



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENSION GRANTED TO NOVEMBER 15, 2010
Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Form **990**

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 **2009** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization THE YOUNGSTOWN FOUNDATION	D Employer identification number 34-6515788
		Doing Business As	E Telephone number (330) 744-0320
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1162	G Gross receipts \$ 32,197,915.
		City or town, state or country, and ZIP + 4 YOUNGSTOWN, OH 44501	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
F Name and address of principal officer JANICE E. STRASFELD SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (03) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.YOUNGSTOWNFOUNDATION.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1918	M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TO PROVIDE FINANCIAL ASSISTANCE TO CHARITABLE, SCIENTIFIC, AND EDUCATIONAL INSTITUTIONS THAT PROMOTE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of employees (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,445,079.	Current Year 4,117,676.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<2,018,144.>	1,731,592.
	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)	1,426,935.	5,849,268.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,377,331.	3,126,978.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	307,722.	251,281.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	152,792.	137,943.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	3,837,845.	3,516,202.
	19 Revenue less expenses. Subtract line 18 from line 12	<2,410,910.>	2,333,066.
	20 Total assets (Part X, line 16)	Beginning of Current Year 75,108,525.	End of Year 74,664,220.
21 Total liabilities (Part X, line 26)			
22 Net assets or fund balances. Subtract line 21 from line 20	75,108,525.	74,664,220.	

Part II Signature Block

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.

Sign Here	Signature of officer <i>Margaret Urban</i>	Date <i>11/12/10</i>
	Type or print name and title <i>Margaret Urban</i>	
Paid Preparer's Use Only	Preparer's signature <i>PAUL S. R. CPA</i>	Date <i>11/10/10</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 PACKER THOMAS 6 FEDERAL PLAZA CENTRAL, SUITE 1000 YOUNGSTOWN, OH 44503	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN Phone no. (330) 744-4277

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDE FINANCIAL ASSISTANCE (GRANTS) TO CHARITABLE, SCIENTIFIC, AND
EDUCATIONAL INSTITUTIONS THAT PROMOTE MENTAL, MORAL, AND PHYSICAL
WELL-BEING TO THE INHABITANTS OF THE CITY OF YOUNGSTOWN AND VICINITY.

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 \$ 1,631,398. including grants of \$ 1,631,398.) (Revenue \$)
ASSISTING CHARITABLE AND EDUCATIONAL INSTITUTIONS PROMOTING EDUCATION,
SCIENTIFIC RESEARCH, CARE OF SICK, AGED, AND HOMELESS; CARE OF CHILDREN
AND OTHER CHARITABLE PURPOSES IN YOUNGSTOWN. (85 ORGANIZATIONS RECEIVED
FUNDS.)

4b (Code) (Expenses \$ 1,567,992. including grants of \$ 1,216,300.) (Revenue \$)
HINE MEMORIAL FUND - INCOME RESTRICTED FOR THE BENEFIT OF, TREATMENT
OF, CARE FOR, AND ASSISTANCE TO CRIPPLED CHILDREN. (15 ORGANIZATIONS
RECEIVED FUNDS.)

4c (Code) (Expenses \$ 76,321. including grants of \$ 61,641.) (Revenue \$)
ANNE K. CHRISTMAN FUND - RESTRICTED FOR THE BENEFIT OF 501(C)(3)
ORGANIZATIONS, INCLUDING: HIRAM COLLEGE, CAMP FITCH, YOUNGSTOWN AREA
GOODWILL INDUSTRIES, RESCUE MISSION OF YOUNGSTOWN, BOYS AND GIRLS CLUB
OF YOUNGSTOWN, PAISLEY HOUSE, NEOUCOM MEDICAL FOUNDATION, MAHONING
VALLEY ASSOCIATION OF CHURCHES, JUNIOR ACHIEVEMENT OF MAHONING VALLEY,
GREATER WESTERN RESERVE COUNCIL OF THE BOY SCOUTS OF AMERICA, JUBILEE
GARDENS, AND UNITED WAY OF YOUNGSTOWN. (20 ORGANIZATIONS RECEIVED
FUNDS.)

