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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.**A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable:	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>	<b>D Employer identification number</b>
<input type="checkbox"/> Address change		<b>EVA &amp; RUSSELL WEISS MEMORIAL TRUST</b> 005692	<b>91-2133579</b>
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return	<b>200 EAST JACKSON STREET</b>	<b>Room/suite</b>	<b>E Telephone number</b>
<input type="checkbox"/> Application pending	<b>MUNCIE, IN 47305</b>		<b>( ) -</b>
			<b>F Group Exemption Number . . . ▶</b>

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

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

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

**I Website:** ▶

**J Tax-exempt status** (check only one) - ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 80,215.**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	16,083.
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	64,132.
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	57,623.
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	6,509.
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	22,592.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	12,346.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	5,317.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	750.
	<b>14</b> Office space, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶) . . . . .	<b>16</b>	
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	18,413.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	4,179.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	605,892.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	610,071.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	605,892.	610,071.
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶) . . . . .		
<b>25 Total assets</b> . . . . .	605,892.	610,071.
<b>26 Total liabilities</b> (describe ▶) . . . . .		
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	605,892.	610,071.

JSA  
9E1008 1 000

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

Form 990-EZ (2009)

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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What is the organization's primary exempt purpose? **STMT 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 STMT 5

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

28a

29

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

**29a**

30

(Grants \$	) If this amount includes foreign grants, check here . . . . . ►
------------	--

**30a**

**31 Other program services (attach schedule)** . . . . .

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ☐

31a

**32 Total program service expenses** (add lines 28a through 31a) . . . . .

32

12,346.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 . . . . .		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>STMT 7</b>		
<b>42a</b> The organization's books are in care of ▶ <b>FIRST MERCHANTS TRUST COMP</b> Telephone no. ▶ <b>(765) 751-1831</b> Located at ▶ <b>200 E JACKSON STREET, MUNCIE, IN</b> ZIP + 4 ▶ <b>47305</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here. . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

Form **990-EZ** (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

f Total number of other employees paid over \$100,000 . . . . . ► NONE

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 . . . . . ► NONE

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer: <u>Laura B. Moorman, AVP &amp; T.O.</u> Date: <u>5-5-10</u>		Type or print name and title: <u>Laura B. Moorman, AVP &amp; T.O.</u>	
Paid Preparer's Use Only	Preparer's signature: <u>Brenda K. Remeal</u>	Date: <u>APR 29 2010</u>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (See instructions):
	Firm's name (or yours if self-employed), address, and ZIP + 4: <u>FIDUCIARY TAX SERVICES, LLC</u> <u>400 S WALNUT STREET SUITE 200,</u>		EIN: <u>35-0830434</u>	Phone no: <u>765-288-3651</u>

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

MUNCIE, IN 47305

Form 990-EZ (2009)



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

N/A

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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.)

N/A

**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 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 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



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

[illegible]

## FORM 990EZ, PART I - INVESTMENT INCOME

## =====

## DESCRIPTION

-----

DIVIDEND INCOME

15,721.

INTEREST INCOME

362.

TOTAL

-----

16,083.

=====

RECIPIENT NAME:  
NORMAL CITY UNITED METHODIST CHURCH  
ADDRESS:  
1711 W JACKSON ST  
MUNCIE, IN 47303  
RELATIONSHIP:  
NONE  
AMOUNT OF GRANT PAID ..... 12,346.

TOTAL GRANTS PAID OVER \$5,000: 12,346.  
=====

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

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	102,611.	73,292.
INVESTMENTS - OTHER	503,281.	536,779.
	-----	-----
TOTALS	605,892.	610,071.
	=====	=====

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

TO DISTRIBUTE NET INCOME TO NORMAL  
CITY UNITED METHODIST CHURCH

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

DESCRIPTION  
-----

EXPENSES  
-----

TO DISTRIBUTE NET INCOME TO NORMAL CITY UNITED  
METHODIST CHURCH

12,346.

