** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990



Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning and ending B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year beginning D Employer identification number B creat in the 2014 calendar year, or tax year of the 2000 calendar in the 2					3.90///0////330.	
accessed YOUTHBRIDGE COMMUNITY FOUNDATION 43-6064111 Deing business as Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Accessed 3149856778 12685 OLIVE BLVD SLIVE LOUIS, MO 63141 H(a) is this a group return for subordinates? Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(b) is at anomate industor Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(b) is at anomate industor Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(b) is at anomate industor Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(b) is anomatic. Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(b) is anomatic. Yes X No 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(c) accoup exemption number. K 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(c) accoup exemption number. K 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(c) accoup exemption number. K 128000000000000000000000000000000000000		or the	and and a second a secon	i ending		
Interpret and street (or PL box if mails in delayered to street address) Room/suits 43-6064111 Interpret and street (or PL box if mails in delayered to street address) Room/suits E Telephone number Interpret and street (or PL box if mails in delayered to street address) Room/suits E Telephone number Interpret and street (or PL box if mails in delayered to street address) Room/suits E Telephone number Interpret and street (or PL box if mails in delayered to street address) Room/suits E Telephone number Interpret and street (or PL box if mails in other interpret address) Room/suits E Telephone number Interpret address of principal of the interpret address of principal of there. Room/suits E Telephone number Interpret address of principal of the interpret address of principal of there. Room/suits E Telephone number Interpret address of principal of the interpret address of principal of there. Room/suits File G nouse receipts 35,884,127. Height address of principal of the interpret address of principal of the interesenset addres address of principal of the interpret ad	B c a	heck if pplicable	C Name of organization		D Employer identifi	cation number
Doing Dusiness as Property and the province country, and 2/P or foreign postal code SAINT LOUIS, MO 63141 Reom/suite E Telephone number 3149856778 Argent Saint Property and address of principal officer.MICHAEL HOWARD F Name and address of principal officer.MICHAEL MOWARD F Name and address of principal officer.MICHAEL HOWARD F Name and address of principal officer.MICHAEL MOWARD F Name and address of principal officer.MICHAEL MOWARD F Name and address of principal officer.MICHAEL HOWARD F Name and address of principal officer.MICHAEL MOWARD F Name and address of princinder MICHAEL MOWARD F Name and address of principal off		chang	YOUTHBRIDGE COMMUNITY FOUNDATION			
Image: Number and street (0 PL). 00x (If mails in of delivered to Street address) MoonSume E releptone number Image: Number and street (0 PL). 00x (If mails in of delivered to Street address) NonNeume E 12685 OLIVE BLVD Image: Number and street (0 PL). 00x (If mails in of delivered to Street address) Street address of principal officer. MICHAEL HOWARD H(a) Is this a group return Image: Number address of principal officer. MICHAEL HOWARD FName and address of principal officer. MICHAEL HOWARD Yes (Mails in Number Address) Image: Number address of principal officer. MICHAEL HOWARD Image: Number Address of principal officer. MICHAEL HOWARD Yes (Mails in Number Address) Image: Number address of principal officer. MICHAEL HOWARD Image: Number Address of principal officer. MICHAEL HOWARD Yes (Mails in Number Address) Yes (Mails in Number Address) Image: Number address of principal officer. MICHAEL HOWARD Image: Number Address of principal officer. MICHAEL HOWARD Yes (Mails in Number Address) Image: Number address in Number Address of principal officer. MICHAEL HOWARD Image: Number Address of Principal officer. MICHAEL HOWARD Yes (Mails in Number Address) Image: Number address in Number Address of principal officer.		chang	Doing business as		43-6	064111
Signed Parameter City or town, state or province, country, and ZIP or foreign postal code Arrende Parameter G dress recepts 6 35,884,127. Arrende Parameter F Name and address of principal officer MICHAEL HOWARD 12685 OLIVE BLVD, ST. LOUIS, MO 63141 H(a) Is this a group return for subordinates? Yes Xin Work at subo		return		Room/suite		
and other interval City or town, state or province, country, and 2/P or toreign postal code G content country 33, 00.04, 121. Santon L OUTS, MO Santon L OUTS, MO Santon L OUTS, MO Gal 41 I tax exempt status: X 501(c)(3) 501(c)(1) 4(meet no.) 4947(a)(1) or 527. J Website: ▶ WWW. YOUTHERIDGE.ORG Hc) concerndent Hc) concerndent Hc) concerndent No Fame and address of principal officer. MICHAEL Hc) the state of legal domicile. MO Fame and address not principal officer. MICHAEL No Fame and address of principal officer. MICHAEL (meet no.) 4947(a)(1) or 527. Hc) City concerndent No Fame of principal officer. MICHAEL (meet no.) 4947(a)(1) or 527. Hc) concerndent Hc) concerndent No CHARTTABLE INTENT AND HELPTING NONPROFITS BECOME MORE SUSTAINABLE. Chart the organization discontinued its operations or disposed of more than 25% of its net assets. 10 10 Number of independent voting members of the governing body (Part V, line 2a) 5 0 0 0 For lain number of independent voting members of the governing body (Part V, line 1a) 840. 411. 418.552. 0 0 0 0 0 0		_lreturn/			3149	
SALIN LOUES, NO 05141 Prome and address of principal officer.MICHAEL HOWARD If a second preserve in the second principal officer.MICHAEL HOWARD I take exempt status: X 501(c)(3) 501(c)(1) (insett no.) 4947(a)(1) or 527 J website: WW.YOUTHBRIDGE.ORG HC) Group exemption number HC) Group exemption number MC Ves No MC Association Other L vear of formation: 1877 M state of legal domicile.MO Part II Summary I Briefly describe the organization is mission or most significant activities: HELPING DONORS PURSUE THEIR CHAR ITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 Check this box > bit if the organization is mission or most significant activities: HELPING MONR SUSTAINABLE. 2 Check this box > bit if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 10 4 Total number of independent voting members of the governing 904, (Part VI, line 2a) 5 0 5 Total number of voting members of the governing 904, (Part VI, line 2a) 5 0 0 5 Tot		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	35,884,127.
I 2665 OLLVE BLVD, ST. LOUIS, MO 63141 H(b) Are all ackordinates included? _Yes _No I Tax-axempt status: X 501(c)(3) 501(c) (1 (inset no.) 4947(a)(1) or 527 H(c) Arous exemption number > Website: WWW.YOUTHBRIDGE.ORG H(c) Arous exemption number > R form of organization: X Corporation Trus Association Other > L Year of formation: 1877 M State of legal domicile: MO Part II Summary 1 Briefly describe the organization's mission or most significant activities: HELPING DONORS PURSUE THEIR CHARITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 2 Check this box _ if the organization discontinue its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2014 (Part V, line 1a) 4 100 5 Total number of outing members of the governing body (Part V, line 1a) 6 0 6 Total number of undividuals employed in calendar year 2014 (Part V, line 1a) 4 100 6 Total number of undividuals employed in calendar year 2014 (Part V, line 1a) 3 2 0 7 Total number of undividuals employed in calendar year 2014 (Part V, line 2a) 0 0 0 0 0<		return	SAINI LOUIS, MO 05141		H(a) Is this a group re	
I Taxesempt status: IX 30010(1) ST: LOOIS, NO 63141 If No, x at abcordinates included? U Yes No J Website: ▶ WWW.YOUTHBRIDGE.ORG If No, x at abcordinates included? U Yes No J Website: ▶ WWW.YOUTHBRIDGE.ORG If No, x at abcordinates included? U Yes No I Briefly describe the organization: X Corporation Trust Association Other ▶ L Year of formation: 1877 M State of legal domicile: MO Part II Summary 1 1 Briefly describe the organization's mission or most significant activities: HELPING DONORS PURSUE THEIR CHARITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTATINABLE. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part V, line 1a) 3 10 4 Number of independent voting members of the governing body (Part V, line 2a) 5 0 6 Total number of individuals employeed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of individuals employeed in calendar year 2014 (Part V, line 2a) 6 0 7 To the investment income (Part VIII, ine 1n) 840, 415. 418, 582. 9 Program service revenue (Part VIII, ine 2n) 0. 0. 0. 10 Investment income (Part VIII, ine 2n) 4, 10, 0. 0. 0. 0. 11 Other revenue		tion			for subordinates	? Yes X No
J Website: WWW.YOUTHBRIDGE.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L year of formation: 1877 M State of legal domicile: MO Part I Summary Interview In		-	12685 OLIVE BLVD, ST. LOUIS, MO 63141		H(b) Are all subordinates ir	ncluded? Yes No
K form of organization: X Corporation Trust Association Other ► L Year of formation: 1877 M State of legal domicile: MO Part I Summary Summary It Brifty describe the organization's mission or most significant activities: HELPING DONORS PURSUE THEIR CHARITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 100 3 Number of voting members of the governing body (Part Vi, line 1a) 3 100 4 10 5 00 6 00 7 7 total number of individuals employed in calendar year 2014 (Part V, line 2a) 6 0 6 00 7a 0. 7a 0. 7a 0. 9 Forgram service revenue (Part VIII, column (A), line 34. Prior Year Current Year 8 Contributions and grants (Part VIII, line 2g) 0.				or 527	If "No," attach a	list. (see instructions)
Part II Summary Briefly describe the organization's mission or most significant activities: HELPING DONORS PURSUE THEIR CHARTTABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 Check this box 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) 4 100 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 00 6 00						
Image: Provide the organization's mission or most significant activities: HELPING DONORS PURSUE THEIR CHARTTABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voluing members of the governing body (Part VI, line 1a) 4 Number of individual employed in calendar year 2014 (Part VI, line 2a) 5 Total number of volunters (estimate if necessary) 6 Total number of volunters (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 9 Prior Year 9 Program service revenue (Part VIII, ine 1a) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 13, 12 Total revenue a dd lines 8 through 11 (must equal Part VIII, column (A), lines 13, 13 Grants and similar amounts paid (Part IX, column (A), lines 13, 14 Benefits paid to or for members (Part IX, column (A), lines 5, 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5, 19 Revenue eadd lines 8 through 11 (must equal Part IX, column (A), lines 5, 10 Tother expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11 Other expenses (Part IX, column (A), line 12, 14 Benefits paid to or for members (Part IX, column (A), lines 25) 17 Other expenses (Part IX, co	KF	orm of		L Year	of formation: 1877	M State of legal domicile: MO
CHARITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE. 2 Check this box ▶ ☐ 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 10 4 Number of individuals employed in calendar year 2014 (Part V, line 1a) 4 10 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7 Total number of volunteers (estimate if necessary) 6 0 7 Total number of volunteers (estimate if necessary) 7 6 0 7 Total number of volunteers (estimate if necessary) 7 7 10 10 9 Program service revenue (Part VIII, column (A), line 12) 4 4 10 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709 4, 601, 879 1 11 Other revenue (Part VIII, column (A), lines 13 400, 787 818, 246 1 2 1.8 2.46 0 0 0 0 0 0 0 <t< td=""><th>Pa</th><td></td><td></td><td></td><td></td><td></td></t<>	Pa					
