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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A 1	or the	2009 calendar year, or tax year beginning and end	ling		
В	Check if applicable	Please use IRS E.W. OGLEBAY MEMORIAL FUND		D Employer ident	tification number
	Addres	ss label or C/O SECURITY NATIONAL TRUST COMPANY			
	Name change	hone		55-	6023714
	Initial return Termin	, Specific 1200 CHADITNE CODEED	m/suite	E Telephone num	ber .233.5215
一	⊒ated ⊒Ameno return			G Gross receipts \$	339,481.
	Application			H(a) Is this a group	
	pendin	F Name and address of principal officer: STUART F. BLOCH		for affiliates?	Yes X No
		1300 CHAPLINE STREET, WHEELING, WV 2600	3	H(b) Are all affiliates	ıncluded? Yes No
<u>- 戸</u>	ax∙exe	empt status: 🔀 501(c) (-3 —) ◀ (insert no.) - 4947(a)(1) or _ 527_		If_"No," attach	a list. (see instructions)
J	Nebsit	e: ► N/A		H(c) Group exemp	tion number
			L Year o	of formation: 1943	M State of legal domicile WV
P	art f	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ${ t PROVID}$ OGLEBAY INSTITUTE	E FI	NANCIAL SU	PPORT FOR
ř	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net	assets.
o ve	3	Number of voting members of the governing body (Part VI. line 1a)		<u>_ :</u>	3 4
<u>ග</u> නේ	4	Number of independent voting members of the governing body (Part VI, line 1b)		Ŀ	4 4
es	5	Total number of employees (Part V, line 2a)		🚉	5 0
Ĭ.	6	Total number of volunteers (estimate if necessary)			6 0
Act	7a '	Total gross unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	'a 0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34			о.
			ļ	Prior Year	Current Year
3. B	1	Contributions and grants (Part VIII, line 1h)	<u> </u>		
Revenue	1	Program service revenue (Part VIII, line 2g)	-	-4,686	19,283.
a e	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	-4,000	406.
20	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	-4,686	
<u> </u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,000	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	-		
ي د		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			
		Total fundraising expenses (Part IX, column (D), line 25)			
S D		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_ [6,469	
Ď		Total expenses. Add lines 13-17 (must equal Part IX, con (AH) (25)		61,469	
	19	Revenue less expenses. Subtract line 18 from line 12		-66,155	-79,464.
Net Assets or Fund Balances		Total assets (Part X, line 16)	Beg	ginning of Current Yea	r End of Year
sets	20	Total assets (Part X, line 16)		1,127,208	1,047,744.
d As	21	Total liabilities (Part X, line 26)	<u> </u>	1 105 000	1 045 544
		Net assets or fund balances. Subtract line 21 from line 26 DFN UT.	L_	1,127,208	1,047,744.
P	art II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and sta and complete. Declaration of preparer other than officer) is based on all information of which preparer has any kn	itements, a nowledge.	ind to the best of my know	ledge and belief, it is true, correct,
				10/12/	
Sig		Signature of officer		Date	
Hei	e	Mark C Fearel President			
		Type or print name and title			
		Preparer's Date			parer's identifying number
Pair	1	signature JOSEPH N. GOMPERS, CPA 05/12/	10 self	- ployed ► X	Instructions)
	parer's	Firm's name (or GOMPERS & ASSOCIATES, P.L.L.C.		EIN >	
Use	Only	self-employed), 117 EDGINGTON LANE			
	ľ	address, and WHEELING, WV 26003-1534		Phone no	(304)242-9300
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 02-0		ate inst	ructions.	Form 990 (2009)

Form 990 (2009)

E.W. OGLEBAY MEMORIAL FUND

Form 990 (2009)

