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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.

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

10/01/2008, and ending

09/30/2009

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization MORRISON MILDRED E CHARITABLE TRUST			D Employer identification number 34-6861408	
	Please use IRS label or print or type See Specific Instructions			E Telephone number 216 257-4701	
	Number and street (or P O box if mail is not delivered to street address)			Room/suite	
	P O BOX 94651				
	City or town, state or country, and ZIP + 4				
	CLEVELAND, OH 44101-4651				
	F Name and address of principal officer: PNC BANK, NA P. O. BOX 94651, CLEVELAND, OH 44101				
I Tax-exempt status X 501(c)(3) (insert no.)		4947(a)(1) or		527	
J Website ► N/A					
K Type of organization: Corporation		Trust	Association	Other ►	L Year of formation 1984 M State of legal domicile OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SUPPORTING THE YOUNGSTOWN COMMUNITY FOUNDATION			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		
	5 Total number of employees (Part V, line 2a)	5		
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a		
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE		
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year		
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	436,236	-347,308.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,236	-347,308.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,125	104,284.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15 Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	24,338	23,893.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses, Part IX, column (D), line 25 ►	NONE		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,429	2,005.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,892	130,182.	
	19 Revenue less expenses. Subtract line 18 from line 12	328,344	-477,490.	
	20 Total assets (Part X, line 16)	4,379,246	3,901,756.	
21 Total liabilities (Part X, line 26)		NONE		
22 Net assets or fund balances. Subtract line 21 from line 20	4,379,246	3,901,756.		

Part II Signature Block

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			
	► ROBERT D. BROWN, TAX MANAGER Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► Firm's name (or yours if self-employed), address, and ZIP + 4 ►	Date	Check if self- employed ► EIN ► Phone no ►	Preparer's identifying number (see instructions)
May the IRS discuss this return with the preparer shown above? (See instructions)				Yes X No

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

Form 990 (2008)

Part III - Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SUPPORTING THE YOUNGSTOWN COMMUNITY FOUNDATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 104,284. including grants of \$ 104,284.) (Revenue \$ _____)
FINANCIAL SUPPORT TO THE YOUNGSTOWN COMMUNITY FOUNDATION

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 104,284. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2. Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5. Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6. Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10. Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12. Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 X	
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a. Did the organization maintain an office, employees, or agents outside of the U.S.?	14a X	
b. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b X	
15. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 X	
17. Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 X	
18. Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19. Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20. Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	
21. Did the organization report more than \$5,000 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 on Part IX, 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a X	
b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
c. 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 X	
d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
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 X	
b. Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
28 . During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Form 990 (2008)

Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	1 .
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
<i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If Yes, enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).	7a	X
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	X
a Did the organization make any taxable distributions under section 4966?	9b	X
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:	11a	
a Gross income from members or shareholders	11b	
b 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	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI. Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.		
1a	Enter the number of voting members of the governing body	1a	
b	Enter the number of voting members that are independent	1b	
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	X
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 governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
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?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
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:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	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 taxable entity during the year?	16a	X
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 exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> Ohio
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► PNC BANK, NA; TEL: (216) 257-4701 P. O. BOX 94651; CLEVELAND, OH 44101

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
PNC Bank, NA Trustee	3 Hrs	<input checked="" type="checkbox"/>					\$23,893		
			</td						

Part VII • Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

1b Total

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►		

JSA

Part VIII. Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)		118,434.	81,252.	37,182.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other	
		906,380			
	b Less: cost or other basis and sales expenses		1,372,122		
	c Gain or (loss)		-465,742		
	d Net gain or (loss)			-465,742.	-465,742.
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18.	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory.				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-347,308.	-384,490.	37,182.

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).

Do not include amounts reported on lines 6b, 7b, 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 . . .	104,284.	104,284.		
2 Grants and other assistance to individuals in the US See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16				
4 Benefits-paid-to-or-for-members				
5 Compensation of current officers, directors, trustees, and key employees	23,893.		23,893.	
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):				
a Management				
b Legal				
c Accounting	600.	600.		
d Lobbying				
e 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)				
a				
b				
c				
d				
e				
f All other expenses	1,405.		1,405.	
25 Total functional expenses Add lines 1 through 24f	130,182.	104,884.	25,298.	NONE
26 Joint Costs. Check here ► <input type="checkbox"/> 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				

Part X. Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	13,737.	2	9,219.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes-and-loans-receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b		10c
	11 Investments - publicly traded securities	4,365,509.	11	3,892,537.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,379,246.	16	3,901,756.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	NONE	26	NONE
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	4,379,246.	32	3,901,756.
	33 Total net assets or fund balances	4,379,246.	33	3,901,756.
	34 Total liabilities and net assets/fund balances	4,379,246.	34	3,901,756.