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

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

4e Total program service expenses \$ 3,275,711.

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)? <i>If "Yes," complete Schedule A</i>	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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>	X	
35 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.Form **990** (2009)

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.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	5	
b Enter the number of voting members that are independent	5	
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
9 Is there any officer, director, 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	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
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
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 ► OH

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: ►
 JANICE E. STRASFELD - (330) 744-0320
 PNC BANK BUILDING, P.O. BOX 1162, YOUNGSTOWN, OH 44501

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

15351029	759239	YOUNGSTOWNFO	2009.04040	THE YOUNGSTOWN FOUNDATION	YOUNGS21
----------	--------	--------------	------------	---------------------------	----------

15351029	759239	YOUNGSTOWNFO	2009.04040	THE YOUNGSTOWN FOUNDATION	YOUNGS21
----------	--------	--------------	------------	---------------------------	----------

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	1 a 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	4117676.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			4117676.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1902994.			1,902,994.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<171,402.>			<171402.>
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			5849268.	0.	0.	1,731,592.	

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	3,126,978.	3,126,978.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	175,427.	55,000.	120,427.	
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	60,970.	60,970.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,884.	14,884.		
11 Fees for services (non-employees):				
a Management				
b Legal	48,974.		48,974.	
c Accounting	26,090.		26,090.	
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	16,703.	16,703.		
17 Travel	2,130.		2,130.	
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	1,176.	1,176.		
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 MEMBERSHIP DUES	12,776.		12,776.	
b ADMINISTRATIVE EXPENSES	12,181.		12,181.	
c TELEPHONE AND INTERNET	5,522.		5,522.	
d PRINTING FEES	5,061.		5,061.	
e INSURANCE	4,810.		4,810.	
f All other expenses	2,520.		2,520.	
25 Total functional expenses. Add lines 1 through 24f	3,516,202.	3,275,711.	240,491.	0.
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	4,912,653.	2	6,183,709.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,970.		
	b Less accumulated depreciation	10b 77,119.	2,027.	10c 851.
	11 Investments - publicly traded securities		11	68,479,660.
	12 Investments - other securities. See Part IV, line 11	70,193,845.	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)	75,108,525.	16	74,664,220.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	31,346,761.	27	21,481,269.
	28 Temporarily restricted net assets	22,072,697.	28	31,493,884.
	29 Permanently restricted net assets	21,689,067.	29	21,689,067.
	Organizations that do not follow SFAS 117, check here <input 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		32	
	33 Total net assets or fund balances	75,108,525.	33	74,664,220.
	34 Total liabilities and net assets/fund balances	75,108,525.	34	74,664,220.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number

34-6515788

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 (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ☐ 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ 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 _____

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 supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,992,120.	794,083.	906,976.	3,445,079.	1,117,676.	8,255,934.
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 through 3	1,992,120.	794,083.	906,976.	3,445,079.	1,117,676.	8,255,934.
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)						2,676,230.
6 Public support. Subtract line 5 from line 4						5,579,704.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,992,120.	794,083.	906,976.	3,445,079.	1,117,676.	8,255,934.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,308,557.	2,793,015.	3,962,960.	2,056,373.	1,902,994.	13,023,899.
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						21,279,833.

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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 26.22 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 24.46 %

16a **33 1/3% support test - 2009.** 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 ▶ ☐b **33 1/3% support test - 2008.** 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 ▶ ☐17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☒b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions**PART II, SECTION B, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

1. THE YOUNGSTOWN FOUNDATION MAINTAINS PUBLIC SUPPORT WELL IN EXCESS OF 10%, GENERALLY NEAR THE 33 1/3% LEVEL, AND OCCASIONALLY GREATER THAN 33 1/3%. THE FOUNDATION RECEIVES THE REST OF ITS SUPPORT MAINLY THROUGH INVESTMENT INCOME ON ITS ENDOWMENT FUNDS WHICH WERE ORIGINALLY CONTRIBUTED BY THE GENERAL PUBLIC.

