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Form	JJU

EXTENDED TO NOVEMBER 15, 2016

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 <u>www.irs.gov/form990.</u>

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A	⊢or τn	e 2015 calendar year, or tax year beginning and	enaing		
В	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre				
	Name Chang	Doing business as		43-6	064111
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final returr	12685 OLIVE BLVD		3149	856778
	termii ated	¹⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,797,150.
	Amer returr	ded SAINT LOUIS, MO 63141		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: MICHAEL HOWARD		for subordinates	? Yes X No
	pendi	^{ng} 12685 OLIVE BLVD, ST. LOUIS, MO 63141		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 🚺 527	If "No," attach a	list. (see instructions)
J	Websi	te: ▶ WWW.YOUTHBRIDGE.ORG		H(c) Group exemptio	n number 🕨
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1877	State of legal domicile: MO
P	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: HELP			
uce D		CHARITABLE INTENT AND HELPING NONPROFITS	BECOME	<u>MORE SUSTA</u>	INABLE.
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
ŝ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
vitie	6	Total number of volunteers (estimate if necessary)			0
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	` b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		418,582.	822,311.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,601,879.	
Ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,358.	76,175.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,087,819.	2,405,776.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		818,246.	1,603,736.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ŝnsi	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 144, 3		4 004 405	1 000 000
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,334,435.	1,088,993.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,152,681.	2,692,729.
	19	Revenue less expenses. Subtract line 18 from line 12		2,935,138.	-286,953.
Net Assets or			Be	ginning of Current Year	End of Year
sset	1 20	Total assets (Part X, line 16)		36,902,112.	34,555,590.
et A	21	Total liabilities (Part X, line 26)		420,248.	484,229.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		36,481,864.	34,071,361.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.	
.		Signature of officer		Date	

Sign	Signature of officer		D	ate
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			self-employed P01291820
Preparer	Firm's name 🕒 RUBINBROWN LLP		Fi	irm's EIN ▶ 43-0765316
Use Only	Firm's address SONE NORTH BRENTWO	OOD		
	SAINT LOUIS, MO	63105	Р	hone no. (314) 290-3300
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		X Yes No
		a and the compute instructions		

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2015) YOUTHBRIDGE COMMUNITY FOUNDATION	43-6064111	Page 2
Pa	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		[A]
•	YOUTHBRIDGE COMMUNITY FOUNDATION IS DEDICATED TO BUILD	ING STRONG	
	COMMUNITIES BY BRIDGING THE RESOURCES OF DONORS WITH C	OMMUNITY NEEDS	•
	WE PROVIDE A WIDE RANGE OF PHILANTHROPY SERVICES THAT		
	ADVISED FUNDS, FOUNDATION ADMINISTRATION, CHARITABLE G	IVING CARDS,	
2	Did the organization undertake any significant program services during the year which were not listed on		v .
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,186,744. including grants of \$ 1,603,736.) ()
	INCLUDES ALL ASPECTS OF WORK DEDICATED TO BUILDING STR		
	COMMUNITIES BY BRIDGING THE RESOURCES OF GENEROUS DONC		EDS
	OF NONPROFIT ORGANIZATIONS. OUR CAPACITY BUILDING AN		
	INITIATIVES HELP NONPROFIT ORGANIZATIONS, ESPECIALLY T SERVING CHILDREN AND YOUTH, BECOME FINANCIALLY SOUND.	THESE	N
	INITIATIVES INCLUDE BUT ARE NOT LIMITED TO PLANNED GIV		
	CONSULTING, SOCIAL ENTERPRISE DEVELOPMENT, ENDOWMENT E		
	ADMINISTRATION, PHILANTHROPY GUIDANCE AND TRAINING.	<u></u>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,186,744.		
		Form 9	90 (2015)
532002 12-16-	15		
	2		

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2015.04010 YOUTHBRIDGE COMMUNITY FOU 01986.01

Form 990 (FOUNDATION
Part IV Checklist of R		ecklist of Required Schedules	5	

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4	In the examination dependence in particip $501(a)(2)$ or $40.47(a)(1)$ (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
0	If "Yes," complete Schedule A	1 2	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	–	- 13	
3		3		х
4	public office? If "Yes," complete Schedule C, Part I	3		- 23
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6	х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u>_</u>		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?		х	
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	v	
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,		v	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
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?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		X
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			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	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			
	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? If "Yes,"			
	complete Schoolule C. Dert III	10		X

Form **990** (2015)

532003 12-16-15

Form 990 (2015)			FOUNDATION
Part IV Che	ecklist of Required Schedules	(continued)	