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7a 0. 7 a Total numelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue from Part VIII, column (C), line 12 7b 0. 9 Program service revenue (Part VIII, line 1h) 840, 415. 418, 582. 10 Investment income (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total fundraising expenses (Part IX, column (A), lines 13) 400, 787. 818, 246. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 14 Benefits paid to or for members (Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 1, 371,	đ					
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7a 0. 7 a Total numelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue from Porm 990-T, line 34 7b 0. 8 Contributions and grants (Part VIII, line 1h) 840, 415. 418, 582. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total fundraising approximation, employee benefits (Part IX, column (A), lines 13) 400, 787. 818, 246. 13 Grants and similar amounts paid (Part IX, column (A), lines 5-10) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 17 Ottal assets (Part X, column (A), lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 779. 2, 152, 681. 18 Total fundraising expenses (Part IX, column (A), line 25) 1, 371, 012. 1, 334, 435. 19 Revenue less expenses. Subtract line	UC U		CHARITABLE INTENT AND HELPING NONPROFITS	BECOME	E MORE SUSTA	INABLE.
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7a 0. 7 a Total numelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue from Part VIII, column (C), line 12 7b 0. 9 Program service revenue (Part VIII, line 1h) 840, 415. 418, 582. 10 Investment income (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total fundraising expenses (Part IX, column (A), lines 13) 400, 787. 818, 246. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 14 Benefits paid to or for members (Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 1, 371,	srna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7a 0. 7 a Total numelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business revenue from Part VIII, column (C), line 12 7b 0. 9 Program service revenue (Part VIII, line 1h) 840, 415. 418, 582. 10 Investment income (Part VIII, line 2g) 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total fundraising expenses (Part IX, column (A), lines 13) 400, 787. 818, 246. 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0. 0. 13 Grants and similar amounts paid (Part IX, column (A), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 14 Benefits paid to or for members (Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 15 Salaries, other compensation, employee benefits (Part X, column (A), line 25) 1, 771, 799. 2, 152, 681. 1, 371, 012. 1, 334, 435. 1, 371,	ove	3	Number of voting members of the governing body (Part VI, line 1a)			
b Net unrelated business taxable income from Form 990-T, line 34 Tb 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709. 4, 601, 879. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total revenue. add lines 8 through 11 (must equal Part VII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 173, 702. 1 1, 334, 435. 17 Other expenses (Part IX, column (D), line 25) 1, 771, 799. 2, 152, 681. 2, 340, 422. 2, 935, 138. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 266, 794. 420, 248. 36, 059, 458. 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return,		4	Number of independent voting members of the governing body (Part VI, line 1b)			
b Net unrelated business taxable income from Form 990-T, line 34 Tb 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709. 4, 601, 879. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total revenue. add lines 8 through 11 (must equal Part VII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 173, 702. 1 1, 334, 435. 17 Other expenses (Part IX, column (D), line 25) 1, 771, 799. 2, 152, 681. 2, 340, 422. 2, 935, 138. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 266, 794. 420, 248. 36, 059, 458. 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return,	es S	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			
b Net unrelated business taxable income from Form 990-T, line 34 Tb 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709. 4, 601, 879. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total revenue. add lines 8 through 11 (must equal Part VII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 173, 702. 1 1, 334, 435. 17 Other expenses (Part IX, column (D), line 25) 1, 771, 799. 2, 152, 681. 2, 340, 422. 2, 935, 138. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 266, 794. 420, 248. 36, 059, 458. 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return,	viti	6	Total number of volunteers (estimate if necessary)		6	
b Net unrelated business taxable income from Form 990-T, line 34 Tb 0. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709. 4, 601, 879. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46, 097. 67, 358. 12 Total revenue. add lines 8 through 11 (must equal Part VII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 173, 702. 1 1, 334, 435. 17 Other expenses (Part IX, column (D), line 25) 1, 771, 799. 2, 152, 681. 2, 340, 422. 2, 935, 138. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 266, 794. 420, 248. 36, 059, 458. 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return,	\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
8 Contributions and grants (Part VIII, line 1h) 840,415. 418,582. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,225,709. 4,601,879. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,097. 67,358. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,112,221. 5,087,819. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400,787. 818,246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 173,702. 1,371,012. 1,334,435. 17 Other expenses (Part IX, column (D), line 11e) 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,771,717,799. 2,152,681. 18 Total expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 19 Revenue less expen	_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3, 225, 709. 4, 601, 879. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 466, 097. 67, 358. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 371, 012. 1, 334, 435. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21						
11 Other revenue (-art Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 400, 097. 07, 330. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accomp	Ð	8	Contributions and grants (Part VIII, line 1h)			
11 Other revenue (-art Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 400, 097. 07, 330. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accomp	enu	9	Program service revenue (Part VIII, line 2g)			
11 Other revenue (-art Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 400, 097. 07, 330. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 112, 221. 5, 087, 819. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 400, 787. 818, 246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (D), line 25) 173, 702. 1, 371, 012. 1, 334, 435. 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accomp	ev Se					
13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 400,787.818,246. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10) 0.0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0 b Total fundraising expenses (Part IX, column (D), line 25) 173,702. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,371,012.1,334,435. 19 Revenue less expenses. Subtract line 18 from line 12 2,340,422.2,2,935,138. 20 Total assets (Part X, line 16) 36,329,252.36,902,112. 21 Total liabilities (Part X, line 26) 269,794.420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458.36,481,864. Part II Signature Block 36,059,458.36,481,864. 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.						
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 173,702. 1,371,012. 1,334,435. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,771,799. 2,152,681. 19 Revenue less expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 20 Total assets (Part X, line 16) 36,329,252. 36,902,112. 21 Total liabilities (Part X, line 26) 269,794. 420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458. 36,481,864. 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. 0.					<u> </u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.00 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 173,702. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,371,012. 1,334,435. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,771,799. 2,152,681. 19 Revenue less expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 20 Total assets (Part X, line 16) 36,329,252. 36,902,112. 21 Total liabilities (Part X, line 26) 269,794. 420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458. 36,481,864. 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.						
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 173,702. 1,371,012. 1,334,435. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,771,799. 2,152,681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,771,799. 2,152,681. 19 Revenue less expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 20 Total assets (Part X, line 16) 36,329,252. 36,902,112. 21 Total liabilities (Part X, line 26) 269,794. 420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458. 36,481,864. 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.						
17 Other expenses (Part IX, Column (A), lines Trand, The246) 17, 371, 799. 1, 771, 799. 2, 152, 681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block 36, 059, 458. 36, 481, 864. 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.	es	15				
17 Other expenses (Part IX, Column (A), lines Trand, The246) 17, 371, 799. 1, 771, 799. 2, 152, 681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block 36, 059, 458. 36, 481, 864. 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.	ens	16a			0.	0.
17 Other expenses (Part IX, Column (A), lines Trand, The246) 17, 371, 799. 1, 771, 799. 2, 152, 681. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 771, 799. 2, 152, 681. 19 Revenue less expenses. Subtract line 18 from line 12 2, 340, 422. 2, 935, 138. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36, 329, 252. 36, 902, 112. 21 Total liabilities (Part X, line 26) 269, 794. 420, 248. 22 Net assets or fund balances. Subtract line 21 from line 20 36, 059, 458. 36, 481, 864. Part II Signature Block 36, 059, 458. 36, 481, 864. 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.	ă	b	• • • • • • • • • • • • • • • • • • • •		1 201 010	1 224 425
19 Revenue less expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 19 Revenue less expenses. Subtract line 18 from line 12 2,340,422. 2,935,138. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,329,252. 36,902,112. 21 Total liabilities (Part X, line 26) 269,794. 420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458. 36,481,864. Part II Signature Block 36,059,458. 36,481,864. 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.	ш	''				
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 36,329,252.36,902,112. 21 Total liabilities (Part X, line 26) 269,794.420,248. 22 Net assets or fund balances. Subtract line 21 from line 20 36,059,458.36,481,864. 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.					, ,	
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. Dispating of officers Detemption			Revenue less expenses. Subtract line 18 from line 12			
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. Dispating of officers Detemption	IC S			Be		
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. Dispating of officers Detemption	sset	20				
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. Dispating of officers Dispating of officers	et A nd F	21				
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.		22			30,059,458.	30,481,804.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					and a state of the state	- Included and the Protocol
						/ knowledge and belief, it is
Signature of officer Date	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.	

