

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

<b>A</b> For the <b>2021</b> calendar year, or tax year beginning and ending																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b></td> <td><b>D</b> Employer identification number <b>43-6064111</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>314-985-6778</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>20,124,009.</b></td> </tr> <tr> <td><b>12977 NORTH FORTY DRIVE</b></td> <td><b>368</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SAINT LOUIS, MO 63141</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>BARBARA CARSWELL</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.YOUTHBRIDGE.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>1877</b> <b>M</b> State of legal domicile: <b>MO</b></td> </tr> </table>	<b>C</b> Name of organization <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>43-6064111</b>	Doing business as		<b>E</b> Telephone number <b>314-985-6778</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>20,124,009.</b>	<b>12977 NORTH FORTY DRIVE</b>	<b>368</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>SAINT LOUIS, MO 63141</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>F</b> Name and address of principal officer: <b>BARBARA CARSWELL</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <b>WWW.YOUTHBRIDGE.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1877</b> <b>M</b> State of legal domicile: <b>MO</b>
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**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>YOUTHBRIDGE COMMUNITY FOUNDATION PARTNERS WITH DONORS TO HELP CHARITIES IN THE ST. LOUIS REGION,</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>13</b></span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>13</b></span>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>0</b></span>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>18</b></span>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>
	<b>Revenue</b>	<b>8</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <span style="float:right"><b>0.</b></span>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>-408,496.</b> <span style="float:right"><b>5,837,780.</b></span>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>86,007.</b> <span style="float:right"><b>87,247.</b></span>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>4,933,516.</b> <span style="float:right"><b>8,971,889.</b></span>
<b>Expenses</b>		<b>13</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float:right"><b>0.</b></span>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>0.</b> <span style="float:right"><b>0.</b></span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <span style="float:right"><b>0.</b></span>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>294,189.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,593,008.</b> <span style="float:right"><b>1,737,071.</b></span>
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>4,785,048.</b> <span style="float:right"><b>8,036,392.</b></span>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>148,468.</b> <span style="float:right"><b>935,497.</b></span>
	<b>20</b>	Total assets (Part X, line 16) ..... <b>73,882,301.</b> <span style="float:right"><b>81,297,862.</b></span>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>1,858,759.</b> <span style="float:right"><b>3,027,956.</b></span>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>72,023,542.</b> <span style="float:right"><b>78,269,906.</b></span>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>BARBARA CARSWELL, CEO</b>		Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KIMBERLY A RYAN</b>	Preparer's signature	Date
	Firm's name ▶ <b>RUBINBROWN LLP</b>	Firm's EIN ▶ <b>43-0765316</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00829977</b>
	Firm's address ▶ <b>7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105</b>	Phone no. (314) <b>290-3300</b>	

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: YOUTHBRIDGE COMMUNITY FOUNDATION PARTNERS WITH DONORS TO HELP CHARITIES IN THE ST. LOUIS REGION, ESPECIALLY THOSE FOCUSED ON CHILDREN, THROUGH LEADERSHIP, GRANTS AND DONOR SERVICES.