200 Did the organization operate on a mon baptal accilines // *ve_* complete Schedule H 201 201 Did the organization answer work that Schedule // Prives, complete Schedule // Priss, complete Schedul				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic programment on Part IX, column (A), line 27 II "Ves," complete Schedule I, Parts I and II 22 X 22 Did the organization neeror than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 II "Ves," complete Schedule I, Parts I and II 22 X 23 Did the organization neeror "Ves" to Part IV, lise of A, blue 34, or 6 about Compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current is assistance to any domestic individuals on Part IX, estimation and same data December 31, 20027 II "Yes," answer lines 24b through 24d and complete Schedule I. 23 X 24a Did the organization makest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d 25 Section 501(c)(3), onto 501(c)(4), and 501(c)(29) organizations. Did the organization area to defease any tax exempt bonds? 24d 24d 26 Did the organization area that engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction with a closualified person in a prory year, and that the transaction may anot non Part X, line 5, 6, n2 2 for measyables from or payables to any current or former officer, director, trustee, key employee, or disqualified person ² II "Yes," complete Schedule L, Part IV 25a X 25 Did the organization pave any amount on Part X, line 5,	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
adomestic government on Part IX, column (A), line 17 III "Yes," complete Schedule (, Parts I and III 21 X 22 Did the organization report methan 55,000 G rights for othe assistance to of rol domestic individuals on Part IX, column (A), line 27 III "Yes," complete Schedule I, Parts I and IIII 22 X 23 Did the organization narwer "Yes" to Part IV, Section A, line 3, 4, of s about compensation of the organization sourcert and former differs, director, trustees, key employees, and highest compensation projects? III "Yes," complete Schedule I, IIII Wes," complete Schedule I, IIIII Wes, "complete Schedule I, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Del the organization report more than \$3,000 of grafts or other assistance to or for domestic individuals on Part K, column (A), line 27 if Yres, *10 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 Yres, * complete Schedule J. 22 X 24 Did the organization naiver "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 Yres, * complete Schedule J. 24 X 24 Did the organization naiver is assessed after December 31, 2002? If Yres, * answer lines 24 btrough 24 d and complete Schedule J. 24 X 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24 X 26 Did the organization aware that 1 engaged in an excess benefit transaction with a disqualified person in a prory year, and that the transaction any of the organization splor Forms 900 or 900-E27. If "Yes," complete Schedule L, Part I 28 X 27 Z X 28 X 28 X 28 Did the organization splor Forms 900 or 900-E27. If "Yes," complete Schedule L, Part I 28 X 28 X 29 Did the organization prove a grant or other assistance to an officer, director, trustee, or leavabilite from paylables to any outernor	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part K, column (A), line 27. If Yes,' complete Schedule I, Parts I and II 22 X 23 Did the organization asswer 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 compensation of the organization asswer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization asswer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of 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 organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24a X 2 Id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24a X 2 Id the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24a X 2 Id the organization and at as an 'on behal of' issue for bonds outstanding at any time during the year? 24a X 2 Id the organization aware that the agaged in a excess benefit transaction with a disqualified person during the year? 24d X 2 Id the organization aware that engaged in a excess benefit transaction with a disqualified person? 1 Yes, ' complete Schedule L, Part I 25a 2 Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, Key employees, substantial contributions or applicable ling thresholds, conditions, and exceptions? 1 Yes, ' complete Schedule L, Part IV		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer "Yes" to ParVII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," complete Schedule A, If "No", to tail the Yes," in answer lines 24b through 24d and complete Schedule A, If "No", to tail the year in the year. If the erganization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24e 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 26 Did the organization axis and 'on behalf of' lissue for bonds outstanding at any time during the year? 24d 26 Section 501(c)(X), 501(c)(X) and 501(c)(XP) organizations. Did the organization engage in an excess benefit transaction with a disqualified person with a disqualified person with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any corrent or former officer, director, trustee, key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part IV 27 Did the organization apticutes, key employees, highest compensated employees, or a family member or a family member of a current or former officer, director, trustee, or key employees? If "Yes," complete Schedule L, Part IV 28a X 28	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule / I'No", go to line 25a 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," insurer lines 24b through 24d and complete Schedule / I'No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization invest any proceeds of tax-exempt bonds buyond a temporary period exception? 24a X 25a Section 501(e)(3), 501(e)(4), and 501(e)(22) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? 24d 24d 25a X I Ib the organization avere that engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization's prior Forms 950 or 990-E27. If "Yes," complete Schedule L, Part I 25a X 27b Did the organization avere that engage in an excess benefit transaction with a disqualified persons? 27a X 27b Did the organization report any amount on Part X, line 5, 6, or 22 for necerbale lis and trepart and an or there assistance to an officer, trustee, fe		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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 \$1,2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-sempt bonds? 24a X 25a Section 501c(3), 501c(1/d), and 501c(1/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prive year, and that its masaction as nor to be reported on any of the organization in year, "complete Schedule L, Part I 25a X 25b Ub 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, bindset compensated employees, or disqualified person? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization proved agrant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, agrant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 27 X Was the organization provide a grant or other assistance to an officer, director, trustee, conditient sets, or qualified consens? If "Yes," complete Schedule L, Part IV 28b X 27 X 27 X 28b </th <td>23</td> <td></td> <td></td> <td></td> <td></td>	23				
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 likes 24b through 24d and complete Schedule I, If "No", go to like 25a 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization maintain an escrow account other than a refunding scrow at any time during the year? 24d 24d 25a Section 501(63), 501(c)40, and 501(c)20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the 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-E27. If "Yes," complete Schedule L, Part I 25a X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26a X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 Did the organization calculate or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 2		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a Schedule K, If 'No', go to line 25a 24b D Dd the organization maintain an encrow account other than a refunding scrow at any time during the year to defease any tax-seempt bonds? 24d D Dd the organization maintain an encrow account other than a refunding scrow at any time during the year to defease any tax-seempt bonds? 24d D Dd the organization maintain an encrow account other than a refunding scrow 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 in a porry year, and that its threastaction has not been reported on any of the organization provide a grant or other assistance to an officer, furstee, key employee, or disqualified persons? If 'Yes,' complete Schedule L, Part I 25b Exclude L, Part I 25a 27b Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, 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 II 28b X 29 Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee? If 'Yes,' complete Schedule L, Part II 28c A anetty of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 29 A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' comple			23	X	
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 24b c Did the organization aminian an escrow account other than a refunding escrow at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization act as an 'on behalf of '' issuer for bonds outstanding at any time during the year? 24d 25a 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 980-E2? If 'Yes,' complete Schedule L, Part I 25a 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,' complete Schedule L, Part II 26 X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27 X 28 Was the organization aparty to a business transaction with one of the similar assets, or qualified conservation orticle, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule M 28a X	24a				
b Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c d Did the organization act as an 'on behalf off' 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 time any time during the year? 25d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organization's prior Forms 990 or 990-E2? 17 'Yes," complete Schedule L, Part I 25a 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustes, key employees, ublantial contributor or employee thereof, a grant or other assistance to an officer, director, trustes, key employee, substantial contributor or employee thereof, a grant or other assistance to an officer, director, trustes, experimenter of a corner officer, director, trustee, or key employee? 27 X 28 Was the organization provide a grant or other assistance to an other of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? 17 'Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? 17 'Yes," complete Schedule L, Part IV					
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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? /// "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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 IV 28 X 28 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive contributions of archive, furstee, or key employee? // "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than 255,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than 255,000 in non-cash contributions? // "Yes," complete Schedule M 30 X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I 31 X 32 X Schedule N, Part I 33 X 34 Was the organization neled to any tax-exempt or taxber on the org		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i> 32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 36 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 			28c		X
 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Z 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19? 	29		29	Х	
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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	U		35b		
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		x
	38				
			38	Х	

Form **990** (2015)

532004 12-16-15

Pa	Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
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 r	eportable ga	ming			
	(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 retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)				
				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	authority ove	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	┝───┦	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_		
	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 contribution	-		~		
-	were not tax deductible?			6b		-
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in evene of $$75$ made partly as a contribution and partly for goods and as	nuisso provida	d to the power?	7-		x
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?		u to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			70		
U	to file Form 8282?	-		7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	1 1		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
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 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?			13a		
Ŀ.	Note. See the instructions for additional information the organization must report on Schedule O.					
b		126				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14a		x
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14a 14b		
<u> </u>	in ree, has taked a routine to to report these payments: If No, provide an explanation in Schedu				000	<u> </u>