Sign	Signature of officer		Date					
Here	MICHAEL HOWARD, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid BRENT W. STEVENS P01291820								
Preparer Firm's name RUBINBROWN LLP Firm's EIN 43-0765316								
Use Only	Firm's address SONE NORTH BRENTW	DOD						
SAINT LOUIS, MO 63105 Phone no. (314) 290-3300								
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No					
432001 11-0	432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)							

	990 (2014) YOUTHBRIDGE COMMUNITY FOUNDATION t III Statement of Program Service Accomplishments	43-6064111	Page 2
Fai			X
1	Check if Schedule O contains a response or note to any line in this Part III		[A]
	YOUTHBRIDGE COMMUNITY FOUNDATION IS A 501(C)(3) NONPRO	TT THAT EXIST:	S
	TO HELP ST. LOUIS AREA CHARITIES, ESPECIALLY THOSE FOCU		
	AND YOUTH, BECOME STRONGER AND MORE SUSTAINABLE, TO HE		
	MAXIMIZE THEIR SOCIAL IMPACT AND TO HELP PROFESSIONAL Z	ADVISORS	
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	X No
	If "Yes," describe these new services on Schedule O.		37
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?Yes	XNo
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services,	as massured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		hd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,599,405. including grants of \$ 818,246.) (R	evenue \$)
	INCLUDES ALL ASPECTS OF WORK DEDICATED TO BUILDING STRO		
	COMMUNITIES BY BRIDGING THE RESOURCES OF GENEROUS DONOR		EDS
	OF NONPROFIT ORGANIZATIONS. OUR CAPACITY BUILDING AND		
	INITIATIVES HELP NONPROFIT ORGANIZATIONS, ESPECIALLY TH		N
	SERVING CHILDREN AND YOUTH, BECOME FINANCIALLY SOUND.	THESE	
	INITIATIVES INCLUDE BUT ARE NOT LIMITED TO PLANNED GIVE CONSULTING, SOCIAL ENTERPRISE DEVELOPMENT, ENDOWMENT BU		
	ADMINISTRATION, PHILANTHROPY GUIDANCE AND TRAINING.		
	ADMINISTRATION, THILANIMOTT GOTDANCE AND TRAINING:		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
	Other program services (Describe in Schedule O)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses ► 1,599,405.)	
		Form 9	90 (2014)
432002 11-07-	14		. /
	2		

<u>Form 990 (</u>		YOUTHBRIDGE	
Part IV	Checklist of	FRequired Schedules	i

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	па		
U		11b		х
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 202		X X
	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
U.	1 - 100 - 10 into 200, and the organization attach a copy of its addited intartical statements to this return:	200		

FOUNDATION

Form 990 (2014)

Form 990 (2014) YOUTHBRIDGE COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued) (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		x
27	complete Schedule L, Part II	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

	990 (2014) YOUTHBRIDGE COMMUNITY FOUNDATION		43-6064	111	P	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pi	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the)			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				<u>9a</u>		
b				9b		
10	Section 501(c)(7) organizations. Enter:	I I				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		-		
	Enter the amount of reserves on hand	13c		44-		v
				14a		X
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eυ		14b	000	L

YOUTHBRIDGE COMMUNITY FOUNDATION

Form **990** (2014)

43-6064111

Page 5

Form 990 (2014)