C/O SECURITY NATIONAL TRUST COMPANY

Vest No If Yes, "complete Schedule A Stee organization of escribed in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, "complete Schedule A Stee organization or equived to complete Schedule of Contributors? Did the organization or equived to complete Schedule of Contributors? Did the organization or equived in ordinary of the Contributors Section 501(c)(4), sing 501(c)(5), and 501(c)(6) organizations. But the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. But the organization subject to the section 603(a) notice and reporting requirement and proxy tax If If Yes, "complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. But the organization subject to the section 603(a) notice and reporting requirement and proxy tax If If Yes, "complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land suesa, or historic structures? If Yes," complete Schedule D, Part IV 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 Is the organization's answer to any of the following questions "Yes'? If so, complete Schedule D, Part IV Is the organization's answer to any of the following questions "Yes'? If so, complete Schedule D, Part X, III X X X X X X X X X	Par	t IV Checklist of Required Schedules			
If Yes, *complete Schedule A Schedule of Contributions? 2 Schedule of Contributions? 2 Schedule of Contributions? 3 Did the organization required to complete Schedule 6, Schedule of Contributions? 3 Schedule of Contributions 3 Sch				Yes	No
2 is the organization required to complete Schedule B, Schedule of Contributors? 3 Oid 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 II 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 5 Section 501(c)(3) organizations. Did the organization is the organization subject to the section 603(e) notice and reporting requirement and proxy tax' If 'Yes,' complete Schedule C, Part III 5 Did the organization receive or hold a conservation easierent, including assertents to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain and easie, or historic structures? If 'Yes,' complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not lated in Part X; or provide schedule D, Part II 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not lated in Part X; or provide schedule D, Part II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part II 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V. 11 Did the organization report an amount for revestments - other securities in Part X, line 13 that is 5% or more of fits total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X. 12 Did the organization report an amount for revestments - other securities in Part X, line 13 that is 5% or more of fits total assests reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X. 13 Did the organization r	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for bubble office? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. But the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 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 1 Did the organization maintain any donor advised funds or accounts? If "Yes," complete Schedule D, Part I 1 Did the organization and aneas, or historic structures? If "Yes," complete Schedule D, Part II 2 Did the organization and in the part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 Is its the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X 2 Did the organization report an amount for investments - other securities 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 X 2 Did the organization report an amount for other liabilities 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 X 2 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," compl		If "Yes," complete Schedule A	1_	X	
bublic office? If "Yes," complete Schedule C, Part II Section 801(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III Section 801(c)(4), 801(c)(5), and 801(c)(6) organizations. Is the organization subject to the section 6033(e) notice and resporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization receive or hold a conservation easement, including easements of preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not lated in Part X, or provide Schedule D, Part IV Did the organization report an amount for areas or debt negotiation services? If "Yes," complete Schedule D, Part IV Is the organization report an amount for lond, 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 10? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other assets in Fart X, line 11 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other assets in Fart X, line 19 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XII Did the organization report an amount for other assets in Fart X, line 15 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part XII Did the organization is liability for u	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
Section 501(e)(8) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(e)(8), 501(e)(8), and 501(e)(8) organizations. Is the organization section 6033(e) notice and 5 section 601(e)(8), 501(e)(8), and 501(e)(8) organizations. Is the organization requerment and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instonc land areae, or historic structures? If "Yes," complete Schedule D, Part II 7 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 8 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 1 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 1 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 1 Did the organization report an amount for investments - other securities 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 XI. 1 Did the organization report an amount for other liabilities 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 X. 1 Did the organization report an amount for other liabilities 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 X. 2 Did the organization included in inconsolidated, independent audited finan	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			1
4 Section 501(c)(3) organizations. Did the organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 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 8 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 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part XVIII, IVII, IV, or X as applicable 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XVII. 11 Did the organization report an amount for investments - other securities 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 XVII. 12 Did the organization report an amount for investments - other securities 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 XVII. 13 Did the organization report an amount for investments or the tax year include a footinote that addresses 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 XVII. 14 Did the or			3		
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 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 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 II Did the organization maintain collections of works of art, histoneal treasures; or or order the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI is the organization answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, VII, VIII, IX, or X as applicable Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - other securities 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 XII. Did the organization report an amount for other lashifities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization or separate or consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X. Did the organization is separate or consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X. Did the organization have aggregate	4		4		X
Freporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 1 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 II 2 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic clarifocense If "Yes," complete Schedule D, Part III 3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 4 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 5 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV, as a paphicable 6 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV, as assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII. 7 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 18? If "Yes," complete Schedule D, Part VIII. 8 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 18? If "Yes," complete Schedule D, Part VIII. 9 Did the organization report an amount for other inabilities 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 VIII. 1 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XII. 2 Did the organization br	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 I 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 I 8 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 I Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV I Is the organization amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 9 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 IVI. 9 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 IVI. 10 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 IVI. 11 Did the organization obtain separate, independent audited financial statements for the tax year? 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, Part X. 13 Is the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X. 14 Did the organization have aggregate revenues or	_		5		L
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical advess, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures; or other similar assets? If "Yes," complete Schedule D, Part IV 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, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 11 Is the organization's answer to any of the following questions "Yes?" If so, complete Schedule D, Part VI, IV III, IX, or X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments of the securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII. 13 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XI. 14 Did the organization is liability for uncertaint tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 15 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization is liability for uncertaint tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 16 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization have aggregate revenues or expenses of more than	6				
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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV. 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. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VI. 11 Is the organization is answer to any of the following questions "Yes"? If so, complete Schedule D, Part VI, IV, IVII, IVI, or X as applicable. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 Did the organization report an amount for investments - other securities 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 VII. 12 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 VII. 13 Did the organization report an amount for other allowing the 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 X. 14 Did the organization report an amount for other allowing 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 X. 15 Did the organization oreport an amount for other allowing 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 X. 16 Did the organization oreport ano	•		6		Х
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-8—Did the organization maintain collections of works of art, historical treasures; or other similar assets? If "Yes;" complete Schedule D, Part III. 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 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VIII Is the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 12 Did the organization report an amount for investments - other securities 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. 13 Did the organization report an amount for other lassets 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 VIII. 14 Did the organization report an amount for other lassets 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 VIII. 15 Did the organization report an amount for other labilities 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 XI. 16 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI, XII, and XIII. 17 A State organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 18 Did the organization mantain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Part II. 19 Did the organization report on Part IX,	•	· ·	7		Х
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1c and 8a? If "Yes," complete Schedule G, Part II	18				_
			18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	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		
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20				<u> </u>