YOUTHBRIDGE COMMUNITY FOUNDATION

Form 990	(2015)
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Form 990 (2015)

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YOUTHBRIDGE COMMUNITY FOUNDATION

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Part VI	Governance, Management, and Disclosure	e For each "Yes" response to lines 2 through 7b below, and for a "No" resp	onse
	to line 8a, 8b, or 10b below, describe the circumstances,		

				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	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.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
_	officer, director, trustee, or key employee?		2		Z
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisi				
Ū	of officers, directors, or trustees, or key employees to a management company or other person?		3		2
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	ſ	4		2
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	r	5		Z
6	Did the organization have members or stockholders?	[6		2
-			<u> </u>		-
74	more members of the governing body?		7a		2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		74		-
b			7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		75		
			8a	Х	
	The governing body? Each committee with authority to act on behalf of the governing body?		oa 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		00	- 23	
9			9		2
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	9		1
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	N
0-	Did the examination have level chanters, branches, or efficience?	ſ	10a	162	2
	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	·	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	3 10/11/2	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	r	13	X	-
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independen	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				-
	taxable entity during the year?	r	16a		Σ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatio	'n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	ailable	9	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and f	inanc	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	▶			
	MICHAEL HOWARD - CEO - 314-985-6778				
	12685 OLIVE BLVD, ST. LOUIS, MO 63141				
32006			-	990	(00

Form 990 (20	(5) YOUTHBRIDGE COMMUNITY FOUNDATION	43-6064111
Part VII C	compensation of Officers, Directors, Trustees, Key Employees, High	est Compensated
E	mployees, and Independent Contractors	
C	heck 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	i
	this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the organization's

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

(D)

• 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.

 $\langle \mathbf{c} \rangle$

Т

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do			ition	l than c		Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	trus	nal tr		oyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) LISA MCLAUGHLIN	1.00									
VICE CHAIR		х		х				0.	0.	0.
(2) RICK KALLAUS	1.00									
DIRECTOR		x						0.	0.	0.
(3) DENNIS G. TACCHI	1.00				-				0.	
	1.00	v						0.	0.	0
DIRECTOR	1 0 0	X						0.	0.	0.
(4) SAM HOPMEIER	1.00								•	
FIN. SECRETARY		Х						0.	0.	0.
(5) LIZ KRIEGSHAUSER	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DAN BEAN	1.00									
CHAIRMAN		х		х				0.	0.	0.
(7) MARK LAMMERT	1.00								••	
TREASURER		x		х				0.	0.	0.
(8) DOUG STANLEY	1.00									0
DIRECTOR	1.00	x						0.	0.	0.
(9) JEFFREY MOENKHAUS	1.00								0.	U •
SECRETARY	1.00	x		х				0.	0.	0
	45 00	A		Λ	<u> </u>			0.	0.	0.
(10) MICHAEL HOWARD	45.00							150 050	•	12 225
CEO		Х		X				152,276.	0.	13,996.
(11) GARY F. SAHRMANN	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
					<u> </u>					
		•								
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Part \	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		Fs	timate	Ь
	Name and the	hours per					than o s both		compensation	compensatio	n		nount	
		week					s bou pr/trust		from	from related			other	51
		(list any	or						the	organizations			pensat	lion
		hours for	irect							•				
		related	or d	ee			ated		organization	(W-2/1099-MIS	()		om the	
		organizations	Istee	trust		æ	pens		(W-2/1099-MISC)			•	anizati	
		below	al tru	onal		loye	com						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizatio	ons
		iii ie)	Inc	lus	Off	Key	Hig	Б						
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1b S	ub-total								152,276.		0.	1.	3,99	
с Т	otal from continuation sheets to Part VI	I, Section A							0.		0.			0.
d T	otal (add lines 1b and 1c)								152,276.		0.	1:	3,99	96.
	otal number of individuals (including but n							o re		000 of reportable				
	ompensation from the organization		000	noto	u us	000	.,	010						1
													Yes	No
											1		165	NU
3 D	id the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or	highest compensated en	nployee on				
lir	ne 1a? If "Yes," complete Schedule J for si	uch individual										3		X
	or any individual listed on line 1a, is the su													
	nd related organizations greater than \$150											4	Х	
	id any person listed on line 1a receive or a													
												-		v
	ndered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	bers	on .					5		Х
	n B. Independent Contractors													
	omplete this table for your five highest co										ensat	ion fro	m	
th	e organization. Report compensation for t	the calendar ye	ear e	ndin	ig w	rith c	or wit	thin	the organization's tax ye	ear.				
	(A)								(B)			(C	;)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С	omper		۱
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<u> </u>	atal number of independent sectors to the		A 15			+				re there				
	otal number of independent contractors (ir	0	JUIN	nteo	1 (0 1			rea	above) who received mo	nethan				
\$	100,000 of compensation from the organiz	zation 🕨				(,						000	
												Form	990 (2	2015)

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age 1 a Federated campeigns 1a intervenue business from tex u age 1 a Federated campeigns 1a intervenue	Form 99		2015) YOUTH	IBRIDGE C	OMMUNITY	FOUNDATION	J	43-6064	111 Page 9
All Belley of the communication provides the communication of	Part V	/	Statement of Rever	nue					
gate of the second			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
Boold of the set of the						• •	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
90 90 <td< td=""><td>ts t</td><td>а</td><td>Federated campaigns</td><td>1a</td><td></td><td></td><td></td><td></td><td></td></td<>	ts t	а	Federated campaigns	1a					
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Business Code Business Code 2 a	ar /	d	Related organizations	1d					
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2 a b	<u> </u>	h	Total. Add lines 1a-1f			-			
9 0					Business Code				
g Total. Add lines 2a-2f ▶ 3 Investment income (including dividends, interest, and other similar amounts) ▶ 4 Income from investment of tax exempt bond proceeds ▶ 5 Royatties 0. 6 a Gross rents 0. 0. 9 0. 0. c Rental income or (loss) 19,596. 0. 19,596. 1 0. 7 a Gross mount from sales of 0. 7 a Gross amount from sales of 0. 11,953,216. 19,596. 11,953,216. 19,596. 12,959 19,596. 13 561,842. 6 Gain or (loss) 11,391,374. c Gain or (loss) 11,391,374. 561,842. 561,842. 9 Aross income from fundraising events ▶ 9 Aross income from gaming activities. See ▶ 9 Aross income from gaming activities. See ▶ 9 Aross sales of inventory, less retums </td <td>5 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	5 2								
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11 a MISCELLANEOUS INCOME 900099 56,579. 56,579.	11				900099	56,579.	56,579.		
b									
d All other revenue						56 579			
	10					,	56 579	0	1,526,886.
					····· 📕	_,,,,,,,,		5.	Form 990 (2015