Part XI Financial Statements and Reporting

		Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
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 Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits?	3b		

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization

Employer identification number

MORRISON MILDRED E CHARITABLE TRUST/A

34-6861408

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)						
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)						
9	<input type="checkbox"/>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)						
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.						
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally Integrated	d <input checked="" type="checkbox"/>	Type III - Other
e <input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).							
f	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box <input type="checkbox"/>							
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?							
	(ii) A family member of a person described in (i) above?							
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?							
h	Provide the following information about the organizations the organization supports.							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U S ?	(vii) Amount of support
SEE STATEMENT 1			Yes	No	Yes	No
Total						

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

Schedule A (Form 990 or 990-EZ) 2008

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

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization'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 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (See instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III - Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

JSA

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Schedule A (Form 990 or 990-EZ) 2008

Part III Grants and Other Assistance
Use Schedule I-1 (Form

Grants and Other Assistance to Individuals in the United States Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					

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EXPLANATION FOR FORM 990, SCHEDULE I, PART I, LINE 2

UNDER THE POLICIES OF PNC BANK. NA

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MORRISON MILDRED E CHARITABLE TRUST/A

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

34-6861408

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7b

PER THE POLICIES OF PNC BANK, NA

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

THE POLICIES OF PNC BANK, NA

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

COPY IS AVAILABLE UPON REQUEST

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

NAME OF SUPPORTED ORGANIZATION:

YOUNGSTOWN COMM FOUNDATIO

TYPE OF ORGANIZATION FROM PART I: COMMUNITY FOUNDATION

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: 104,284.

TOTAL SUPPORT: 104,284.

=====

SCH I'. PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

=====

NAME OF ORGANIZATION:

YOUNGSTOWN COMMUNITY FOUNDATION

ADDRESS:

P. O. BOX 1162

YOUNGSTOWN, OH 44501

EIN:

34-6515788

IRC SECTION:

501 C 3

AMOUNT OF CASH GRANT..... 104,284.

PURPOSE OF GRANT:

GENERAL SUPPORT TO THE COMMUNITY FOUNDATION

TOTAL CASH GRANTS..... 104,284.

=====

Investment Detail

1438Y086002 | MORRISON MILDRED E CHAR T/A

06-Nov-2009 9:17 /

This is a printable page only and may require the Landscape print layout (see the FAQ for more details)

Asset Types: Cash, Cash Equivalents Common Stock, Common Trust Funds, Corporate Bonds, Government Bonds, Liabilities, Miscellaneous, Municipal Bonds, Mutual Funds, Options/Futures, Other, Preferred Stock

Data Current as of: 30-Sep-2009

SUMMARY

Asset Type	Current Allocation	Market Value	Total Cost	Unrealized Gain/Loss
Cash	0.000%	\$0.00	\$0.00	\$0.00
Cash Equivalents	0.200%	\$9,218.74	\$9,218.74	\$0.00
Mutual Funds	99.752%	\$3,708,634.54	\$3,892,536.82	(\$183,902.28)
Totals		\$3,717,853.28	\$3,901,755.56	(\$183,902.28)

DETAIL

Cash: 0.000%

Asset Name	CUSIP ISIN SEDOL Ticker	Current Allocation	Quantity	Current Price	Date Priced	Market Value	Total Cost
CASH - INCOME	-	0.100%	2,832.1000	1.0000		\$2,832.10	\$2,832.10
CASH - PRINCIPAL	-	(0.100%)	(2,832.1000)	1.0000		(\$2,832.10)	(\$2,832.10)
Subtotal		0.000%				\$0.00	\$0.00

Cash Equivalents: 0.200%

Asset Name	CUSIP ISIN SEDOL Ticker	Current Allocation	Quantity	Current Price	Date Priced	Market Value	Total Cost
ALLEGIANT MONEY MARKET FD I SHS	99ARMONY7	0.200%	9,218.7400	100.0000%	30-Sep-2009	\$9,218.74	\$9,218.74
Asset ID: 99ARMONY7	-	-	-	-	-	-	-
Subtotal		0.200%				\$9,218.74	\$9,218.74