Form 990 (2009) Part IV Checklist of Required Schedules (continued)

C/O SECURITY NATIONAL TRUST COMPANY

		f	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ŀ	١	
	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,		ļ	17
	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		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l		
	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			,
	Schedule K. If "No", go to line 25	24a		X
	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-		_
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	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		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	1		
	Schedule L, Part III	27	ļ.,ļ	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_X
C	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	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		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		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	<u>X</u> _	
		Form	990 (2	2009)

Form 990 (2009) Part V Statements Regarding Other IRS Filings and Tax Compliance

C/O SECURITY NATIONAL TRUST COMPANY

			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			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ <u>.</u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			.,
	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	<u>3b</u>		├──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	:		V
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- X-
þ	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.	_		v
	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_		
C	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	٥-		x
	any contributions that were not tax deductible?	6a		_ <u>^</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	e.		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		x
	provided to the payor?	7b	-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x
	to file Form 8282? If "Yes " Indicate the number of Forms 8282 filed during the year 7d			
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
е		7e	İ	Ì
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
٠,	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
0	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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	,	
10	Section 501(c)(7) organizations. Enter:	***********		
	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			

C/O SECURITY NATIONAL TRUST COMPANY

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	4		
b	•			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		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	į		
	-governing-body?			<u>-x-</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		.,	
а	· · · · ·	8a	X	
b	- · · · · · · · · · · · · · · · · · · ·	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			17
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		40	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	10a		
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		X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		^
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Х
12a	· · · · · · · · · · · · · · · · · · ·	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	۱		
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		X
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
а		15a		X
Ь	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		Х
	taxable entity during the year?	16a		-
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	405	ŀ	
	exempt status with respect to such arrangements?	16b_		l
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	List the states with which a copy of this fermi cooks required to the most	for		
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.	101		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	nd 6	noid	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	iia tina	ııcıaı	
	statements available to the public.	tion:	•	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	uon: 🕨		
	SECURITY NATIONAL TRUST COMPANY - 304.233.5219 1300 CHAPLINE STREET, WHEELING, WV 26003	_		-

Page 7

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.