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9

Form 990 (2015) YOUTHBRIDGE C Part IX Statement of Functional Expenses

YOUTHBRIDGE COMMUNITY FOUNDATION

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	nplete column (A).	X
	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		CAPCINCO	general expenses	expenses
•	and domestic governments. See Part IV, line 21	1,603,736.	1,603,736.		
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):				
a	Management	2 560		2 560	
D		2,569. 3,500.		2,569. 3,500.	
C In	Accounting	5,500.		5,500.	
a	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	239,805.		239,805.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20070000			
9	column (A) amount, list line 11g expenses on Sch 0.)	448,016.	296,108.	89,795.	62,113.
12	Advertising and promotion	150,309.	75,154.		<u>62,113.</u> 75,155.
13	Office expenses	20,757.	19,953.	402.	402.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,106.	4,884.	611.	611.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,988.	2,988.		
20	Interest				
21	Payments to affiliates	00 610	04 600	1 001	
22	Depreciation, depletion, and amortization	99,610. 27,923.	94,629. 13,961.	<u>4,981.</u> 13,962.	
23	Insurance Other expenses. Itemize expenses not covered	41,343.	13,901.	13,902.	
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 0.)				
а	MAINTENANCE	40,827.	36,744.	2,041.	2,042.
b	MISCELLANEOUS	34,007.	27,205.	3,401.	3,401.
c	UTILITIES	8,186.	6,992.	597.	597.
d	COMMUNITY PROGRAMS	4,390.	4,390.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,692,729.	2,186,744.	361,664.	144,321.
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 Figure if following SOP 98-2 (ASC 958-720)				Form 990 (2015)

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Form 990 (2015)

14460818 132842 01986.0000

	YOUTHBRIDGE	COMMUNITY	FOUNDATION	
Sheet				

43-6064111 Page 11

		Check if Schedule O contains a response or note to any lir	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		624,787.	1	1,286,437
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
		Accounts receivable, net			4	
	5	Loans and other receivables from current and former office				
		trustees, key employees, and highest compensated emplo	yees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persor	ns (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s		employees' beneficiary organizations (see instr). Complete			6	
Assets	7	Notes and loans receivable, net			7	
As		Inventories for sale or use			8	
	9			8,821.	9	9,376
	10a	Land, buildings, and equipment: cost or other				
			3,588,133.			
	b	basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b	2,549,431.	1,138,312.	10c	1,038,702
	11	Investments - publicly traded securities		31,733,168.	11	29,172,897
	12	Investments - other securities. See Part IV, line 11		554,954.	12	379,238
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,842,070.	15	2,668,940
	16	Total assets. Add lines 1 through 15 (must equal line 34)		36,902,112.	16	34,555,590
	17	Accounts payable and accrued expenses		12,566.	17	29,688
	18	Grants payable		88,370.	18	34,953
	19	Deferred revenue		-	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S		319,312.	21	419,588
۵	22	Loans and other payables to current and former officers, d				
Liabilities		key employees, highest compensated employees, and disc				
lige		Complete Part II of Schedule L			22	
ľ	23	Secured mortgages and notes payable to unrelated third p	F		23	
	24	Unsecured notes and loans payable to unrelated third part	ies		24	
	25	Other liabilities (including federal income tax, payables to r				
		parties, and other liabilities not included on lines 17-24). Co				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		420,248.	26	484,229
		Organizations that follow SFAS 117 (ASC 958), check h	ere 🕨 🗴 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.				
) Sc	27	Unrestricted net assets		33,639,794.	27	31,402,421
alai	28	Temporarily restricted net assets			28	
a b	29	Permanently restricted net assets		2,842,070.	29	2,668,940
ŝ		Organizations that do not follow SFAS 117 (ASC 958), c	heck here 🕨 🗌			
- S		and complete lines 30 through 34.				
ŝt	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fu	und		31	
<	32	Retained earnings, endowment, accumulated income, or o	ther funds		32	
Ч			Г	26 401 064	~	31 071 361
Net Assets or Fund Balances	33	Total net assets or fund balances		36,481,864. 36,902,112.	33	34,071,361. 34,555,590.

Form 990 (2015)
Part X Balance

	990 (2015) YOUTHBRIDGE COMMUNITY FOUNDATION	43-6	064111	Pa	_{age} 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	2,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,69	2,7	29.
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,48		
5	Net unrealized gains (losses) on investments	5	-1,95	0,6	97.
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	-17	2,8	54.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	34,07	1,3	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	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	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		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	X	
	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:				
	X 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>2</u> c	X	
	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			
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		(0015)
			_	uun	

Form **990** (2015)

532012 12-16-15

(Form	990	or	990-	EZ)
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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

Open to Public Inspection

OMB No. 1545-0047

0045

Department of the Treasury Internal Revenue Service

ation about Schedule A (Form 990 or 990-EZ) and its instructions is at	www.irs.gov/form990.

Internal Revenue Service	Informa		
Name of the organization			

Name of	the organization						Employer	identification number
			MMUNITY FOUN					3-6064111
Part I	Reason for Public C	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions	3.	
The orgar	nization is not a private found	ation because it is: (F	For lines 1 through 11, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organization	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe			-				
9	An organization that norma	• • • •					-	•
	activities related to its exem		• •	. ,				•
	income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Cor							
	An organization organized a	•		•				
11	An organization organized a	-	•	-			•	
	more publicly supported org lines 11a through 11d that	-						FRECK THE DOX IN
a [Type I. A supporting orga						U U	aivina
a 🗋	the supported organization		-	• • • •	-			
	organization. You must c			i majonty c				ipporting
b	Type II. A supporting org			tion with it	s sunnorte	d organizatio	n(s) hy hay	ina
~ _	control or management o	-				-		-
	organization(s). You mus			anne peree			90o os.pr	
с	Type III functionally inte			in connect	tion with, a	and functional	ly integrate	d with,
	its supported organization						, 0	,
d	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
	requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	Check this box if the orga	nization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
	vide the following information			10 X 1 11				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	in your	(v) Amount o support	-	(vi) Amount of other support (see
	organization		above (see instructions))		document?	instruct	-	instructions)
				Yes	No		,	
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 YOUTHBRIDGE COMMUNITY FOUNDATION Part II