091

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111 Page 6

 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.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

tion A. Governing Body and Management						
	ı	1			Yes	No
Enter the number of voting members of the governing body at the end of the tax year	1 a		10			
If there are material differences in voting rights among members of the governing body, or if the governing						
body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
	1b		10			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
				2		X
Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	on			
of officers, directors, or trustees, or key employees to a management company or other person?				3		X
Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		Х
Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
Did the organization have members or stockholders?				6		X
Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	one or				
more members of the governing body?				7a		Х
Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	lders, or				
persons other than the governing body?				7b		Х
Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
	-	-		8a	Х	
				8b	Х	
				9		Х
		,			Yes	No
Did the organization have local chapters, branches, or affiliates?				10a		Х
	•			10b		
					Х	
		5				
				12a	х	
				120		
	,			12c	x	
				17		
		reheingen				
				45-	v	
	•••••			150	~	
				40		v
				16a		X
	-	-	1			
	zation	'S				
				16b		
	(Sectio	on 501(c)(3	s)s only) av	ailable)	
	flict of	interest p	olicy, and	financ	al	
statements available to the public during the tax year.						
	ks and	d records:	▶			
12685 OLIVE BLVD, ST. LOUIS, MO 63141						
11-07-14				Form	990	(201
6						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, rustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 90 Did the organization have members or stockholders? Did the organization have members or stockholders? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders? Did the organization contemporaneously document the metings held or written actions undertaken during the year are any owernance decisions of the organization reserved to (or subject to approval by) members, sto persons other than the governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read organization's malling address? If "Yes," did the organization have written policies and procedures governing the activities of such A, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization have written conflict of interest policy? If "No," go to line 13 Were officer, director, settes, and key melloyee streage requires the complication to review this Form 990. Did the organization have a written conflict of interest policy? If the organization have a written conflict of interest policy? If "No," go to line 13 Were officer, director, or tustes, and key melloyae listed in Parton. Did the organization nevelation form seases to, or participate in a joint venture or similar arranger taxable entity during the year? If "Yes," did the organization	If there are material differences in voting rights among mambers of the governing body, or if the governing body degated troad authority to an executive committee or similar committee, explain in Schedule 0. In there the number of voting members includeed in line 1a, above, who are inclependent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee, or key employees to an anagement duties customarily performed by or under the direct of officers, directors, or trustees, or key employees to a management company or other person? Did the organization bave members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization advecting body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol persons other than the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a organization have local chapters, branches, or affiliates? If "Ves," did the organization have written policies and receive any address? // "Yes," <i>chrowide the names and addresses in Schedule O</i> Did the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization have a written conflict of interest policy? // "wo," or to line 13 Were officer, director, trustee, and key melployee required to disclese annually interests that could give rise to con Did the organization have a written conflict of interest policy? // "wo," or to line 13 Were officers, director, trustee, and key mployees required to disclese annually interests that could give rise to con Did the organization have a written conflict of interest policy? Did the organization have a written organization of the d	If there are material differences in voting rights among members of the governing body, or if the governing body degated bread authority to an exocutive committee or similar committee, sopian in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervised of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervised of officer, director, trustee, or key employees to a management duties income they or offer 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members, stockholders? Did the organization have members, stockholders? Did the organization and ensemption is body? Lat any approximation by other of the governing body? Lat any approximation by duting body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Lat committee with authority to act on behalf of the governing body? Lat her again address? If "Yes," arouide the names and addresses in Schedule O Did the organization have mew written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization have a written conflict of interest prolicy? If "Yes," describe Did the organization have a written conflict of interest policy? Has the organization have a written conflict of interest policy? Did the organization have a written conflict of prome 90 to all members of its governing body berefiling the Describe in Schedule O her process, if any, uase trequired to the relevant and addresses? Did the	If there are material differences in voting rights among members of the governing body, or if the governing body degreed trund authority to an executive committee or similar committee, explain in Schedule 0. In the organization degree of voting members included in line 1, above, who are independent In the unsteener of voting members included in line 1, above, who are independent In the organization degree of voting members of the supervision of officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, directors, or trustee, or key employees to a management company or other person? Do the organization make any significant changes to its governing documents since the prior Form 990 was filed? Do the organization have members or stockholders? Do the organization have members or stockholders? Do the organization have members or stockholders? Do the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Do the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behaff of the governing body? In B. Polices // In Section B requests information about policies and actions see inschedule 0. Differer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? If 'Yes,'' do the organization have written policies and procedures governing the activities of such chapters, affiliates, and tranches to ensure their operations are consistent with the organization is seempt purposes? De the organization have written policies and procedures governing the activities of such chapters, affiliates, and tranches to ensure their operations and contractors in treative by the organization is even to purpose? De the organization have written policies and pr	If the ar material differences in voting rights among members of the governing body, or if the governing body delegated broad submit to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent DI dary officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officer, director, or trustee, or key employees to a management customarily performed by or under the direct supervision of officers, director, or trustee, or key employees to a management customarily performed by or under the direct supervision of officers, director, or trustee, or key employees to a significant changes to its governing bod. DI dhe organization have member or stockholders? DI dhe organization have members, stockholders, or ofher persons who had the power to elect or appoint one or rearments of the governing bod? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rearms other than the governing bod? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee with authority to act on behalf of the governing body? Beach committee any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's maining address? If "yes_" trovget the mannes and address in Schedulo D. Beach committee onsure the regreations are consistent with the organization's exempt purposes? Beach to prove the section are consistent with the organization's exempt purposes? Beach to prove the section and the organization's exempt purposes? Beach to prove the section and enterce compliance with the policy? Beach to prove the section are consistent with the organization's exempt purposes? Beach to prove the develowing beach with the policy? Beach to granization maxes, and key employees reguined to disc	If there are material differences in voting (pths among members of the governing body, or If the governing body and the security of an executive committee or similar committee, replan in Schedule 0. In the number of voting members included in line 1a, above, who are independent In the overning of the security of the executive committee or similar committee, replan in Schedule 0. In the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, or trustee, or key employees to a management company or other person? Do the organization become aware during the year to a significant changes to its governing documents since the prior FOM 990 was filed? A to the organization bacen aware during the year of a significant diversion of the organization sasets? A to the organization bacen aware during the year of a significant diversion of the organization aware members or stockholders? Do the organization contemportaneously document the meetings held or written actions under taken during the year by the following: Persons offer than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by members, stockholders, or persons offer than the governing body? Beach committee or written policies and procedures governing the attributes of such the size of the governing body? Beach committee with authority to act on behalf of the governing body? Do the organization contemportaneously document the meetings held or written actions and relaxed at the organization fave local chapters, branches, or affiliates? Do the policies? Do the porcess, if any, used by the organization to relaxed at the organization have local chapters, branches, or affiliates? Do the portions of the porcess, if any, used by the organization to relaxed at the policy? De the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are cons

Form 990 (2014)	YOUTHBRIDGE	COMMUNITY	FOUNDATION	43-
Part VII Compensatio	n of Officers, Direc	tors, Trustees,	Key Employees,	Highest Compensated
Employees, a	nd Independent Co	ntractors		

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A) Name and Title	(B) Average			(Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				s botł	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GLENN WILLEY DIRECTOR	1.00	x						0.	0.	0.
(2) RICK KALLAUS	1.00							0.	0.	0.
PRESIDENT		х		x				0.	0.	0.
(3) DENNIS G. TACCHI	1.00									
DIRECTOR		х						0.	0.	0.
(4) SAM HOPMEIER DIRECTOR	1.00	x						0.	0.	0.
(5) LIZ KRIEGSHAUSER	1.00									
DIRECTOR		х						0.	0.	0.
(6) DAN BEAN	1.00									
VICE PRESIDENT		х		X				0.	0.	0.
(7) MARK LAMMERT	1.00									
TREASURER	1 00	Х		X				0.	0.	0.
(8) DOUG STANLEY DIRECTOR	1.00	x						0.	0.	0.
(9) JEFFREY MOENKHAUS	1.00	^						0.	0.	0.
SECRETARY	1.00	х		x				0.	0.	0.
(10) MICHAEL HOWARD CEO	45.00	x		x				134,219.	0.	13,637.
(11) GARY F. SAHRMANN	1.00	~						154,219.	0.	15,057.
DIRECTOR		x						0.	0.	0.
432007 11-07-14										Form 990 (2014)