2. THE FOUNDATION RECEIVES ITS SUPPORT FROM A LARGE REPRESENTATIVE NUMBER OF PERSONS AND ORGANIZATIONS LOCATED GENERALLY IN THE YOUNGSTOWN CITY METROPOLITAN AREA. ALL DONATIONS COME FROM UNRELATED PARTIES OF THE FOUNDATION AND NONE COME FROM DISQUALIFIED INDIVIDUALS.

3. THE YOUNGSTOWN FOUNDATION WAS ESTABLISHED IN 1918 TO ASSIST CHARITABLE AND EDUCATIONAL INSTITUTIONS PROMOTING EDUCATION, SCIENTIFIC RESEARCH, AND CARE OF THE SICK, AGED, HOMELESS, AND CHILDREN IN THE YOUNGSTOWN, OHIO AREA.

4. THE FOUNDATION'S GOVERNING BODY CONSISTS OF THE COMMITTEE FOR THE DISTRIBUTION OF INCOME AND A CORPORATE TRUSTEE REPRESENTING DIVERSITY AND BROAD COMMUNITY INTERESTS. THEY ARE INVOLVED IN MANY ASPECTS OF THE YOUNGSTOWN COMMUNITY AND CHARITABLE ENDEAVORS. THEIR APPOINTMENTS ARE MADE BY A VARIETY OF ESTABLISHED COMMUNITY ORGANIZATIONS.

5. THE FOUNDATION MAINTAINS AN INVESTIGATIVE AND REVIEW PROCESS CARRIED OUT BY ITS STAFF AND GOVERNING BOARD TO DISPENSE FUNDS TO 501(C)(3) ORGANIZATIONS, GENERALLY WITHIN THE METROPOLITAN AREA, THAT MEET THE APPROPRIATE CHARITABLE, EDUCATIONAL, AND HEALTHCARE NEEDS OF THE

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

COMMUNITY.

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

CASH

DATE: 12/29/09 AMOUNT: 3000000.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number

34-6515788

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	3	7
2 Aggregate contributions to (during year)	0.	87,588.
3 Aggregate grants from (during year)	96,750.	76,983.
4 Aggregate value at end of year	2,669,527.	4,583,264.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	70,881,930.	73,135,220.			
b Contributions	3170166.	2377314.			
c Net investment earnings, gains, and losses	<1,027,007.>	<1,858,007.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	2740839.	2772597.			
f Administrative expenses					
g End of year balance	70,284,250.	70,881,930.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 69.00 %
 b Permanent endowment ▶ 31.00 %
 c Term endowment ▶ .00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	77,970.		77,119.	851.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				851.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,849,268.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,516,202.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,333,066.
4	Net unrealized gains (losses) on investments	4	11,251,152.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<14,028,523.>
9	Total adjustments (net) Add lines 4 through 8	9	<2,777,371.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<444,305.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,100,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	11,251,152.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	11,251,152.
3	Subtract line 2e from line 1	3	5,849,268.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,849,268.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,516,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,516,202.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,516,202.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

COST TO FAIR MARKET VALUE ADJUSTMENT: -14028523.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number

