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## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

A For the 2008 calendar year, or tax year beginning

10/01, 2008, and ending

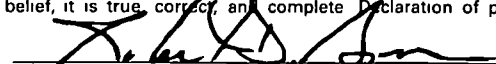
09/30, 20 09


<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> MORRISON MILDRED E CHARITABLE TRUST		<b>D Employer identification number</b> 34-6861408
		Doing Business As		<b>E Telephone number</b> 216 257-4701
		Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 94651		<b>G Gross receipts \$</b> 1,024,814.
		City or town, state or country, and ZIP + 4 CLEVELAND, OH 44101-4651		<b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)
<b>F Name and address of principal officer:</b> PNC BANK, NA P. O. BOX 94651, CLEVELAND, OH 44101		<b>H(c) Group exemption number</b>		
<b>i Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website</b> N/A				
<b>K Type of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1984 <b>M State of legal domicile</b> OH		

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: SUPPORTING THE YOUNGSTOWN COMMUNITY FOUNDATION		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	
	<b>5</b> Total number of employees (Part V, line 2a)	5	
	<b>6</b> Total number of volunteers (estimate if necessary)	6	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b NONE		
Revenue	<b>8</b> Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	436,236	-347,308.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	436,236	-347,308.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,125	104,284.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	24,338	23,893.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) NONE		
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,429	2,005.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107,892	130,182.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	328,344	-477,490.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	4,379,246	3,901,756.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	NONE	NONE
		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 	Date 11/30/2009
	ROBERT D. BROWN, TAX MANAGER Type or print name and title	

Paid Preparer's Use Only	Preparer's signature 	Date	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	EIN	Phone no	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes ☐ 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	X	
2. Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4. <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5. <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		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		X
8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10. Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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		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		X
13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a. Did the organization maintain an office, employees, or agents outside of the U.S.?		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		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		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		X
17. Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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		X
19. Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20. Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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	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		X
23. Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		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		X
b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		X
d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a. <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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		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		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> - During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> 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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)

## Part V

Form **990** (2008)

**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**

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.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b>	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b>	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . .	<b>3</b>	X
<del><b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . .</del>	<del><b>4</b></del>	<del>X</del>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	<b>7b</b> X	
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	X
<b>b</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? . . . . .	<b>9b</b>	
<b>10</b> 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 . . . . .	<b>10</b>	X
<b>11</b> 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 . . . . .	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	X
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed 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

☐ Own website ☒ Another's website ☒ 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





[illegible]

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

	Yes	No
3		X
4		X
5		X

4		X

5		X
---	--	---

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

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶	
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**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .					
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		118,434.	81,252.		37,182.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other 906,380				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	1,372,122				
	<b>c</b>	Gain or (loss) . . . . .	-465,742				
	<b>d</b>	Net gain or (loss) . . . . .		-465,742.	-465,742.		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18. . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total Revenue.</b> 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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 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 . . . . .				
<del>4</del> 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.	
<b>25 Total functional expenses</b> Add lines 1 through 24f	130,182.	104,884.	25,298.	NONE
<b>26 Joint Costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	13,737.	<b>2</b>	9,219.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sales or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost basis . . . . . <b>10a</b>			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D. . . . . <b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . .	4,365,509.	<b>11</b>	3,892,537.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,379,246.	<b>16</b>	3,901,756.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	<b>26</b>	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	4,379,246.	<b>32</b>	3,901,756.
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	4,379,246.	<b>33</b>	3,901,756.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	4,379,246.	<b>34</b>	3,901,756.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	X
<b>c</b>	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? . . . . .	<b>2c</b>	
<b>3a</b>	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? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

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.**

OMB No 1545-0047

2008

**Open to Public  
Inspection**

**Name of the organization**

MORRISON MILDRED E CHARITABLE TRUST/A

Employer identification number

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 <b>section 170(b)(1)(A)(i).</b>   |
| 2  | <input type="checkbox"/>              | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E.)   |
| 3  | <input type="checkbox"/>              | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> (Attach Schedule H.)   |
| 4  | <input type="checkbox"/>              | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> 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 <b>section 170(b)(1)(A)(iv).</b> (Complete Part II)   |
| 6  | <input type="checkbox"/>              | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>   |
| 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 <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)  |
| 8  | <input type="checkbox"/>              | A community trust described in <b>section 170(b)(1)(A)(vi).</b> (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 <b>section 509(a)(2).</b> (Complete Part III) |
| 10 | <input type="checkbox"/>              | An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> (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 <b>section 509(a)(3).</b> 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  | <input type="checkbox"/>              | 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. _____   |
| g  | <input type="checkbox"/>              | 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  | <input type="checkbox"/>              | Provide the following information about the organizations the organization supports.  |

[illegible]

**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
<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 1-3 . . . . .						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2008.</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 stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</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 stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</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 "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>b</b> <b>10%-facts-and-circumstances test - 2007.</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 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>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"/>		

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8</b> <b>Public support</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14</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>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

**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 . . . . . ☐

**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 . . . . . ☐

**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 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)

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Employer identification number

34-6861408

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
---	--

- |   |   |  |                             |
|---|---|--|-----------------------------|
| 1 | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . | <input checked="checked" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.   |  |                             |

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

[illegible]

- |   |  |       |   |
|---|--|-------|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | ..... | ▲ |
| 3 | Enter total number of other organizations                            | ..... | ▲ |

Schedule I (Form 990) 2008



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

MORRISON MILDRED E CHARITABLE TRUST/A

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.  
=====

STATEMENT 1

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, Liat  
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)
<b>Totals</b>		<b>\$3,717,853.28</b>	<b>\$3,901,755.56</b>	<b>(\$183,902.28)</b>

## 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)
<b>Subtotal</b>		<b>0.000%</b>				<b>\$0.00</b>	<b>\$0.00</b>

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	-						
<b>Subtotal</b>		<b>0.200%</b>				<b>\$9,218.74</b>	<b>\$9,218.74</b>

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 TR RUSSELL MIDCAP	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	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	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	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	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	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	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	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	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 TERM INV GD FD	922031109	4.900%	19,777.5030	9.2500	30-Sep-2009	\$182,941.90	\$173,250.92	
Ticker VWESX   Asset ID 922031109								
VANGUARD SHORT TERM INV GD FD	922031406	5.600%	19,900.4980	10.5500	30-Sep-2009	\$209,950.25	\$208,401.57	
Ticker VFSTX   Asset ID 922031406								
VANGUARD WINDSOR II FD	922018205	8.400%	13,875.9610	22.4600	30-Sep-2009	\$311,654.08	\$272,999.82	
INVESTOR 73								
Ticker VWNFX   Asset ID 922018205								
Subtotal		99.752%				\$3,708,634.54	\$3,892,536.82	