7

Page 7

43-6064111

	<u>90 (2014)</u> YOUTHBRII	DGE COMM	IUN	IΤ	Y	FC	UN	DA	ATION	43-60	641	11	Pa	ge 8
Part V	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per	box	not ch , unles	Pos heck i ss per	more rson i	than o s both	an	(D) Reportable compensation	(E) Reportable compensatior	n	Est	(F) imated ount o	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		comp fro orga and	other oensation om the nization relate nizatio	on d
1b S	ub-total								134,219.		0.	13	8,63	
с Т Т	otal from continuation sheets to Part VI	I, Section A							0. 134,219.		0.	13	8,63	0.
	otal number of individuals (including but n ompensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	1 No
li	id the organization list any former officer, ne 1a? <i>If</i> "Yes," complete Schedule J for s	uch individual							• ·		[3		x
a	or any individual listed on line 1a, is the sund nd related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	for such individual			4		x
	endered to the organization? If "Yes," com											5		Х
1 C	on B. Independent Contractors										ensati	ion froi	m	
<u>ti</u>	ne organization. Report compensation for t (A) Name and business			ndin ONE		<u>ith c</u>	or wi	thin	n the organization's tax ye (B) Description of s		Co	(C) cmpen		
	otal number of independent contractors (in 100,000 of compensation from the organized or th	•	ot lin	nited	l to i	thos (ted	above) who received mo	pre than		_ ^	00 ~	
											I	Form 9	າສຸບ (2	ป14)

orm	990 (2014) YOUTH	IBRIDGE C	OMMUNITY	FOUNDATION	J	43-6064	111 Page 9
Par	t VII	Statement of Rever	nue					
		Check if Schedule O cont	tains a response (or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tt st	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
S, G		Fundraising events						
ar J	d	Related organizations	1d					
is, (е	Government grants (contribut	ions) 1e					
r S	f	All other contributions, gifts, gran						
ibu Higu		similar amounts not included abo	ve 1f	418,582.				
ut pu	-	Noncash contributions included in lines						
<u>۲ م</u>	h	Total. Add lines 1a-1f			418,582.			
				Business Code				
Program Service Revenue	2 a							
er v	b							
n S /eni	с							
grar Be	d							
roc _	e							
-		All other program service reve						
	<u>g</u> 3	Total. Add lines 2a-2f						
	3	other similar amounts)			989,413.			989,413.
	4	Income from investment of ta						
	5	Royalties						
	Ŭ	noyunos	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses	, · · · ·					
			······		36,303.			36,303.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	34,353,382.					
	b	Less: cost or other basis						
		and sales expenses	30,782,744.	13,564.				
	с	Gain or (loss)	3,570,638.	41,828.				
	d	Net gain or (loss)		▶	3,612,466.			3,612,466.
Other Revenue	8 a	Gross income from fundraisin including \$						
eve		contributions reported on line						
r B		Part IV, line 18	а					
the	b	Less: direct expenses	b					
0	с	Net income or (loss) from fund	draising events	►				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	►				
· ·	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
┝	С	Net income or (loss) from sale						
┝		Miscellaneous Revenu	IE	Business Code		21.055		
		MISCELLANEOUS INCOME		900099	31,055.	31,055.		
	b							
	C L							
	d	All other revenue			31,055.			
	е 12	Total. Add lines 11a-11dTotal revenue. See instructions.			5,087,819.	31,055.	0.	4,638,182.
	14	Total revenue. See Instructions.			-,,		0.	Form 990 (2014)

9

⁴³²⁰⁰⁹ 11-07-14

Form	990	(2014)
------	-----	--------

YOUTHBRIDGE COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	818,246.	818,246.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	606,395.	446,975.	79,710.	79,710.
	Legal				
	Accounting	9,000.		9,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	230,481.		230,481.	
f g	Investment management fees	230,401.		230,401.	
y	column (A) amount, list line 11g expenses on Sch 0.)	35,173.		35,173.	
12	Advertising and promotion	169,600.	84,800.		84,800.
13	Office expenses	18,088.	17,284.	402.	402.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,785.	6,227.	779.	779.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,662.	6,662.		
20	Interest				
21	Payments to affiliates		04 001	4 000	
22	Depreciation, depletion, and amortization	99,759. 22,060.	<u>94,771.</u> 11,030.	<u>4,988.</u> 11,030.	
23 24	Insurance Other expenses. Itemize expenses not covered	22,000.	11,030.	II,030.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	49,615.	39,691.	4,962.	4,962.
b	MAINTENANCE	46,523.	41,871.	2,326.	2,326.
с	COMMUNITY PROGRAMS	22,189.	22,189.		
d	UTILITIES	11,105.	9,659.	723.	723.
	All other expenses	0 150 601	1 500 405		100 000
25	Total functional expenses. Add lines 1 through 24e	2,152,681.	1,599,405.	379,574.	173,702.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				
	Chook hold P II TOIIOWING SUP 98-2 (ASC 958-720)				Earm 990 (2014)

432010 11-07-14

10 2014.05091 YOUTHBRIDGE COMMUNITY FOU 01986.01

Form 990 (2014)

09170419 132842 01986.0000

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111 Page 11

Part	נא	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Par	tX			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		502,130.	1	624,787.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors				
		trustees, key employees, and highest compensated employees. Compl	ete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and con-	tributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
s.		employees' beneficiary organizations (see instr). Complete Part II of Sc	h L [6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,962.	9	8,821
	10a	Land buildings and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3,588	,133.			
	b	Less: accumulated depreciation10a3,58810b2,449	,821.	1,148,426.	10c	1,138,312
	11	Investments - publicly traded securities		31,346,506.	11	31,733,168
	12	Investments - other securities. See Part IV, line 11		482,170.	12	554,954
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,846,058.	15	2,842,070
	16	Total assets. Add lines 1 through 15 (must equal line 34)	I	36,329,252.	16	36,902,112
	17	Accounts payable and accrued expenses		43,677.	17	12,566
	18	Grants payable		126,200.	18	88,370
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
s	22	Loans and other payables to current and former officers, directors, trus	stees,			
liti		key employees, highest compensated employees, and disqualified pers	sons.			
Liabilities		Complete Part II of Schedule L			22	
;=	23		L		23	
	24	Unsecured notes and loans payable to unrelated third parties	L		24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part	X of			
		Schedule D		99,917.	25	319,312 420,248
	26	Total liabilities. Add lines 17 through 25		269,794.	26	420,248
		Organizations that follow SFAS 117 (ASC 958), check here 🕨	and			
es		complete lines 27 through 29, and lines 33 and 34.		22 012 100		22 622 824
ů.	27	Unrestricted net assets		33,213,400.	27	33,639,794
3ala	28	Temporarily restricted net assets	····· -	0.046.050	28	0 040 000
۳ ۲	29	Permanently restricted net assets		2,846,058.	29	2,842,070
Π.		Organizations that do not follow SFAS 117 (ASC 958), check here				
Net Assets or Fund Balances		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	······ -		31	
let	32		····· -		32	
	33	Total net assets or fund balances	Г	36,059,458.	33	36,481,864
[34	Total liabilities and net assets/fund balances		36,329,252.	34	36,902,112. Form 990 (2014

Form **990** (2014)

Form 990 (2014) YOT Part X Balance Sheet

	990 (2014) YOUTHBRIDGE COMMUNITY FOUNDATION	43-6	5064111	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,15		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,93		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,05	<u>9,4</u>	<u>58.</u>
5	Net unrealized gains (losses) on investments	5	-2,50	9,0	29.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-	3,7	03.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	36,48	1,8	64.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		-
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	(001.4)

Form **990** (2014)

(Form	990	or	990-	EZ)
-------	-----	----	------	-----

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2014	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/for	rm99	0.
	-	

Name	of the	organization
------	--------	--------------

Name o	of the organization							Identification number
			MMUNITY FOUNI					3-6064111
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions		
The orga	anization is not a private found	lation because it is: (F	For lines 1 through 11, cl	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E.)					
3	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiz						(iii). Enter	the hospital's name.
	city, and state:		,				(<i>)</i> -	,
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
•	section 170(b)(1)(A)(iv). (0		loge of anticipation of the	or operat	ou by u go			
e 🗌			antal unit described in	nantion 17	70/6//4//4/	()		
6 ∟ 7 X	A federal, state, or local go	-						aublic deceribed in
7 <u>X</u>	-	•	itial part of its support in	om a gove	ernmentar		e general p	Sublic described in
o [section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9 🗌	An organization that norma	•					-	•
	activities related to its exer							
	income and unrelated busi		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
	_ See section 509(a)(2). (Co	-						
10	An organization organized	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
11 🗌	An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	5 09(a)(3). (Check the box in
_	lines 11a through 11d that	describes the type of	f supporting organizatior	n and com	plete lines	11e, 11f, and	11g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatior	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d [Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally inf	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.		
e	Check this box if the orga	-					I. Type III	
_	functionally integrated, o					, , , , , , , , , , , , , , , , , , ,	, ,	
f Fr	nter the number of supported of							
	rovide the following information							
3	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of	monetary	(vi) Amount of
	organization		(described on lines 1-9	listed i governing o		support	(see	other support (see
			above or IRC section (see instructions))	Yes	No	Instructi	ons)	Instructions)
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