43-6064111 Page 2

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	176,633.	12179450.	940,415.	418,582.	822,311.	14537391.	
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 \dots							
4	Total. Add lines 1 through 3	176,633.	12179450.	940,415.	418,582.	822,311.	14537391.	
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)						121,820.	
	Public support. Subtract line 5 from line 4.						14415571.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	176,633.	12179450.	940,415.	418,582.	822,311.	14537391.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources \dots	534,992.	689,541.	1098027.	1025716.	965,044.	4313320.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,814.	4,666.	14,117.	31,055.	56,579.	109,231.	
11	Total support. Add lines 7 through 10						18959942.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	58,944.	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)		
604	organization, check this box and stop	o here						
	ction C. Computation of Publi			. (7)			76.02	
	Public support percentage for 2015 (I		•			14	76.03 % 75.68 %	
	Public support percentage from 2014					15		
168	33 1/3% support test - 2015. If the c	-						
Ŀ	stop here. The organization qualifies		-		line 15 is 22 1/20/			
a	33 1/3% support test - 2014. If the c							
17-	and stop here. The organization qual							
1 <i>1</i> a	10% -facts-and-circumstances test and if the organization meets the "fac							
	C C				•	•		
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
ŭ	more, and if the organization meets the					-		
	organization meets the "facts-and-circ							
18	Private foundation. If the organization		•	•				
		and not oneon a		a, 100, 170, 01170			or 990-EZ) 2015	
					00110			

Schedule A (Form 990 or 990-EZ) 2015 YOUTHBRIDGE COMMUNITY FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		1				
14	First five years. If the Form 990 is fo	•					
600	check this box and stop here	o Cuprort Do	roontoro				
	ction C. Computation of Publ						
	Public support percentage for 2015 (15	%
	Public support percentage from 2014 ction D. Computation of Invest					16	%
	•		•	10 1 (0)			
	1 0		B			17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2015. If the	-					
۲.	more than 33 1/3%, check this box a	-					PL
D	33 1/3% support tests - 2014. If the	0					·
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization of the organization 23 09-23-15	The second se		a, of 190, check t			▶∟ n 990 or 990-EZ) 2015
JJ202	.u uə-2u- 10		15	5	301		11 550 01 990-EZJ 2015

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Schedule A (Form 990 or 990-EZ) 2015 YOUTHBRIDGE COMMUNITY FOUNDATION

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b 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.)

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8 9a 9b 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2015

10b

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes No

Schedule A (Form 990 or 990-EZ) 2015 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		
	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		
Sec	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. All 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	•		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization satisfied the Activities rest. Complete line 2 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctiona)		
2	Activities Test. Answer (a) and (b) below.	uctions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
			_	_

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Schedule A (Form 990 or 990-EZ) 2015

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Sche	dule A (Form 990 or 990-EZ) 2015 YOUTHBRIDGE COMMUNITY F	OUNDA	ATION	43-6064111 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See ins	tructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	on 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		
Sect	on 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		
е	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	on 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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

7

instructions).

Schedule A (Form 990 or 990-EZ) 2015 YOUTHBRIDGE COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S					
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	he organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
Saati	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015				
300	She - Distribution Allocations (see instructions)		FTE-2015					
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
a								
b								
C								
d	From 2013							
e	From 2014							
f	Total of lines 3a through e							
<u> </u>	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
<u> i</u>	Carryover from 2010 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u> b								
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
~								

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A	(Form 990 or 990-EZ) 2015	YOUTHBRIDGE C	OMMUNITY	FOUNDATION	43-6064111	Page 8
Part VI	Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a	, 9b, 9c, 11a, 11b	, and 11c; Part IV, Section	, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section ne 1; Part V, Section B, line 1e; Part	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lir	les 2, 5, and 6. Als	so complete this part for	any additional information.	,
532028 09-23-1	5		20		Schedule A (Form 990 or 990-I	E Z) 2015

14460818 132842 01986.0000

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

43-6064111

2015

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

Contributor's Name	Total Contributions	Excess Contributions
EXCESS CONTRIBUTIONS	501,019.	121,820
otal Excess Contributions to Schedule A, Part II, Line 5		121,820

SCHEDULE D)
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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on 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.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	YOUTHBRIDGE COMMUN	43-6064111	
Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or /	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	24	
2	Aggregate value of contributions to (during year)	662,716.	
3	Aggregate value of grants from (during year)	1,465,004.	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		inds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	
°.	for charitable purposes and not for the benefit of the donor of		
Pa			
1			IV, IIIC 7.
	Purpose(s) of conservation easements held by the organization of Preservation of land for public use (e.g., recreation or easements)		lly important land area
		education) Preservation of a historica	
	Protection of natural habitat Preservation of open space	Preservation of a certified	historic structure
•		fiel concernation contails there in the forme of c	
2	Complete lines 2a through 2d if the organization held a quali	ned conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
a		and and the dead of the feature	
c	Number of conservation easements on a certified historic str		. <u>2c</u>
a	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
_	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	tion easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the o	organization's accounting for
Da	t III Organizations Maintaining Collections or	Art Historical Tracsuras or Other	Similar Accoto
Fai			Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exl		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA 53205	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2015
11-02-	5		