34-6515788

Part I General Information on Grants and Assistance

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?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF YOUNGSTOWN 25 W RAYEN AVE YOUNGSTOWN, OH 44503	34-0714732	501(C)(3)	81,815.	0.			BUILDING RENOVATION
YWCA OF WARREN 375 N PARK AVE WARREN, OH 44481	34-1120471	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET - YOUNGSTOWN, OH 44505	34-0714598	501(C)(3)	134,000.	0.			PROGRAM SUPPORT
YOUNGSTOWN SYMPHONY SOCIETY 260 W FEDERAL YOUNGSTOWN, OH 44503	34-0639988	501(C)(3)	61,981.	0.			BUILDING IMPROVEMENTS AND PROGRAM SUPPORT
YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLAZA YOUNGSTOWN, OH 44555	34-0973300	501(C)(3)	73,659.	0.			SCHOLARSHIPS, PROGRAM, AND CAPITAL SUPPORT
YOUNGSTOWN HEARING AND SPEECH CENTER - 6614 SOUTHERN BLVD - YOUNGSTOWN, OH 44512	34-0742712	501(C)(3)	191,365.	0.			EQUIPMENT PURCHASES; SUPPORT FOR CHILDRENS SERVICES
2 Enter total number of section 501(c)(3) and government organizations			68.				
3 Enter total number of other organizations			0.				

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

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

THE GOVERNING BODY REVIEWS INFORMATION PROVIDED BY GRANT RECIPIENTS

DETAILING HOW GRANT FUNDS WERE USED. THE GOVERNING BODY RESERVES THE

RIGHT TO REQUEST ADDITIONAL INFORMATION OR SUPPORTING DOCUMENTATION

WHENEVER THEY DEEM IT REASONABLE AND APPROPRIATE.

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization		Employer identification number					
THE YOUNGSTOWN FOUNDATION		34-6515788					
Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNGSTOWN BUSINESS INCUBATOR 241 W FEDERAL YOUNGSTOWN, OH 44503	34-1751707	501(C)(3)	24,500.	0.			FACILITY RENOVATIONS
YOUNGSTOWN AREA JEWISH FEDERATION 505 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	8,750.	0.			PROGRAM SUPPORT
YOUNGSTOWN AREA GOODWILL INDUSTRIES - 2747 BELMONT AVE - YOUNGSTOWN, OH 44505	34-0714576	501(C)(3)	12,774.	0.			CAPITAL IMPROVEMENT PROJECTS
YOUNGSTOWN WARREN REGIONAL CHAMBER 11 CENTRAL SQUARE STE 1600 YOUNGSTOWN, OH 44503	34-1582341	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT INITIATIVES
PROTESTANT FAMILY SERVICES 496 GLENWOOD AVE SUITE 115 YOUNGSTOWN, OH 44502	34-1052837	501(C)(3)	43,317.	0.			PROGRAM SUPPORT
YMCA 17 N CHAMPION ST PO BOX 1287 YOUNGSTOWN, OH 44501	34-0714730	501(C)(3)	111,623.	0.			BUILDING RENOVATION AND CAMP FITCH SUPPORT
VISITING NURSE ASSOCIATION 518 INDIANOLA AVE YOUNGSTOWN, OH 44502	34-0714780	501(C)(3)	240,075.	0.			PROGRAM SUPPORT FOR CHILDREN WITH DIAGNOSED DISABILITIES
VICTORIAN PLAYERS THEATRE 702 MAHONING AVE YOUNGSTOWN, OH 44502	34-1770293	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

Schedule I-1 (Form 990) 2009

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

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number
34-6515788

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URSULINE SISTERS OF YOUNGSTOWN 4250 SHIELDS RD CANFIELD, OH 44406	34-0720564	501(C)(3)	21,940.	0.			PROGRAM SUPPORT
UNITED METHODIST COMMUNITY CENTER 334 NORTH PEARL ST YOUNGSTOWN, OH 44506	34-1006737	501(C)(3)	7,696.	0.			PROGRAM SUPPORT
SALVATION ARMY PO BOX 4327 AUSTINTOWN, OH 44515	13-5562351	501(C)(3)	24,589.	0.			PROGRAM SUPPORT
PUBLIC LIBRARY OF YOUNGSTOWN AND MAHONING COUNTY - 305 WICK AVE - YOUNGSTOWN, OH 44503	34-6003201	501(C)(3)	12,912.	0.			PROGRAM SUPPORT
PAULA AND ANTHONY RICH CENTER FOR AUTISM - YSU - ONE UNIVERSITY PLAZA - YOUNGSTOWN, OH 44555	34-6576610	501(C)(3)	37,000.	0.			PROGRAM SUPPORT FOR CHILDREN WITH AUTISM
EASTER SEAL SOCIETY 299 EDWARDS STREET YOUNGSTOWN, OH 44502	34-6004377	501(C)(3)	303,150.	0.			SERVICE SUPPORT FOR CHILDREN WITH DIAGNOSED DISABILITIES
THE CHILDREN'S REHABILITATION CENTER - 885 HOWLAND-WILSON RD - WARREN, OH 44484	34-0338506	501(C)(3)	75,000.	0.			SERVICES FOR CHILDREN WITH DIAGNOSED DISABILITIES
THE CHILDREN'S CENTER FOR SCIENCE PO BOX 6101 YOUNGSTOWN, OH 44501	04-3617085	501(C)(3)	138,718.	0.			PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number
34-6515788