13

Schedule A (Form 990 or 990-EZ) 2014 YOUTHBRIDGE COMMUNITY FOUNDATION

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 or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	193,253.	176,633.	12179450.	940,415.	418,582.	13908333.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	193,253.	176,633.	12179450.	940,415.	418,582.	13908333.
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)						483,734.
	Public support. Subtract line 5 from line 4.						13424599.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	193,253.	176,633.	12179450.	940,415.	418,582.	13908333.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	427,670.	534,992.	689,541.	1098027.	1025716.	3775946.
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	0 001					
	assets (Explain in Part VI.)	2,321.	2,814.	4,666.	14,117.	31,055.	54,973.
11	Total support. Add lines 7 through 10						17739252.
12		•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	95,034.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	. —
Ser	organization, check this box and stor ction C. Computation of Publi	o here	centage				>
				- 1			75.68 %
	Public support percentage for 2014 (I		•			14 15	75.68 % 79.81 %
	Public support percentage from 2013 33 1/3% support test - 2014. If the c						
104	stop here. The organization qualifies						N V
h	33 1/3% support test - 2013. If the c		÷		line 15 is 33 1/3%		······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test				13 16a or 16b a		
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	tt vi now the organ	
h	10% -facts-and-circumstances test	-		• • • •	-		
N	more, and if the organization meets th						
	organization meets the "facts-and-circ						►
18	Private foundation. If the organizatio		-				
			·- · · · , · •	, , -,		edule A (Form 990	

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purpose	per- in he					
3 Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
7a Amounts included on lines 1, 2						
3 received from disqualified pe	,					
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	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
 10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source 	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on 	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
14 First five years. If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
15 Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	• Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b 33 1/3% support tests - 201 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

Schedule A (Form 990 or 990-EZ) 2014 YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- **6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990 EZ) 2014 YOUTHBRIDGE COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a ⊾	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	uctions).	Vee	Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i>	3b		

17

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

09170419 132842 01986.0000

Sche	edule A (Form 990 or 990-EZ) 2014 YOUTHBRIDGE COMMUNITY F	OUNDA	TION	43-6064111 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See ins	structions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		

5

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 6
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

5

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014 YOUTHBRIDGE COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions		· · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizations	8	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Casti	en E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secu	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

	Schedule A (Form 990 or 990-EZ) 2014

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

43-6064111

2014

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
XCESS CONTRIBUTIONS	838,519.	483,734
otal Excess Contributions to Schedule A, Part II, Line 5		483,734

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

VOI

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

2014

Employer identification number

JTHBRIDGE	COMMUNITY	FOUNDATION

43-6064111

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>72,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$33,858.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$38,305.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$43,982.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

09170419 132842 01986.0000

Name of organization

Employer identification number

43-6064111

YOUTHBRIDGE COMMUNITY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$40,364.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$20,862.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$13,887.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>		\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.)
423452 11-0	0-14	Scheudie D (FOIM)	330, 330-EZ, UI 330-FF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

43-6064111

YOUTHBRIDGE COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	235 SHARES OF AMGEN, INC		
		\$38,305.	12/26/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	VARIOUS MARKETABLE SECURITIES		
		\$43,982.	11/28/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	400 SHARES OF CIGNA, INC. STOCK		
		\$ 40,364.	11/06/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	200 SHARES OF CIGNA, INC. STOCK		
		\$\$	12/30/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

09170419 132842 01986.0000

Name of orga	nization			Employer identification number
VOITTHE	RIDGE COMMUNITY FOUNDAT	TON		43-6064111
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	ibutions to organizations desc columns (a) through (e) and th , charitable, etc., contributions of \$1	e following line	n 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Description of how gift is held
-		(e) Transfer	of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee

26

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDU	LE D
--------	------

Department of the Treasury

Preservation of open space

Internal Revenue Service

(Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.	
Information about Schedule D (Form 990) and its instructions is at www.irs.gov	//form990.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization	Employer identification number	
YOUTHBRIDGE COMM	43-6064111	
Part I Organizations Maintaining Donor Adv	or Accounts. Complete if the	
organization answered "Yes" to Form 990, Part I	V, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)	276,788.	
3 Aggregate value of grants from (during year)	470,801.	
4 Aggregate value at end of year	15,952,928.	

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?	X Yes	No 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?	X Yes	No.
Pa	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.		

1	Purpo	ose(s) of conservation easements held by the organization (check all	that apply).
		Preservation of land for public use (e.g., recreation or education)	Preservation of a historically important land area
		Protection of natural habitat	Preservation of a certified historic structure

Preservation of a certified historic structure

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
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
с	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, and not on a historic structure		
	listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation	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 th	e year	▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ar 🕨	\$
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 XIII, describe how the organization reports conservation easements in its revenue and expense statem		nd balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	anizati	on's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imila	r Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
12	If the organization elected as permitted under SEAS 116 (ASC 958) not to report in its revenue statement an	d hala	nce sheet works of art

Ia	in the organization elected, as permitted under of AS 110 (ASO 350), 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 XIII,
	the text of the footnote to its financial statements that describes these items.
I -	If the experimentian elected as a sympthted under OFAC 110 (ACC OFA) to repeat in its receiption statement and belongs short under of out biotexical

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public servi	ce, provide the following amounts
	relating to these items:	
	(i) Revenue 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, prov	ide	e
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenue included in Form 990, Part VIII, line 1	• :	\$
b	Assets included in Form 990. Part X	•	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

27

09170419 132842 01986.0000

Sche		IDGE COMMUN					43-60			age 2		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	her Si	imilar	Assets	contir	nued)			
3									;			
	(check all that apply):											
а	Public exhibition	d	Loan or excl	nange programs								
b	Scholarly research	е	Other									
с	Preservation for future generations											
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt	purpos	e in Part	XIII.				
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other sim	ilar ass	sets						
	to be sold to raise funds rather than to be ma							Yes		No		
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes"	to For	m 990,	Part IV, li	ne 9, or				
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets r	not incl	uded		_		_		
	on Form 990, Part X?						L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:									
								Amoun	t			
	Beginning balance					1c						
	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f		7				
	Did the organization include an amount on Fo				-		L	Yes		No		
Par	If "Yes," explain the arrangement in Part XIII.						<u></u>					
Fai	t V Endowment Funds. Complete i					T 1		() [
		(a) Current year	(b) Prior year	(c) Two years bac			ears back	(e) Four	5			
1a	Beginning of year balance	19,456,449.	18,512,133.	18,397,84	· ·	10,4	34,668.	17	,478,	052.		
D		797,389.	1,921,753.	1,510,88	2	7	33 391	1	755	619		
C L	Net investment earnings, gains, and losses	333,409.	248,726.	184,87		733,394. 261,403.						
	Grants or scholarships	555,409.	240,720.	104,07	J.	20	51,403.		549,	055.		
е	Other expenditures for facilities	561,057.	728,711.	1,211,71	7	5(08 816			50,778.		
	and programs	501,057.	720,711.	1,211,71	<u>'.</u>	508,816.					4J0,	//0.
	Administrative expenses	19,355,384.	19,456,449.	18,512,13	3	18 30	97,843.	18	434,	668		
g	End of year balance Provide the estimated percentage of the curr				· ·	10,0	,010.	10	, 10 1 ,			
2	Board designated or quasi-endowment	85.00	%	Tielu as.								
b	Permanent endowment 15.00	%										
	Temporarily restricted endowment	%										
U	The percentages in lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the posse		tion that are held an	d administered fo	r the o	raaniza	tion					
ou	by:	solori or the organiza				igunizu		ſ	Yes	No		
	(i) unrelated organizations							3a(i)	X			
	*** • • • • • •							3a(ii)		Х		
b	If "Yes" to 3a(ii), are the related organizations		0 1 1 50					3b				
4	Describe in Part XIII the intended uses of the	-										
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. Se	e Form 990, Part	X, line	10.						
	Description of property	(a) Cost or of				imulate	d	(d) Boo	k valu	e		
		basis (investm	• •		•	ciation		()				
1a	Land		8	2,268.				82	2,2	68.		
	Buildings				2,41	4,91	4.	1,04				
	Leasehold improvements											
	Equipment		4	3,653.	3	4,90)7.		3,7	46.		
	Other											
	. Add lines 1a through 1e. (Column (d) must e		(. column (B). line 10	Dc.)	<u></u>			1,13	3,3	12.		
		-		-			Schedule	D (Forn	1 990)	2014		