TOTAL

-----  
12,346.  
=====

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

=====

## OFFICER NAME:

FIRST MERCHANTS TRUST COMPANY

## ADDRESS:

200 E JACKSON STREET

MUNCIE, IN 47305

## TITLE:

CORPORATE TRUSTEE

COMPENSATION ..... 5,317.

TOTAL COMPENSATION: 5,317.

=====

OTHER STATES WHERE FORM 990EZ IS FILED

=====

IN



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

## NAME OF SUPPORTED ORGANIZATION:

Normal City United Meth

EIN: 35-1522220

TYPE OF ORGANIZATION FROM PART I: 5

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 12,346.

TOTAL SUPPORT:

-----  
12,346.  
=====

DEC 31, 2009

## P O R T F O L I O I N V E S T M E N T R E V I E W

070

ALPHA KEY: WEISSMEMTR

EVA &amp; RUSSELL WEISS MEMORIAL TRUST

25 00 5692 5 06

PAGE 1

ACCT TYPE -NCT TEST DATE OPENED-12/02/1999 FEE DUE -M-DEC FEE SCHED-AB RTN PWR-GENERAL INV POWERS-STAT INV OBJ-BALANCED  
 BRANCH -06 CRITICAL DT-00/00/0000 FEE TYPE -DEDUCT TAXLOTS -YES OWN TIME DEP -N OWN TIME DEP -Y %  
 OFFICER -MOORMAN PROXY OWNER-01522 OBO FEE PYMT -12/07/2009 TAX Y/E -DEC COM TRUST FND-N COM TRUST FND-Y  
 INV OFFICER-WRIGHT INV INCOME -YES FEE BASE FEE MIN SITUS -IN NON INC PROP -Y NON INC PROP -Y  
 NO OF BENE -01 PRIN INVAS -NO FEE DISC FEE DISC MDB ELEC -NONE OWN STOCK -Y REAL ESTATE -Y  
 ACCT STATUS-ACTIVE AUTO OVDRT-NO FEE DISC FEE DISC CASH SWEEP-YES BUSINESS INT -Y OWN STOCK -N  
 VOTING AUTH -SOLE STMT DUE -A-DEC INF RPTG -APPLICABLE 1098 & 1099MISC(NONEMP COMP) ONLY  
 INVEST DISC -FULL REVW DUE -A-JUL

SECURITY NAME	SHARES OR PAR	RTNG	DISC	FINL INVT	INVESTMENT	INVENTORY	BASIS	ANNUAL	EST	CURR	CURR	YLD	MAT	MKT	VAL	UNIT	MARKET	PRICE	CURRENT
---------------	---------------	------	------	-----------	------------	-----------	-------	--------	-----	------	------	-----	-----	-----	-----	------	--------	-------	---------

\*\*\*CASH\*\*\*

INCOME CASH

383.63

0.1

383.63

PRINCIPAL CASH

0.00

0.0

0.00

\*\*\*TOTAL CASH\*\*\*

383.63

384

383.63

\*\*\*CASH EQUIVALENTS

MISC CASH EQUIV-TXBL

OTHER MISC CASH EQUIV-TXBL

FED GOV'T OBLIG INCOME

FUND 05

FEDERATED GOV'T OBLIG PRIN

FUND 05

TOTAL OTHER MISC CASH EQUIV-TXBL

TOTAL MISC CASH EQUIV-TXBL

\*\*\*TOTAL CASH EQUIVALENTS

\*\*\*

\*\*\*FIXED INCOME SECURITIES

COMMON BOND FUNDS

MATURITY (0 - 5 YRS)

INTERMEDIATE TERM INCOME FD

FOR PERS TR ACCTS

23,023.416

FULL

197,984.09

197,984

8,554

4.3

34.5

194,466

8.600

198,007.47

MATURITY (0 - 5 YRS)