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY CATHOLIC CHURCH 242 N STATE STREET PAINESVILLE, OH 44077	34-0714517	501(C)(3)	21,274.	0.			PROGRAM SUPPORT
SOUTHSIDE MINISTRIES 74 KENMORE YOUNGSTOWN, OH 44507	34-1341190	501(C)(3)	12,815.	0.			PROGRAM SUPPORT
SECOND HARVEST FOOD BANK 2805 SALT SPRINGS RD YOUNGSTOWN, OH 44509	34-1380074	501(C)(3)	24,400.	0.			PROGRAM SUPPORT
PROTESTANT CAMPUS MINISTRY 562 WICK AVE YOUNGSTOWN, OH 44502	34-1229592	501(C)(3)	13,229.	0.			PROGRAM SUPPORT
PREGNANCY HELP CENTER 4845 MARKET STREET #2 YOUNGSTOWN, OH 44512	34-1553537	501(C)(3)	6,550.	0.			PROGRAM SUPPORT
POTENTIAL DEVELOPMENT PROGRAM 209 W WOODLAND AVE YOUNGSTOWN, OH 44502	34-0789759	501(C)(3)	153,205.	0.			PROGRAM SUPPORT FOR CHILDREN WITH AUTISM
POLAND INTERFAITH PANTRY 1940 BOARDMAN-POLAND ROAD POLAND, OH 44514	34-1762126	501(C)(3)	6,362.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD 444 W EXCHANGE ST AKRON, OH 44302	34-1015976	501(C)(3)	9,057.	0.			PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009

Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number
34-6515788

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK VISTA RETIREMENT COMMUNITY 1216 FIFTH AVE YOUNGSTOWN, OH 44504	34-4429863	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
PAISLEY HOUSE 1408 MAHONING AVE YOUNGSTOWN, OH 44509	34-0726096	501(C)(3)	6,327.	0.			PROGRAM SUPPORT
OHIO VALLEY TEEN CHALLENGE 1319 FLORENCEDALE AVE YOUNGSTOWN, OH 44505	34-1313938	501(C)(3)	9,200.	0.			PROGRAM SUPPORT
OHIO CHAPTER AMERICAN ACADEMY OF PEDIATRICS - 450 W WILSON BRIDGE RD #215 - WORTHINGTON, OH 43085	31-1700823	501(C)(3)	18,800.	0.			PROGRAM SUPPORT
NEIL KENNEDY RECOVERY CLINIC 2151 RUSH BLVD YOUNGSTOWN, OH 44507	34-0685251	501(C)(3)	34,775.	0.			PROGRAM SUPPORT
NEIGHBORHOOD MINISTRIES 75 JACKSON STREET YOUNGSTOWN, OH 44505	34-1051607	501(C)(3)	65,075.	0.			AFTER SCHOOL PROGRAM SUPPORT
MV ORGANIZING COLLABORATIVE 201 E COMMERCE STREET SUITE 137 YOUNGSTOWN, OH 44503	26-2142466	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MONDAY MUSICAL CLUB 1000 FIFTH AVE #3 YOUNGSTOWN, OH 44504	34-0709317	501(C)(3)	59,741.	0.			MUSICAL ARTS PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number
34-6515788