27 2015.04010 YOUTHBRIDGE COMMUNITY FOU 01986.01

Sche		IDGE COMMUN						64111		age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or (Other S	Similar <i>I</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that a	re a sign	ificant use	e of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	S					
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	ne organization'	s exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other s	similar as	ssets		_		_
	to be sold to raise funds rather than to be ma						L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	es" on F	orm 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							7		-
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
-	Distributions during the year					1e				
f	Ending balance Did the organization include an amount on Fe					1f	x	Yes		No
	If "Yes," explain the arrangement in Part XIII.					· · · · · · · · ·	[23		X	_
Par										<u> </u>
	Complete	(a) Current year	(b) Prior year	(c) Two years		1) Three yea	ars back	(e) Four	vears	hack
1a	Beginning of year balance	19,355,384.	19,456,449.			18,39			434,	
b	Contributions	, ,	, ,	, ,		,	,	,		
c	Net investment earnings, gains, and losses	-981,792.	797,389.	1,921,	753.	1,510),882.		733,	394.
d	Grants or scholarships	13,150.	333,409.	248,			, 4,875.		261,	
	Other expenditures for facilities	,		,			,		,	
	and programs	799,350.	561,057.	728,	711.	1,21	1,717.		508,	816.
f	Administrative expenses		· · · · · ·				-			
g	End of year balance	17,561,092.	19,355,384.	19,456,	449.	18,512	2,133.	18,	397,	843.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	85.00	_%							
b	Permanent endowment 15.00	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the	organizati	on	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or of	.,	or other	. ,	cumulated		(d) Bool	< value	э
		basis (investm	,	(other)	depr	eciation		0.0	<u> </u>	<u> </u>
	Land			2,268.	2 5	12 1 -	5			<u>68.</u>
	Buildings		3,40	2,212.	4,3.	13,15	J•	945	9,0	<u> </u>
	Leasehold improvements		Λ	3,653.		36,27	<u>_</u>	-	7,3	77
	Equipment			5,055.	•	50,27	·•		י, כ	
	Other			0-)				1,038	3 70	02
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	<u>х, coiumn (В), line 1</u>	UC.)				D (Form		
						30	lieuule		1 3 3 0)	2010

532052 09-21-15

Schedule D (Form §	990) 2015	YOUTHBRIDGE	COMMUNITY	FOUNDATION	
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Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS	2,668,940.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,668,940.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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) 2015

532053 09-21-15

	dule D (Form 990) 2015 YOUTHBRIDGE COMMUNITY FOUN.	-	-		6064111 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				240 400
1				1	342,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 050 605		
а	Net unrealized gains (losses) on investments		<u>-1,950,697.</u>		
b	Donated services and use of facilities		300,000.	-	
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)	2d	-172,854.		
е	Add lines 2a through 2d			2e	-1,823,551.
3	Subtract line 2e from line 1			3	2,165,971.
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	239,805.		
С	Add lines 4a and 4b			4c	239,805.
U					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,405,776.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Witl	h Expenses per l		<u>2,405,776.</u> n.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	h Expenses per I		n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Witl	h Expenses per I		2,405,776. n. 2,752,924.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) T XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl	h Expenses per I	Retur	n.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Witl	h Expenses per I	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on 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 Witl	h Expenses per I	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" on 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 Witl	h Expenses per I	Retur	n.
5 Pa 1 2 a b	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" on 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 Witl	h Expenses per I	Retur	n. 2,752,924.
5 Pa 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" on 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.) Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per I 300,000.	Retur	n. 2,752,924. 300,000.
5 Pa 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" on 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	h Expenses per I 300,000.	Retur	n. 2,752,924.
5 Pa 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" on 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.) Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per I 300,000.	Retur 1 2e	n. 2,752,924. 300,000.
5 Pa 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" on 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	2a 2b 2c 2d	h Expenses per I	Retur	n. 2,752,924. 300,000.
5 Pa 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" on 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 2d	h Expenses per I 300,000.	Retur	n. 2,752,924. 300,000. 2,452,924.
5 Pa 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" on 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	h Expenses per l 300,000. 239,805.	Retur	n. 2,752,924. 300,000. 2,452,924. 239,805.
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" on 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.)	2a 2b 2c 2d	239,805.	Retur	n. 2,752,924. 300,000. 2,452,924.

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 IV, LINE 2B:

YOUTHBRIDGE PROVIDES ENDOWMENT BUILDING SERVICES TO NOT-FOR-PROFIT,

501(C)(3) AGENCIES. ASSETS TRANSFERRED TO YOUTHBRIDGE FROM NOT-FOR-PROFIT

ORGANIZATIONS THAT UTILIZE THIS SERVICE ARE DONE SO UNDER A SIGNED AGENCY

AGREEMENT BETWEEN YOUTHBRIDGE AND THE PARTICIPATING ORGANIZATION. THE

AGENCY AGREEMENT STIPULATES THAT TITLE TRANSFERS TO YOUTHBRIDGE AND USE OF

THE ASSETS ARE DESIGNATED TO SUPPORT THE PARTICIPATING AGENCY.

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 532054
09-21-15
Schedule D (Form 990) 2015

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2015.04010 YOUTHBRIDGE COMMUNITY FOU 01986.01

Part XIII Supplemental Information (continued)

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

STATEMENTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL

STATEMENTS

SCHEDULE I		G	irants and Oth	ner Assistand	ce to Organ	izations,			OMB No. 15	545-0047
(Form 990)			vernments, ar						20	15
Department of the Treasury Internal Revenue Service		Information	on about Schedule I	Attach to Form (Form 990) and its		www.irs.gov/form99	0.		Open to Inspec	
Name of the organization			ITY FOUNDAT				~	Employer id	entificatio 43-606	
Part I General In	formation on Grants a		<u>111 1000000000000000000000000000000000</u>	101					15 000	/
1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on		
	ward the grants or assis								X Yes	🗌 No
2 Describe in Part	IV the organization's pro	cedures for monito	oring the use of grant	funds in the United	States.					
	d Other Assistance to I	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, fo	or any	
	nat received more than \$					(f) Method of	()	() 5		
	dress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		irpose of g assistance	
HABITAT FOR HUMAN	TTY TUCSON									
3501 N. MOUNTAIN										
TUCSON, AZ 85705		94-2725100	501(C)(3)	100,000.	0.			PROGRAM AC	CTIVITY H	FUNDING
· · ·				, , , , , , , , , , , , , , , , , , ,						
COMMUNITY FOOD BAI	NK OF SOUTHERN AZ									
PO BOX 26727										
TUCSON, AZ 85726		51-0192519	501(C)(3)	110,000.	0.			PROGRAM AC	CTIVITY H	FUNDING
KIRKWOOD BAPTIST (CUIDCU									
211 N WOODLAWN AV										
KIRKWOOD, MO 6312		43-1033862	501(C)(3)	26,050.	0.			PROGRAM AC	TIVITY I	FUNDING
FOSTER CARE COALI				,						
ST LOUIS INC - 17	50 S. BRENTWOOD									
BLVD, SUITE 210 -	ST. LOUIS, MO									
63144		43-1570225	501(C)(3)	40,000.	0.			PROGRAM AC	CTIVITY I	FUNDING
UNIVERSITY OF ILL: 1305 W GREEN STRE										
URBANA, IL 61801	51	37-6006007	501(C)(3)	10,050.	0.			PROGRAM AC	י עיידערייי	FUNDING
		37 0000007	501(0)(5)	10,000.						
MAPLEWOOD RICHMON	D HEIGHTS MIDDLE									
SCHOOL - 7539 MAN	CHESTER ROAD -									
MAPLEWOOD, MO 631	43	12-6002002	501(C)(3)	19,829.	0.			PROGRAM AC	CTIVITY H	FUNDING
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in th	e line 1 table						
3 Enter total numb	er of other organizations	s listed in the line 1	table					►		
LHA For Paperwork	Reduction Act Notice ,	see the Instruction	ons for Form 990.					Schedul	e I (Form 9	990) (2015)