Schedule D (Form	990) 2014	YOUTHBRIDGE	COMMUNITY	FOUNDATION
------------------	-----------	-------------	-----------	------------

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS	2,842,070.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	2,842,070.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	FUNDS HELD ON BEHALF OF OTHERS	319,312.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	319,312.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

432053 10-01-14

	edule D (Form 990) 2014 YOU'T'HBRIDGE COMMUNITY FOUNT		6064111 Page 4						
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	2,644,606.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a							
b	Donated services and use of facilities	2b	300,000	<u>.</u>					
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d	-3,703						
е	Add lines 2a through 2d			2e	<u>-2,212,732.</u> 4,857,338.				
3	Subtract line 2e from line 1			3	4,857,338.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b	230,481	,					
				4c	230,481.				
С	Add lines 4a and 4b								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,087,819.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			-					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			-	n.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents W	ith Expenses per	-					
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ents W	ith Expenses per	Retur	n.				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents W	ith Expenses per	Retur	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per	Retur	n.				
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents W 2a 2b	ith Expenses per	Retur	n.				
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents W 2a 2b 2c	ith Expenses per	Retur	n. 2,222,200.				
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents W 2a 2b 2c 2d	ith Expenses per 300,000	Retur	n. 2,222,200. 300,000.				
5 Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per 300,000		n. 2,222,200.				
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per 300,000	Retur	n. 2,222,200. 300,000.				
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2c 2d	ith Expenses per 300,000	Retur	n. 2,222,200. 300,000.				
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses per 300,000	Retur	n. 2,222,200. 300,000. 1,922,200.				
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ith Expenses per 300,000 230,481	Retur	n. 2,222,200. 300,000. 1,922,200. 230,481.				
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents W	ith Expenses per 300,000 230,481	Retur	n. 2,222,200. 300,000. 1,922,200.				

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A BENEFICIAL INTEREST IN

MULTIPLE CHARITABLE TRUST AGREEMENTS AND A BOARD DESIGNATED QUASI

ENDOWMENT. DISBURSEMENTS RECEIVED FROM THE ENDOWMENT FUNDS ARE UTILIZED

30

TO SUPPORT THE OPERATIONS OF THE ORGANIZATION AND THE RELATED ONGOING

PROGRAM ACTIVITES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST AGREEMENTS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL

432054 10-01-14

Schedule D (Form 990) 2014

09170419 132842 01986.0000

STATEMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL

STATEMENTS

Schedule D (Form 990) 2014

432055 10-01-14

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organizatio	d Individual	s in the Ŭni	ted States		2014
Department of the Treasury Internal Revenue Service	Informati	on about Schedule I	► Attach to Form (Form 990) and its		www.irs.gov/form99	0.	Open to Public Inspection
Name of the organization	GE COMMUN	ITY FOUNDAT	ION		·		Employer identification number $43 - 6064111$
Part I General Information on Grants a							
1 Does the organization maintain records t criteria used to award the grants or assis	tance?	-			-		
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" to Form 990, Part	IV, line 21, for any
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
HAVENHOUSE ST. LOUIS 12685 OLIVE BLVD							
ST. LOUIS, MO 63141	20-1876315	501(C)(3)	237,600.	0.			PROGRAM ACTIVITY FUNDING
WASHINGTON UNIVERSITY 1 BROOKINGS DRIVE ST. LOUIS, MO 63130-4899	43-0653611	501(C)(3)	105,287.	0.			PROGRAM ACTIVITY FUNDING
HABITAT FOR HUMANITY TUCSON 3501 N. MOUNTAIN AVE TUCSON, AZ 85705	94-2725100	501(C)(3)	87,500.	0.			FROGRAM ACTIVITY FUNDING
ST. JOSEPH'S INDIAN SCHOOL SPECIAL GIFTS DEPARTMENT <u>CHAMBERLAIN, SD 57325</u>	46-0235912	501(C)(3)	72,000.	0.			PROGRAM ACTIVITY FUNDING
COMMUNITY FOOD BANK OF SOUTHERN AZ PO BOX 26727 TUCSON, AZ 85726	51-0192519	501(C)(3)	40,183.	0.			PROGRAM ACTIVITY FUNDING
KIRKWOOD BAPTIST CHURCH 211 N WOODLAWN AVENUE KIRKWOOD, MO 63122	43-1033862		34,075.	0.			PROGRAM ACTIVITY FUNDING
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 							
		10018					

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

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of organization or government			(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	
LIVING WELL FOUNDATION								
3602 LIONS DEN ROAD								
IMPERIAL, MO 63052	20-5357902	501(C)(3)	29,128.	0.			PROGRAM ACTIVITY FUNDIN	
FOSTER CARE COALITION OF GREATER								
ST LOUIS INC - 1750 S. BRENTWOOD								
BLVD, SUITE 210 - ST. LOUIS, MO								
63144	43-1570225	501(C)(3)	25,000.	0.			PROGRAM ACTIVITY FUNDING	
MAPLEWOOD RICHMOND HEIGHTS EARLY								
CHILDHOOD CENTER - 2801 OAKLAND								
AVENUE - MAPLE WOOD, MO 63143	43-6002166	501(C)(3)	25,000.	0.			PROGRAM ACTIVITY FUNDING	
UNIVERSITY OF ILLINOIS FOUNDATION								
1305 W GREEN STREET	37-6006007	E01(0)(2)	20.000	0.			PROGRAM ACTIVITY FUNDIN	
URBANA, IL 61801	37-8008007	501(C)(3)	20,000.	0.			PROGRAM ACTIVITI FUNDING	
MAPLEWOOD RICHMOND HEIGHTS MIDDLE								
SCHOOL - 7539 MANCHESTER ROAD -								
MAPLEWOOD, MO 63143	12-6002002	501(C)(3)	14,000.	0.			PROGRAM ACTIVITY FUNDING	
,			, -					
STEELVILLE ARTS COUNCIL								
PO BOX 1458								
STEELVILLE, MO 65565	27-2995330	501(C)(3)	11,000.	0.			PROGRAM ACTIVITY FUNDING	
HUMANE SOCIETY OF MISSOURI								
1201 MACKLING AVENUE								
ST. LOUIS, MO 63110	43-0652638	501(C)(3)	10,065.	0.			PROGRAM ACTIVITY FUNDING	
OF LOTIES FFEDDE FOR ATTS THA								
ST. LOUIS EFFORT FOR AIDS, INC. 1027 S. VANDEVENTER, SUITE 700								
ST. LOUIS, MO 63110-3805	43-1395179	501(C)(3)	10,000.	0.			PROGRAM ACTIVITY FUNDIN	
	43-13331/9	501(C)(5)	10,000.	0.			TROOMAN ACTIVITI FUNDIN	
HUMANITRI								
1120 S, 6TH STREET								
ST. LOUIS, MO 63104	43-1470568	501(C)(3)	9,150.	0.			PROGRAM ACTIVITY FUNDIN	

Schedule I (Form 990)