——————————————————————————————————————	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
, vaine and inite	hours	(c				app	ly)	compensation	compensation	amount of
	per week	Individual trustae or director	Institutional trustae	Officer		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
STUART F. BLOCH										
TRUSTEE		X	<u> </u>			ļ		0.	0.	0.
WILBUR S. JONES]			J		0.		0
TRUSTEE RICHARD CARTER		X				├		<u> </u>	0.	0.
TRUSTEE		X						0.	0.	0.
RONALD A. LEITCH		† 								
TRUSTEE		X						0.	0.	0.
		+			_	}				
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Form 990 (2009)

rar	t VII Section A. Officers, Directors, 1		mple	oyee			⊣igh	<u>est</u>			— Т		<u></u>	
	(A) Name and title	(B) Average hours per	H	heck	Pos all t	itior		ly)	(D) Reportable compensation from	(E) Reportable compensatio from related	n		(F) timate nount other	
		week	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	1	fr org an	pensa om th anizat d relat anizati	e Ion ed
					-		-							
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									0.		0.			0.
1b 2	Total	t not limited to ti	hose	liste	ad al	bov	e) wt	oo r		0.000 in reportabl				•
2	compensation from the organization	t not minico to ti			, u		.,	,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0
				_							ı		Yes	No
3	Did the organization list any former office			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		3		Х
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the			omp	ensa	atior	n and	d ot	 her compensation from	the organization		·····		
	and related organizations greater than \$	150,000? If "Yes	," co	mple	ete S	Sche	edule	e <i>J 1</i>	for such ındivıdual			4		X
5	Did any person listed on line 1a receive o				rom	any	unr/	elat	ed organization for serv	ices rendered to		5		Х
Sec	the organization? If "Yes," complete Sch	eaule J To <u>r Such</u>	pers	ion_										
1	Complete this table for your five highest the organization. NONE	compensated in	dep	ende	ent c	ont	racto	ors t		\$100,000 of com	pens			
	(A) Name and busine	ss address							(B) Description of s	services	С	ompe	nsatio	n
													_	
														_
<u> </u>	Total number of independent contractor \$100,000 in compensation from the organization.		not li	mite	d to		se li: O	stec	above) who received n	nore than			000	

E.W. OGLEBAY MEMORIAL FUND

C/O SECURITY NATIONAL TRUST COMPANY 55-6023714 Page 9 Form 990 (2009) Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from Total revenue Related or Unrelated exempt function tax under sections 512, 513, or 514 business revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business-Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 30,057. 30,057. 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 309,018. assets other than inventory b Less: cost or other basis 358,358. and sales expenses 49,340. c Gain or (loss) -49,340.-49,340.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 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 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** 406. 406 11 a LITIGATION SETTLEMENT 900099 d All other revenue 406. e Total. Add lines 11a-11d -49,340.30,463. -18,877.Total revenue. See instructions

Form 990 (2009)

932009 02-04-10

C/O SECURITY NATIONAL TRUST COMPANY

Part IX Statement of Functional Expenses

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	55,000.	55,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees—				
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 .	790.		790.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .	-	.,		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	BANK TRUST FEES	4,681.		4,681.	
b	PERFORMANCE MEASUREMENT	116.		116.	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	60,587.	55,000.	5,587.	0.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					- 000 (0000)

Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 18. 33. 1 Cash - non-interest-bearing 7,777. 53,217. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use-9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 1,073,882. 1,039,640. 11 Investments · publicly traded securities 11 309. 12 12 Investments - other securities. See Part IV, line 11 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,127,208. 1,047,744 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Pavables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities, Complete Part X of Schedule D 25 25 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here __ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 1,157,324. 1,157,324. 30 30 Capital stock or trust principal, or current funds Ο. 31 31 Paid in or capital surplus, or land, building, or equipment fund -30,116.-109,580. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,127,208. 1,047,744. 33 33 Total net assets or fund balances 1,047,744. 1,127,208. Total liabilities and net assets/fund balances

Form 990 (2009)

E.W. OGLEBAY MEMORIAL FUND

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

-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.