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLCREEK PARK FOUNDATION PO BOX 596 CANFIELD, OH 44406	34-6003205	501(C)(3)	40,645.	0.			PROGRAM SUPPORT
MAHONING VALLEY HISTORICAL SOCIETY 648 WICK AVE YOUNGSTOWN, OH 44502	34-0872868	501(C)(3)	58,382.	0.			PROGRAM SUPPORT
MAHONING VALLEY DISPUTE RESOLUTION 25 E. BOARDMAN ST YOUNGSTOWN, OH 44503	34-1732319	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MAHONING VALLEY ASSOCIATION OF CHURCHES - 2214 MAHONING AVE - YOUNGSTOWN, OH 44509	34-0714802	501(C)(3)	5,213.	0.			PROGRAM SUPPORT
LIEN FORWARD OHIO COMMUNITY 20 W FEDERAL ST #M5 YOUNGSTOWN, OH 44503	20-5927824	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT 1601 MOTOR INN DRIVE #305 GIRARD, OH 44420	34-1714400	501(C)(3)	27,548.	0.			PROGRAM SUPPORT
HOSPICE OF THE VALLEY 5910 MARKET STREET YOUNGSTOWN, OH 44512	34-1288743	501(C)(3)	15,104.	0.			PROGRAM SUPPORT
HELP HOTLINE PO BOX 46 YOUNGSTOWN, OH 44501	34-1196630	501(C)(3)	11,352.	0.			HOTLINE SERVICES SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

Employer identification number
34-6515788

THE YOUNGSTOWN FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 480 YOUNGSTOWN POLAND RD STRUTHERS, OH 44471	34-1657171	501(C)(3)	36,688.	0.			CAPITAL IMPROVEMENTS
H. H. STAMBAUGH AUDITORIUM 1000 FIFTH AVE YOUNGSTOWN, OH 44504	34-6002716	501(C)(3)	6,940.	0.			PROGRAM SUPPORT
GREATER WESTERN RESERVE COUNCIL 4930 ENTERPRISE BLVD NW WARREN, OH 44481	22-1576300	501(C)(3)	134,651.	0.			PROGRAM SUPPORT
GATEWAY INDUSTRIES 945 W. RAYEN AVE YOUNGSTOWN, OH 44502	20-8073895	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
FRIENDS OF FELLOWS RIVERSIDE GARDENS - 123 MCKINLEY AVE - YOUNGSTOWN, OH 44509	34-1586738	501(C)(3)	16,039.	0.			PROGRAM SUPPORT
FISH SAMARITAN HOUSE 17 KENMORE AVE YOUNGSTOWN, OH 44507	34-1037592	501(C)(3)	17,911.	0.			PROGRAM SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 365 MCCLURG RD YOUNGSTOWN, OH 44512	44-0610626	501(C)(3)	7,855.	0.			PROGRAM SUPPORT
FAMILY SERVICE AGENCY 535 MARMION AVE YOUNGSTOWN, OH 44502	34-0714662	501(C)(3)	32,844.	0.			PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

Employer identification number
34-6515788

THE YOUNGSTOWN FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN SYNDROME ASSOCIATION 945 BOARDMAN CANFIELD RD YOUNGSTOWN, OH 44512	26-0574548	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CANFIELD PRESBYTERIAN CHURCH 140 W MAIN STREET CANFIELD, OH 44406	34-0926535	501(C)(3)	21,274.	0.			PROGRAM SUPPORT
CANFIELD HISTORICAL SOCIETY 44 W MAIN STREET CANFIELD, OH 44406	34-1406063	501(C)(3)	6,940.	0.			PROGRAM SUPPORT
BUTLER INSTITUTE OF AMERICAN ART 524 WICK AVE YOUNGSTOWN, OH 44502	34-0748495	501(C)(3)	90,244.	0.			PROGRAM SUPPORT
BURDMAN GROUP 284 BROADWAY AVE YOUNGSTOWN, OH 44504	34-1059585	501(C)(3)	29,888.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUB OF YOUNGSTOWN 2105 OAK HILL AVE YOUNGSTOWN, OH 44507	34-1039928	501(C)(3)	15,100.	0.			PROGRAM SUPPORT
BIG REACH CENTER FOR HOPE 660 W EARLE AVE YOUNGSTOWN, OH 44511	34-1016118	501(C)(3)	5,720.	0.			PROGRAM SUPPORT
BIG BROTHERS AND BIG SISTERS 325 N STATE STREET GIRARD, OH 44420	34-1139677	501(C)(3)	7,750.	0.			PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number