AMERICAN CENT INTERNATIONAL

BOND FUND

FEDERATED TOTAL RETURN BOND

VANGUARD INFLATION PROTECTED

ADMIRAL CLASS

915.768

2,019.41

NA

FULL

13,416.00

13,416

583

4.4

2.3

13,416

14.430

13,214.53

2,019.41

NA

FULL

21,224.00

21,224

1,060

4.8

3.8

20,558

10.870

21,950.99

524.814

FULL

11,992.00

11,992

235

1.8

2.3

11,992

24.650

12,936.67

DEC 31, 2009

## P O R T F O L I O I N V E S T M E N T R E V I E W

070

ALPHA KEY: WEISSMEMTR

EVA &amp; RUSSELL WEISS MEMORIAL TRUST

25 00 5692 5 06

PAGE

2

SECURITY NAME	SHARES OR PAR	FINL INVT RTNG DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD MAT	CURR YLD MAT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
-----											
TOTAL MATURITY (0 - 5 YRS)			46,632.00	46,632	1,878	3.9	8.4	45,966			48,102.19
TOTAL TAXABLE BOND MUTUAL FUNDS			46,632.00	46,632	1,878	3.9	8.4	45,966			48,102.19
***TOTAL FIXED INCOME SECURITIES	***		244,616.09	244,616	10,432	4.2	42.9	240,432			246,109.66
***EQUITIES	***										
COMMON EQUITY FUNDS											
NOT CLASSIFIED											
GROWTH FUND FOR PERSONAL TRUST ACCOUNTS	7,587.022	FULL	184,987.51	184,988	4,210	2.7	26.9	137,530	20.367		154,525.09
MID CAP EQUITY FUNDS											
NOT CLASSIFIED											
ARTISAN MIDCAP VALUE	862.36	FULL	16,784.00	16,784	57	0.4	2.7	11,176	17.980		15,505.23
COLUMBIA MIDCAP VALUE	1,208.973	FULL	16,708.00	16,708	121	0.9	2.3	10,216	11.080		13,395.42
S&P 400 MIDCAP SPDR	105	NR FULL	16,591.34	16,591	205	1.5	2.4	10,202	131.740		13,832.70
TOTAL NOT CLASSIFIED			50,083.34	50,083	383	0.9	7.4	31,594			42,733.35
TOTAL MID CAP EQUITY FUNDS			50,083.34	50,083	383	0.9	7.4	31,594			42,733.35
SMALL CAP EQUITY FUNDS											
NOT CLASSIFIED											
BLACK ROCK SMALL CAP GROWTH	416.242	FULL	7,355.00	7,355	0	0.0	1.3	7,355	18.470		7,687.99
FRANKLIN SMALL CAP VALUE	206.196	FULL	7,355.00	7,355	49	0.7	1.3	7,355	36.160		7,456.05
VANGUARD SMALL CAP INDEX	308.386	FULL	7,355.00	7,355	86	1.1	1.3	7,355	24.790		7,644.89
SIGNAL CLASS			22,065.00	22,065	135	0.6	4.0	22,065			22,788.93
TOTAL NOT CLASSIFIED			22,065.00	22,065	135	0.6	4.0	22,065			22,788.93
TOTAL SMALL CAP EQUITY FUNDS											
INTERNATIONAL EQUITY FUNDS											
NOT CLASSIFIED											
DODGE & COX INTERNATIONAL VANGUARD INTL GROWTH	364.553	FULL	12,380.22	12,380	159	1.4	2.0	7,984	31.850		11,611.01
ADMIRAL SHARES	207.174	FULL	11,032.00	11,032	204	1.8	2.0	11,032	54.040		11,195.68
VNGRD FTSE ALLWORLD EXUS ETF	267	FULL	11,614.55	11,615	230	2.0	2.0	11,615	43.610		11,643.87
TOTAL NOT CLASSIFIED			35,026.77	35,027	593	1.7	6.0	30,631			34,450.56