Mutual Funds: 99.752%

Asset Name	CUSIP ISIN SEDOL Ticker	Current Allocation	Quantity	Current Price	Date Priced	Market Value	Total Cost
ALLEGIANT BOND FUND CLASS I #403	01748V809	8.400%	30,643.5140	10.1700	30-Sep-2009	\$311,644.54	\$303,219.29
Ticker AIGIX Asset ID: 01748V809	AIGIX	-	-	-	-	-	-
ALLEGIANT LG CAP	01748V684	2.200%	6,292.7600	12.9900	30-Sep-2009	\$81,742.95	\$95,400.82

GROWTH FD CL I							
Ticker AEQIX Asset ID 01748V684	AEQIX						
ALLEGIANT LG CAP VALUE FD CL I	01748V742	15 100%	46,597 9090	12 0600	30-Sep-2009	\$561,970 78	\$728,342 02
Ticker AEIIX Asset ID 01748V742	AEIIX						
DODGE & COX INCOME FD #147	256210105	5.100%	14,826 2780	12 8900	30-Sep-2009	\$191,110 72	\$185,625 00
Ticker DODIX Asset ID 256210105	DODIX						
HARBOR	411511306	2 700%	1,913 0430	52 6300	30-Sep-2009	\$100,683 45	\$122,033 19
INTERNATIONAL FUND FD#11							
Ticker HAINX Asset ID 411511306	HAINX						
ISHARES RUSSELL MIDCAP	TR 464287499	4.000%	1,900 0000	78.2300	30-Sep-2009	\$148,637.00	\$120,504 43
Ticker IWR Asset ID 464287499	IWR						
MASTERS SELECT FDS INTL FD	576417208	2 600%	7,519 5310	12 8500	30-Sep-2009	\$96,625 97	\$122,839 49
Ticker MSILX Asset ID 576417208	MSILX						
PIMCO TOTAL RETURN FUND #35	TOTAL INSTL 693390700	8 900%	30,288.4620	10 9200	30-Sep-2009	\$330,750 01	\$327,418 27
Ticker PTTRX Asset ID 693390700	PTTRX						
ROYCE TOTAL RETURN FD #267	TOTAL 780905881	0 900%	3,080 5690	10 3900	30-Sep-2009	\$32,007.11	\$29,261 38
Ticker RYTRX Asset ID 780905881	RYTRX						
T ROWE PRICE GROWTH STOCK FUND	PRICE 741479109	21 700%	31,946 7100	25 2500	30-Sep-2009	\$806,654 43	\$920,000 00
Ticker PRGFX Asset ID 741479109	PRGFX						
T ROWE PRICE MID-CAP GROWTH FUND #64	PRICE 779556109	0 600%	510 2040	45.3100	30-Sep-2009	\$23,117 34	\$18,500 00
Ticker RPMGX Asset ID 779556109	RPMGX						
T ROWE PRICE MID-CAP VALUE FUND	PRICE 77957Y106	0 600%	1,200 5190	19 9200	30-Sep-2009	\$23,914 34	\$18,500 00
Ticker TRMCX Asset ID 77957Y106	TRMCX						
T ROWE PRICE NEW HORIZONS FUND	PRICE 779562107	0 900%	1,390 3740	24 3600	30-Sep-2009	\$33,869 51	\$25,644 01
Ticker PRNHX Asset ID 779562107	PRNHX						
VANGUARD INF-PROT FD INVESTOR 119	INF-PROT 922031869	5 000%	14,720 4600	12 5200	30-Sep-2009	\$184,300 16	\$176,405 45
Ticker VIPSX Asset ID 922031869	VIPSX						
VANGUARD INTL EQ INDX EMRG MTK ETF	INTL EQ 922042858	2 100%	2,000.0000	38 5300	30-Sep-2009	\$77,060 00	\$44,191 16

		VWO							
Ticker	VWO	Asset							
ID	922042858								
VANGUARD	LONG	922031109	4 900%	19,777 5030	9 2500	30-Sep-2009	\$182,941.90	\$173,250 92	
TERM INV GD FD									
Ticker	VWESX	VWESX							
Asset ID	922031109								
VANGUARD	SHORT	922031406	5 600%	19,900 4980	10 5500	30-Sep-2009	\$209,950 25	\$208,401 57	
TERM INV GD FD									
Ticker	VFSTX	VFCTX							
Asset ID	922031406								
VANGUARD		922018205	8 400%	13,875 9610	22 4600	30-Sep-2009	\$311,654 08	\$272,999 82	
WINDSOR	II	FD							
INVESTOR	73		VWNFX						
Ticker	VWNFX								
Asset ID	922018205								
Subtotal			99.752%				\$3,708,634.54	\$3,892,536.82	