34-6515788**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEATITUDE HOUSE 238 TOD LANE YOUNGSTOWN, OH 44504	34-1662460	501(C)(3)	132,005.	0.			PROGRAM SUPPORT
ANTONINE SISTERS 2675 N LIPKEY RD NORTH JACKSON, OH 44451	02-0794054	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ANGELS FOR ANIMALS 4750 W SOUTH RANGE ROAD CANFIELD, OH 44406	34-1654608	501(C)(3)	41,605.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 8392 TOD AVE YOUNGSTOWN, OH 44512	34-0714531	501(C)(3)	28,453.	0.			PROGRAM SUPPORT
ACLD LEARNING CENTER 118 E WOOD STREET YOUNGSTOWN, OH 44503	34-1698461	501(C)(3)	30,250.	0.			PROGRAM SUPPORT
RESCUE MISSION OF MAHONING VALLEY PO BOX 298 YOUNGSTOWN, OH 44501	34-6006424	501(C)(3)	50,964.	0.			PROGRAM SUPPORT

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number
34-6515788

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**MENTAL, MORAL, AND PHYSICAL WELL-BEING TO THE INHABITANTS OF THE CITY
OF YOUNGSTOWN AND VICINITY.**

**FORM 990, PART VI, SECTION B, LINE 11: EACH OFFICER AND DISTRIBUTION
COMMITTEE MEMBER IS PROVIDED WITH A COPY OF FORM 990 TO REVIEW PRIOR TO ITS
FILING. THE RETURN IS THEN PROVIDED TO THE INSTITUTIONAL TRUSTEE FOR
REVIEW PRIOR TO FILING. ANY NECESSARY REVISIONS BASED UPON THESE REVIEWS
ARE MADE BY THE INDEPENDENT TAX PREPARER BEFORE THE RETURN IS SIGNED AND
FILED.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REVIEWS ITS
WRITTEN CONFLICT OF INTEREST POLICY ANNUALLY. EACH INDIVIDUAL MEMBER OF
THE GOVERNING BODY AND ALL EMPLOYEES ARE PROVIDED WITH A COPY OF THE POLICY
ON AN ANNUAL BASIS AND SIGN AND RETURN A FORM SIGNIFYING THEIR COMPLIANCE
WITH THIS POLICY.**

**FORM 990, PART VI, SECTION B, LINE 15: INDEPENDENT MEMBERS OF THE
GOVERNING BODY REVIEW THE COMPENSATION OF ALL OFFICERS ON AN ANNUAL BASIS.
COMPARABLE WAGES AND BENEFITS FOR SIMILARLY SITUATED POSITIONS ARE
CONSIDERED. THE ACTIONS OF THE GOVERNING BODY IN THIS REGARD ARE
CONTEMPORANEOUSLY DOCUMENTED.**

**FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION OPEN TO PUBLIC
INSPECTION IS AVAILABLE UPON REQUEST AT THE OFFICE OF THE YOUNGSTOWN
FOUNDATION DURING REGULAR BUSINESS HOURS. IN ADDITION, THE FOUNDATION**

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE YOUNGSTOWN FOUNDATION

Employer identification number

34-6515788

**PUBLISHES ITS ANNUAL FINANCIAL REPORT IN A LOCAL NEWSPAPER OF GENERAL
CIRCULATION.**