orm	990 (2009)	· C/O	SECURITY	NATIONAL	TRUST	COMPANY	<u>55-6023</u>	714	Pag	je 12
Pa	rt XI Financi	al Statement	s and Reporti	ng	·					
									Yes	No
1	Accounting met	hod used to prep	are the Form 990	: X Cash	Accrual	Other				
					r or checked	d "Other," explain in Sch	iedule O.		- 1	
2a	_					dent accountant?		2a		<u> </u>
b	-			ed by an independ				2b		X
С	If "Yes" to line 2	a or 2b, does the	organization have	e a committee that	assumes re	sponsibility for oversigh	t of the audit,	1 1		
	review, or comp	ulation of its finan	cial statements ar	nd selection of an i	ndependent	accountant?		2c		*********
	-					ig the tax year, explain i	n Schedule O.			
d	-	-				ments for the year were				
	consolidated ba	ısıs, separate bas	is, or both:							
	Separate	basis Co	nsolidated basis	Both cons	olidated and	separate basis			1	

Form **990** (2009)

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

W. OGLEBAY MEMORIAL FUND

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

C/O SECURITY NATIONAL TRUST COMPANY

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Employer identification number 55-6023714

1		A church, co	nvention of churches	s, or association of church	ches desc	ribed in s e	ection 170	(b)(1)(A)(i)			
2	Ш	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3	\sqsubseteq	•	•	al service organization of							
4		A medical res		pperated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,
5		An organizati		penefit of a college or un	niversity ov	wned or op	perated by	a governi	mental uni	describ	ed in
6				ent or governmental unit	t describer	tın sectio	n 170/h\/1	11/Δ1/ω)			
7	Ħ	•		erres a substantial part					r from the	oeneral	nublic described in
′		•	b)(1)(A)(vi). (Complet	•	oi ita aupp	ort nom a	governine	intai onii c		gonorai	pasiic acsonisca iii
8		-		ection 170(b)(1)(A)(vi). ((Complete	Part II)					
9		•		eives: (1) more than 33 1		-	rom contri	hutions m	embershi	n fees a	nd aross receipts from
3				etions - subject to certa							
				exable income (less sect							
			509(a)(2). (Complete			,,	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, o.g		
10				erated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	I).		
11	$\overline{\mathbf{x}}$			erated exclusively for the						out the	purposes of one or
•				tions described in section							
				organization and comple				•	·		
		a X Type		7			tionally int	tegrated		d□	Type III - Other
е	\mathbf{X}			t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons other than
_				nan one or more publicly							
f			-	ten determination from t							
		_	rganization, check th				,				
9	1		-	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
Ĭ		-		irectly controls, either al							Yes No
				pported organization?							11g(i) X
		-	• •	described in (i) above?							11g(ii) X
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii) X
h	1			about the supported or							
			J								
(i)	,	of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) is the o in col (i) lis governing o	sted in your			(vi) is organizatio (i) organizi U S	n in cot l	(vil) Amount of support
				(see instructions))	Yes	No	Yes	No	Yes	No	
\overline{oG}	LEB	AY									
IN	STI	TUTE	55-0359760	11A		X	Х		X		55,000.
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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

55,000.

Sche	dule A (Form 990 or 990-EZ) 2009						Page 2
Pa	til Support Schedule for (_		Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i)
<u> </u>	(Complete only if you checked	the box on line :	o, /, or 8 of Part I.)			<u> </u>	
	tion A. Public Support		T (1) 0000	(-) 0007	4.0.000	4-1,0000	40 Takal
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	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 furnished by a governmental unit to the organization without charge						,
4	Total. Add lines 1 through 3						
	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. Suptract line 5 from line 4 to tion B. Total Support		.1	<u> </u>	<u> </u>	. l	
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4) 2000	(3) 2000	(5) 200 ;	χο, 2000	(0/200	V/
-	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
•	Net income from unrelated business activities, 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 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)			12	
	First five years. If the Form 990 is for	•		d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
	organization, check this box and stop						▶□
	tion C. Computation of Publi		rcentage				
14	Public support percentage for 2009 (li	ne 6, column (f) c	livided by line 11, o	column (f))		14	
	Public support percentage from 2008			-		15	
	33 1/3% support test - 2009.If the or			line 13, and line 1	14 is 33 1/3% or n	nore, check this box	and
100	stop here. The organization qualifies				•		▶□
	stop nere. The organization qualifies						
	33 1/3% support test - 2008. If the or		ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check thi	s box
b		ganization did no fies as a publicly	supported organiz	ation .			▶∟

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

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

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 bus-Iness under section 513 4 Tax revenues levied for the organization's-benefit and either-paid-toor 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) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 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 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 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 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 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 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