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

Page 1

Part II 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	
NAME LOUIS DI MINIST CIUTNO COUNCIL								
SAINT LOUIS PLANNED GIVING COUNCIL 1693 S HANLEY ROAD								
ST. LOUIS, MO 63144	43-1603812	501(C)(3)	8,000.	0.			PROGRAM ACTIVITY FUNDING	
STL250 INC.								
PO BOX 11940								
ST. LOUIS, MO 63112	27-3870584	501(C)(3)	5,500.	Ο.			PROGRAM ACTIVITY FUNDING	
WHITFIELD SCHOOL, INC.								
175 S MASON ROAD								
ST. LOUIS, MO 63141	43-0911366	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING	
MISSOURI COALITION OF CHILDREN'S								
AGENCIES - 213 E CAPITAL AVENUE,								
SUITE 101 - JEFFERSON CITY, MO	43-1074552	$E_{01}(c)(2)$	5,000.	0.			PROGRAM ACTIVITY FUNDING	
65101	43-1074552	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING	

Schedule I (Form 990)

Schedule I (Form 990) (2014) YOUTHBRIDGE COMMUNITY FOUNDATION

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

PART I, LINE 2:

Part III

ALL GRANTS ARE APPROVED BY THE BOARD AND FUNDS ARE UTILIZED IN SUPPORT OF

QUALIFIED CHARITABLE ORGANIZATIONS. THE ORGANIZATION HAS A GRANT

APPLICATION PROCESS TO WHICH APPLYING ORGANIZATIONS MUST DEMONSTRATE HOW

AND WHEN THE FUNDS WOULD BE UTILIZED TO SUPPORT THEIR INDIVIDUAL PROGRAM

MISSIONS. THE BOARD OF DIRECTORS COMPARES THE INFORMATION ON THE GRANT

APPLICATIONS TO THE MISSIONS AND OBJECTIVES OF YOUTHBRIDGE TO ENSURE THAT

GRANT DOLLARS ARE AWARDED TO QUALIFIED CHARITABLE ORGANIZATIONS THAT

SUPPORT THE OVERALL CHARITABLE MISSION OF THE FOUNDATION.

43-6064111

Page 2

Department of the Treasury	Complete if t		swere or For ach to	d "Yes m 990 Form	" on F -EZ, P 990 or	orm 990, Par art V, line 38a Form 990-E2	t IV, i or 4 Z.	line 25a, 25b, 2 40b.		·		MB No. 20 pen T spect	1 2	1
Name of the organization										-	ident		on nı	ımber
		IDGE COMMU					d (_) (00)			641	11		
		i ctions (section 5 answered "Yes" on									h			
1 (a) Name of disqualified p		(b) Relationship bet person and o	ween o	disqual				escription of tran			<u>D.</u>		Corre es	ected? No
3 Enter the amount of tax,	, if any, on line		sed by	the or		· · · · · · · · · · · · · · · · · · ·				► \$ ► \$				
•	0	answered "Yes" on			, Part V	/, line 38a or F	orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	on	
(a) Name of interested person	(b) Relations with organiza		(d) Lo fror	2. Dan to or m the ization?		e) Original cipal amount	(f) Balance due) In ault?	(h) Ap by bo comm	ard or	(1)	Vritten ement?
			То	From					Yes	No	Yes	No	Yes	No
														-
Total Part III Grants or As	sistance I	Benefiting Inter	reste	d Per	sons	> \$				[
Complete if the (a) Name of interested		answered "Yes" on (b) Relationship interested per the organiz	betwe son an	en		ine 27. c) Amount of assistance		(d) Type assistan			•) Purp assist		of
LHA For Paperwork Reduc	tion Act Noti	ca saa tha Instruc	tions	for For	m QQC	or 990- F 7		Coh	edule		rm 990) or 04	90-E7	2) 2014

	(Form 990 or 990-EZ) 2014			
Part IV	Business Transaction	ons involvina intere	ested Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
NORM MOENKHAUS	NORM MOENKHAUS HAS	75,000.	CONSULTING		X	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NORM MOENKHAUS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NORM MOENKHAUS HAS A FATHER-SON RELATIONSHIP WITH MEMBER OF THE BOARD

(C) AMOUNT OF TRANSACTION \$ 75,000.

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2014

432132 10-06-14

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

14

ſ

ZU

43-6064111

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ina	
		applicable	contributions or	amounts reported on	noncash contribu			3
1	Art - Works of art		litems contributed	Form 990, Part VIII, line 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	5	144,528.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which is not required to be	used for			
	exempt purposes for the entire holding period?	· · · · · · · · · · · · · · · · · · ·				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?							
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							L
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	(Form	990) (2014)

Schedule M	l (Form 990) (2014)	YOUTHBRI	DGE	COMMUNITY	FOUNDATI	ON	43-6064111	Page 2
Part II	Supplemental is reporting in Par- this part for any ad	Information.	Provide	e the information r r of contributions,	equired by Part I, the number of ite	lines 30b, 32b, and 33 oms received, or a comb	, and whether the organiza bination of both. Also comp	tion plete
432142 08-12-1	14						Schedule M (Form 9	90) (2014
					39			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



43-6064111

YOUTHBRIDGE COMMUNITY FOUNDATION

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

ADMINISTER THEIR CLIENTS CHARITABLE FUNDS.

FORM 990, PART VI, SECTION B, LINE 11:

THE IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. SUBSEQUENT TO PREPARATION, THE FORM 990 IS APPROVED AND SIGNED BY THE CHIEF EXECUTIVE OFFICER. PRIOR TO FILING WITH THE IRS, AN ELECTRONIC COPY OF THE IRS FORM 990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

WHENEVER A BOARD MEMBER INDENTIFIES A POTENTIAL CONFLICT OF INTEREST, EITHER IN THEIR OWN CASE OR IN THE CASE OF ANOTHER BOARD MEMBER, THE SITUATION MUST BE BROUGHT TO THE ATTENTION OF THE PRESIDENT OF THE BOARD. IF A CONFLICT IS PERCEIVED TO EXIST BY THE PRESIDENT, THE MATTER WILL BE BROUGHT TO THE FULL BOARD FOR DISCUSSION. THE BOARD MEMBER INVOLVED WILL BE NOTIFIED AND REMOVED FROM ANY DISCUSSION PERTAINING TO THE CONFLICT. UPON RESOLUTION, THE PARTY OR PARTIES INVOLVED WILL BE ADVISED OF THE BOARD DECISION. DECISIONS ARE REQUIRED TO BE DULY RECORDED IN THE BOARD RECORDS. CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM NEW BOARD MEMBERS AT THE FIRST BOARD MEETING THAT THEY ATTEND, AND ARE UPDATED ANNUALLY AND COLLECTED AND REVIEWED BY THE CEO.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS COMPENSATION IS RECOMMENDED BY THE EXECUTIVE

COMMITTEE AFTER COMPETITIVE ANALYSIS (FOR SIMILAR POSITIONS AT SIMILAR

NOT-FOR-PROFIT ORGANIZATIONS) AND IN CONSIDERATION WITH EXPERIENCE AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)
432211
08-27-14

40

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization YOUTHBRIDGE COMMUNITY FOUNDATION	Employer identification number 43-6064111
SUBMITTED TO THE BOARD FOR APPROVAL. THE ORGANIZATION DOE	S NOT HAVE ANY
OTHER OFFICERS OR KEY EMPLOYEES. THE ORGANIZATION HAS NOT	REPORTED ANY
EMPLOYEES FOR 2014, AS THEY HAVE ENTERED INTO AN EMPLOYMEN	T AGREEMENT WITH
A THIRD PARTY SERVICE PROVIDER, SIMPLOY, INC.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE VARIOUS DOCUMENTS ARE AVAILABLE UPON A WRITTEN REQUEST	ADDRESSED FOR
THE ORGANIZATION'S OFFICE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF PERPETUAL TRUSTS	-3,703.
432212 08-27-14 Sched 41	dule O (Form 990 or 990-EZ) (2014)