YOUTHBRIDGE COMMUNITY FOUNDATION

		ITY FOUNDAT					3-6064111 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. 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 FUNDING
51. LOUIS, MO 05110-5805	43-1393179	501(0)(5)	10,000.	0.			FROGRAM ACTIVITI FONDING
SAINT LOUIS PLANNED GIVING COUNCIL							
1693 S HANLEY ROAD							
ST. LOUIS, MO 63144	43-1603812	501(C)(3)	12,200.	0.			PROGRAM ACTIVITY FUNDING
51: 10015, NO 05144	45 1005012	501(0)(5)	12,200.	••			
SCHWAB CHARITABLE FUND							
1945 NORTHWESTERN DRIVE							
EL PASO, TX 79912	31-1640316	501(C)(3)	536,208.	0.			PROGRAM ACTIVITY FUNDING
	51 1010510	501(0)(0)					
CHRISTIAN AID MISSION							
PO BOX 9037							
CHARLOTTESVILLE, VA 22906	52-0908482	501(C)(3)	128,000.	0.			PROGRAM ACTIVITY FUNDING
DISRUPTION DEPARTMENT							
20 SOUTH SARAH STREET							
ST. LOUIS, MO 63108	80-0864523	501(C)(3)	31,355.	0.			PROGRAM ACTIVITY FUNDING
			,				
GUERRILLA AID							
75 SPEARE RD							
WOODSTOCK, NY 12498	46-5151955	501(C)(3)	25,000.	0.			PROGRAM ACTIVITY FUNDING
ALMOST HOME							
3200 SAINT VINCENT AVENUE							
ST. LOUIS, MO 63104	43-1645686	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
BRACKETS FOR GOOD INC							
49 BOONE VILLAGE, #134							
ZIONSVILLE, IN 46077	45-3689556	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING
CHILDREN'S HOME SOCIETY OF							
MISSOURI - 1167 CORPORATE LAKE							
DRIVE - ST. LOUIS, MO 63132	43-0652622	501(C)(3)	15,300.	Ο.			PROGRAM ACTIVITY FUNDING

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

43-0004111 Page	43-	111	-6064111	Page 1
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(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
CONNECTIONS TO SUCCESS							
3000 LITTLE HILLS EXPRESSWAY, SUITE							
ST. CHARLES, MO 63301	43-1859283	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
CONVOY OF HOPE							
PO BOX 219368							
KANSAS CITY, MO 64121	68-0051386	501(C)(3)	20,025.	0.			PROGRAM ACTIVITY FUNDING
DENT COUNTY SHERIFF'S OFFICE							
112 E 5TH STREET							
SALEM, MO 65560	43-6000993		18,000.	0.			PROGRAM ACTIVITY FUNDING
DOWN SYNDROME ASSOCIATION OF			·				
GREATER ST. LOUIS - 8531 PAGE							
AVENUE, SUITE 120 - ST. LOUIS, MO							
63114	43-1108833	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING
EMMAUS HOMES							
3731 MUELLER ROAD							
ST. CHARLES, MO 63301	43-0653309	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
EPWORTH CHILDREN AND FAMILY							
SERVICES INC - 110 N ELM AVENUE -							
WEBSTER GROVES, MO 63319	43-1069741	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
FAMILY RESOURCE CENTER							
3309 S KINGSHIGHWAY							
ST. LOUIS, MO 63139	43-1071300	501(C)(3)	15,050.	٥.			PROGRAM ACTIVITY FUNDING
LIVE THE SOLUTION							
1517 N. WILMOT ROAD, SUITE 130							
TUCSON, AZ 85712	26-1151754	501(C)(3)	50,000.	0.			PROGRAM ACTIVITY FUNDING
NURSES FOR NEWBORNS							
7259 LANSDOWNE, SUITE 100							
ST. LOUIS, MO 63119	43-1601329	501(C)(3)	15,050.	0.			PROGRAM ACTIVITY FUNDIN

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.)

(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
OPERATION FOOD SEARCH, INC							
6282 OLIVE BLVD							
ST. LOUIS, MO 63130	43-1241854	501(C)(3)	20,100.	0.			PROGRAM ACTIVITY FUNDING
OUR LADYS INN							
4223 S COMPTON AVENUE	43 1010751	E01(0)(2)	15 000	0			DDOGDAN AGETUTEV BUNDING
ST. LOUIS, MO 63111	43-1213751	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
OUR LITTLE HAVEN							
PO BOX 23010							
ST. LOUIS, MO 63156	43-1567500	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
PONY BIRD							
PO BOX 190							L
MAPAVILLE, MO 63065	43-1188096	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING
SPARROWS NEST							
6209 MID RIVERS MALL DRIVE #119							
SAINT PETERS, MO 63304	27-3712845	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS CRISIS NURSERY							
11710 ADMINISTRATION DRIVE, SUITE 1							
ST. LOUIS, MO 63146	43-1410297	501(C)(3)	25,050.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS PUBLIC SCHOOLS							
FOUNDATION - 801 N 11TH STREET 3RD							
FLOOR - ST. LOUIS, MO 63101	43-1813849	501(C)(3)	6,667.	0.			PROGRAM ACTIVITY FUNDING
,			,				
ST. MARKS UNIVERSITY PARISH							
6550 PICASSO ROAD							
ISLA VISTA, CA 93117	95-1642382	501(C)(3)	10,000.	0.			PROGRAM ACTIVITY FUNDING
GEND THE AND GODDODATTON							
STAR ISLAND CORPORATION							
30 MIDDLE STREET PORTSMOUTH, NH 03801	04-6000828	501(C)(3)	10,000.	0.			PROGRAM ACTIVITY FUNDING
TORISHOUIN, NH USUUI	04-0000020		,	υ.			FUNDIN

