HAVE THE CONTROLLER REVIEW THE 990 PRIOR TO FILING, AND TO DISTRIBUTE THE 990 TO THE GOVERNING BODY SUBSEQUENT TO FILING. Form 990, Part VI, Section B, Line 12c: THE ORGANIZATION'S CONTROLLER ENSURES THAT ALL TRUSTEES ANNUALLY SIGN OFF ON A DISCLOSURE OF ANY CONFLICT OF INTEREST. TO DATE, NO CONFLICTS HAVE BEEN IDENTIFIED THAT REQUIRE FURTHER MONITORING. THE ORGANIZATION HAS NO EMPLOYEES. Form 990, Part VI, Section C, Line 19: THE ORGANIZATION DOES NOT HAVE A POLICY FOR MAKING ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

SCHEDULE R

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number Direct controlling 55-6000663 entity End-of-year assets <u>e</u> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income চ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) THE PARKS SYSTEM TRUST FUND OF WHEELING Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service (Form 990) Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part

(a)	(Q)	(2)	©	(e)	()
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
WHEELING PARK COMMISSION - 55-6000957					
OGLEBAY PARK	TO OPERATE OGLEBAY AND				
WHEELING, WV 26003	WHEELING PARKS	West Virginia	N/A	N/A	N/A
OGLEBAY FOUNDATION - 55-0750128	TO MAINTAIN, DEVELOP AND				
OGLEBAY PARK	MPROVE OGLEBAY AND				
WHEELING, WV 26003	WHEELING PARKS	West Virginia	501(C)(3)	11b	N/A
OGLEBAY FOUNDATION PROPERTIES - 31-1521015	TO MAINTAIN, DEVELOP AND				
OGLEBAY PARK	IMPROVE OGLEBAY AND				
WHEELING, WV 26003	WHEELING PARKS	West Virginia	501(C)(2)	N/A	N/A
	T.				

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

932161 02-04-10

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 THE PARKS SYSTEM TRUST FUND OF WHEELING

Page 2

55-6000663

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

Code V-UBI General or amount in box 20 of Schedule K-1 (Form 1065) Yes No		,	- Patrior System	one or more related	(g) (h) Share of Percentage end-of-year ownership assets		-		
(h) Disproportion- ate allocations? Yes No K-1			- +	Decause it nad	_				
(g) Share of end-of-year assets			70 cm 71 400 C	o, Part IV, line 34	(f) Share of total corp. income				
(f) Share of total income				res" to Form 99	(d) Type of entity (C corp., S corp, or trust)	77-			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				tion answered "	(d) Direct controlling entity				
				if the organiza	Legal domicite (state or foreign country)	i		 1	
(d) Direct controlling entity				Trust (Complete	(b) Primary activity				
(c) Legal domicale (state or foreign country)			:	orporation or tax year)	Ę				
(b) Primary activity				janizations Taxable as a Coporation or trust during the	Z				
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Decause it had one or more related organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization				

Page 3

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Yes

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THE PARKS SYSTEM TRUST FUND OF WHEELING Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to other organization(s)
 - c Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)

 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s) 6
 - b Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- J Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)

(b) (c) Transaction Amount involved type (a-r)	
(a) Name of other organization(s)	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(1) WHEELING PARK COMMISSION	A	4
(2) WHEELING PARK COMMISSION	В	83
(3) WHEELING PARK COMMISSION	Ω	283
(4)		

38206.

48572.

35613.

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55-6000663

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Schedule R (Form 990) 2009 THE PARKS SYSTEM TRUST FUND OF WHEELING

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

וומן אמט ווטן מומנים סופשוויבמוסו סכם ווסומים וואס מיים וויסומים וואס מיים וויסומים							
(a)	((၁)	<u> </u>			(6)	Ξ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S	Dispropor- tionate	Code V-UBI	General or managing
Of entity		(state or foreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	Yes No
			-		-		
							_
					-		
							_
					_		
			<u></u>				

Schedule R (Form 990) 2009