MEMORIAL FUND NATIONAL TRUST COMPANY Islance antitate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection s for monitoring the use of grant funds in the United States ments and Organizations in the United States Choose this box in one recipient received more than \$5,000. Use Part IV and Schedule I.1 (Form 990) if additional special processed more than \$5,000. The state of grant in the United States assistance assistance Assistance One page of the Company of the grant in the Company of the grant in the Company of the Grant State of the Company of the Compa		Сотр	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States organization answered "Yes" on Form 990, Part IN	to Organizations in the United Stat on Form 990, Par	i, es t IV, line 21 or 22.		2009 OMB No 1545-0047
of grant or assistance, the grantees' eligbuilty for the grants or assistance, and the selection of grant funds in the United States. In in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Innercipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional spectrol of Amount of (e) Description of (e) Description of (e) Amount of (e) Amount of (e) Description of (e) Description of (e) Amount of (e)	OGLEBAY SECURITY	MEMOR NATIO	FUND	Attach to Forn	n 990.			Employer identification number 55-6023714
ns in the United States. Complete of the organization answered "Yes" fo Form 990, Part IV, lin recipient recoved more than \$5,000. Use Part IV and Schedule I-I (Form 990) if additional spaction (a) Amount of non-cash of non-cash grant assistance assistance (b) Amount of non-cash of non-cash grant assistance (b) Amount of non-cash assistance (b) Amount of non-cash of non-cash assistance (c) Amount of non-cash of non-cash of non-cash assistance (c) Amount of non-cash of non-cash assistance (c) Amount of non-cash of non-cash of non-cash assistance (c) Amount of non-cash of non-cash assistance (c) Amount of non-cash of non-cash of non-cash assistance (c) Amount of non-cash of	nd Assis to substa	rance	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	Istance, and the select	
ns in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lin recipient received more than \$5,000. Use Part IV and Schedule I-I (Form 990) if additional spaction (d) Amount of non-cash assistance assistance assistance assistance (d) Amount of non-cash assistance (e) Amount of non-cash (d) Amount of non-cash assistance (e) Amount of non-cash (e) Amount of non-cash assistance (e)	criteria used to award the grants or assistance?				:		•-	
tructions for Form 990.	Governme	or moni	conng the use of grant	United States. C	omplete if the oras	anization answered "Y	es to Form 990. Part	IV. line 21. for any
tructions for Form 990.	55,000. CF	eck this	s box if no one recipien	t received more th	an \$5,000. Use Pa	irt IV and Schedule I∙1	(Form 990) if addition	al space is needed .
DO P SUPP SUPP SUPP SUPP SUPP SUPP SUPP S) (q)	Z	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
55,000. 0. INST INST TABLE	_						-	TO PROVIDE FINANCIAL
1 55,000. 0. INST								0
tructions for Form 990.	55-03	9760	501 (C)(3)	55,000.	0		_	INSTITUTE.
tructions for Form 990.								
tructions for Form 990.								
tructions for Form 990.								
tructions for Form 990.								
tructions for Form 990.								
	Enter total number of section 501(c)(3) and govern	nmento	rganizations					
	ction Act	Notice	, see the Instructions	for Form 990.				Schedule I (Form 990) 2009

E.W. OGLEBAY MEMORIAL FUND

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 55-6023714 (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, Inhe 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance C/O SECURITY NATIONAL TRUST COMPANY (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 932102 02-02-10 Part III

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(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.

2009
Open to Public Inspection

Name of the organization

E.W. OGLEBAY MEMORIAL FUND

C/O SECURITY NATIONAL TRUST COMPANY

Employer identification number 55-6023714

FORM 990,	PART	VI,	SEC	CTIO	NВ,	LINE	11:	THE	RETU	RN PR	EPARER	PR	OVII	ES	A	COPY
OF THE RE	TURN	то т	HE I	RUS	TEES	BEFO	RE I	T IS	FILE	D. N	O REVI	EW	WAS	OR	WI	LL BE
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FORM-990,	- PAR1		_SEC	TIO	N_C.,_	LINE	_19:	COP	IES_O	F <u>T</u> HI	S INFO	RMA	TION	I AF	RE I	MADE
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