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

(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
SUPPORT DOGS INC.							
11645 LILBURN PARK ROAD							
ST. LOUIS, MO 63146	43-1379801	501(C)(3)	23,000.	0.			PROGRAM ACTIVITY FUNDING
UNITED WAY OF GREATER ST. LOUIS							
910 N 11TH STREET							
ST. LOUIS, MO 63101	43-0714167	501(C)(3)	13,300.	0.			PROGRAM ACTIVITY FUNDING
UNIVERSITY OF ARIZONA FOUNDATION 1731 E 2ND STREET, SUITE 201							
TUCSON, AZ 85721	86-6050388	501(C)(3)	14,977.	0.			PROGRAM ACTIVITY FUNDING
VOICES FOR CHILDREN 920 NORTH VANDEVENTER							
ST. LOUIS, MO 63108	43-1807059	501(C)(3)	15,000.	0.			PROGRAM ACTIVITY FUNDING
WINDSOR CROSSING COMMUNITY CHURCH 114 N EATHERTON ROAD							
CHESTERFIELD, MO 63005	43-1546804	501(C)(3)	6,600.	0.			PROGRAM ACTIVITY FUNDING
YWCA METRO ST. LOUIS 3820 W PINE BOULEVARD							
ST. LOUIS, MO 63108	43-0653618	501(C)(3)	5,000.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990) (2015) YOUTHBRIDGE COMMUNITY FOUNDATION

 Part III can be duplicated if additional space is needed.

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

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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" on 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

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	46	
•		Compensated Employees		20	IJ)
Dene	terrant of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organizatio	n	Employer in			nber
		YOUTHBRIDGE COMMUNITY FOUNDATION	43-6	064113	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form §	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o		nal use			
	Travel for com		sidence			
		ation and gross-up payments Health or social club dues or initiation fees				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, cl	nef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•			1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
-						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant X Compensation survey or study				
	Form 990 of c	ther organizations X Approval by the board or compensation co	ommittee			
4	During the year di	any person listed on Form 000. Port VII. Section A line to with respect to the filing				
4	c	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
~	organization or a re			4a		x
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
						X
 c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 						
	Only section 501()(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	-			5a		X
b	Any related organiz	ation?		5b		X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	et earnings of:				
а	The organization?	-		. 6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	i			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9						
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)	2015

532111 10-14-15 Schedule J (Form 990) 2015

43-6064111

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MICHAEL HOWARD (i)	152,276.	0.	0.	5,816.	8,180.	166,272.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE CEO'S 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

SUBMITTED TO THE BOARD FOR APPROVAL.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

ſ

ZU

15

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 43-6064111

YOUTHBRIDGE COMMUNITY FOUNDATION Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	 s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
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	x	5		FAIR MARKET	1771	. 110	
9	Securities - Publicly traded	Δ	J		FAIR MARKEI	VAI	106	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
10	trust interests							
12	Securities - Miscellaneous Qualified conservation contribution -							
13	1 Pater de la transforme e							
14	Austoric structures Qualified conservation contribution - Other							
1 4 15								
16	Real estate - Residential 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	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, [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	of the initia	l contribution, and	which is not required to be u	used for			
	exempt purposes for the entire holding period?					30a		X
b	b If "Yes," describe the arrangement in Part II.							
31	31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						X	<u> </u>
32a	22a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in o	column (c) f	or a type of proper	ty for which column (a) is che	ecked,			
	describe in Part II.				Sebedule M		0001	0045

Schedule M	l (Form 990) (2015)	YOUTHBRID	GE COMMUNITY	FOUNDATION	43-6064111	Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information. F t I, column (b), the n dditional information	Provide the information number of contributions n.	required by Part I, lines 301 s, the number of items recei	o, 32b, and 33, and whether the organization of both. Also completived, or a combination of both. Also completived, or a combination of both.	on ete
	15				Cabadula M (Farme 00	0) /2041
532142 08-21-1	G			4.2	Schedule M (Form 99	0) (2018
				42		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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>



YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number 43-6064111

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

PLANNED GIVING AND GRANTS.

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. THE PARTY OR PARTIES INVOLVED WILL BE ADVISED OF THE UPON RESOLUTION, 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 CEO'S 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) (2015)
 Schedule O (Form 990 or 990-EZ) (2015)

⁵³²²¹¹ 09-02-15 14460818 132842 01986.0000 2015.04010 YOUTHBRIDGE COMMUNITY FOU 01986.01

Schedule O (Form 990 or 990-EZ) (2015)	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 2015, AS THEY HAVE ENTERED INTO AN EMPLOYMENT	T AGREEMENT WITH
A THIRD PARTY SERVICE PROVIDER, SIMPLOY, INC. PAYMENTS MAN	DE BY THE
ORGANIZATION TO SIMPLOY TO SUPPORT THE SALARIES, WAGES AND	BENEFITS FOR
THOSE INDIVIDUALS THAT ARE ADMINISTERING THE DAY TO DAY AC	TIVITIES OF
YOUTHBRIDGE ARE REPORTED ON LINE 11 G OF PART IX AS CONTRA	CT SERVICE FEES.
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 IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICE FEES:	
PROGRAM SERVICE EXPENSES	296,108.
MANAGEMENT AND GENERAL EXPENSES	89,795.
FUNDRAISING EXPENSES	62,113.
TOTAL EXPENSES	448,016.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	448,016.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF PERPETUAL TRUSTS	-172,854.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	nal (no copies needed).
	Enter filer'	s identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print File by the due date for	YOUTHBRIDGE COMMUNITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions.	43-6064111 Social security number (SSN)
filing your return. See	12685 OLIVE BLVD	
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAINT LOUIS, MO 63141	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Return Application Return Is For Is For Code Code 01 Form 990 or Form 990-EZ Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL HOWARD - CEO The books are in the care of ▶ 12685 OLIVE BLVD - ST. LOUIS, MO 63141 Telephone No. ► 314-985-6778 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔄 . If it is for part of the group, check this box 🅨 🔄 and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until _NOVEMBER 15, 2016. 4 For calendar year 2015, or other tax year beginning 5 _ , and ending If the tax year entered in line 5 is for less than 12 months, check reason: 6 Initial return Final return Change in accounting period 7 State in detail why you need the extension ALL INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 8a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated b tax payments made. Include any prior year overpayment allowed as a credit and any amount paid 0. previously with Form 8868 8b С Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using 0. EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature 🕨	Title 🕨 CPA	Date 🕨
		Form 8868 (Rev. 1-2014)

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