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

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

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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 7,399,300. including grants of \$ 6,299,321. ) (Revenue \$ ) INCLUDES ALL ASPECTS OF WORK DEDICATED TO BUILDING STRONG, VIBRANT COMMUNITIES BY BRIDGING THE RESOURCES OF DONORS WITH THE NEEDS OF NONPROFIT ORGANIZATIONS. OUR CAPACITY BUILDING AND PHILANTHROPY INITIATIVES HELP NONPROFIT ORGANIZATIONS, ESPECIALLY THOSE FOCUSED ON SERVING CHILDREN AND YOUTH, BECOME STRONGER. THESE INITIATIVES INCLUDE BUT ARE NOT LIMITED TO TECHNICAL ASSISTANCE, CAPACITY BUILDING GRANTS & PROGRAMS, ENDOWMENT BUILDING & ADMINISTRATION, PHILANTHROPY ASSISTANCE AND TRAINING.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,399,300.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a	13	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **BARBARA CARSWELL - CEO - 314-985-6778**  
**12977 NORTH FORTY DRIVE, SUITE 368, ST. LOUIS, MO 63141**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA CARSWELL CEO	45.00				X			160,000.	0.	41,669.
(2) JEFFREY MOENKHAUS CHAIRMAN	1.00	X		X				0.	0.	0.
(3) DAN BEAN VICE CHAIR	1.00	X		X				0.	0.	0.
(4) MARTHA VOSSE TREASURER	1.00	X		X				0.	0.	0.
(5) WENDY WALSH SECRETARY	1.00	X		X				0.	0.	0.
(6) SAM HOPMEIER FINANCIAL SECRETARY	1.00	X		X				0.	0.	0.
(7) KEN BOWER DIRECTOR	1.00	X						0.	0.	0.
(8) BYRON CASKEY DIRECTOR	1.00	X						0.	0.	0.
(9) STACY CLAY DIRECTOR	1.00	X						0.	0.	0.
(10) JENNIFER BELMONT JENNINGS DIRECTOR	1.00	X						0.	0.	0.
(11) RICK KALLAUS DIRECTOR	1.00	X						0.	0.	0.
(12) LIZ KRIEGSHAUSER DIRECTOR	1.00	X						0.	0.	0.
(13) LISA MCLAUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(14) DAN SHASSERRE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							160,000.	0.	41,669.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							160,000.	0.	41,669.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,046,862.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 565,387.				
	<b>h Total.</b> Add lines 1a-1f			3,046,862.			
Program Service Revenue	<b>2 a</b>	<b>Business Code</b>					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,805,020.			1805020.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	15,184,880.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	11,152,120.				
	<b>c</b> Gain or (loss)	<b>7c</b>	4,032,760.				
<b>d</b> Net gain or (loss)			4,032,760.		4032760.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	561000	87,247.	87,247.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			87,247.			
<b>12 Total revenue.</b> See instructions			8,971,889.	87,247.	0.	5837780.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,299,321.	6,299,321.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,854.		19,854.	
<b>c</b> Accounting .....	11,800.		11,800.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	585,342.	585,342.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	680,770.	290,098.	231,616.	159,056.
<b>12</b> Advertising and promotion .....	212,950.	106,475.		106,475.
<b>13</b> Office expenses .....	17,683.	6,796.	5,667.	5,220.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	50,990.	19,595.	16,342.	15,053.
<b>17</b> Travel .....	2,568.	1,798.	385.	385.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,121.	3,121.		
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	14,280.	5,488.	4,576.	4,216.
<b>23</b> Insurance .....	33,166.		33,166.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>COMMUNITY PROGRAMS</b>	71,859.	71,859.		
<b>b</b> <b>MAINTENANCE</b>	15,503.		15,503.	
<b>c</b> <b>UTILITIES</b>	13,777.	8,097.	2,902.	2,778.
<b>d</b> <b>MISCELLANEOUS</b>	3,408.	1,310.	1,092.	1,006.
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,036,392.	7,399,300.	342,903.	294,189.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,386,649.	<b>1</b>	1,389,361.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	30,000.	<b>4</b>	204,500.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	9,263.	<b>9</b>	11,225.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,629,818.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,777,217.	866,880.	<b>10c</b> 852,601.
	<b>11</b> Investments - publicly traded securities .....	66,961,164.	<b>11</b>	73,499,129.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,151,092.	<b>12</b>	1,417,425.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,477,253.	<b>15</b>	3,923,621.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	73,882,301.	<b>16</b>	81,297,862.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	53,919.	<b>17</b>	33,237.
	<b>18</b> Grants payable .....	57,870.	<b>18</b>	25,525.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,746,970.	<b>25</b>	2,969,194.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,858,759.	<b>26</b>	3,027,956.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	68,389,027.	<b>27</b>	73,642,904.
	<b>28</b> Net assets with donor restrictions .....	3,634,515.	<b>28</b>	4,627,002.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	72,023,542.	<b>32</b>	78,269,906.
<b>33</b> Total liabilities and net assets/fund balances .....	73,882,301.	<b>33</b>	81,297,862.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,971,889.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,036,392.
3	Revenue less expenses. Subtract line 2 from line 1	3	935,497.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,023,542.
5	Net unrealized gains (losses) on investments	5	4,864,499.
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 on Schedule O)	9	446,368.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	78,269,906.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2021)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1670046.	16634435.	8610639.	5256005.	3046862.	35217987.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1670046.	16634435.	8610639.	5256005.	3046862.	35217987.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						14257281.
<b>6 Public support.</b> Subtract line 5 from line 4.						20960706.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1670046.	16634435.	8610639.	5256005.	3046862.	35217987.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	697,703.	999,667.	1310220.	1309657.	1805020.	6122267.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						41340254.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	465,245.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	50.70 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	50.69 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**YOUTHBRIDGE COMMUNITY FOUNDATION**

Employer identification number

**43-6064111**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>	Employer identification number  <b>43-6064111</b>
---------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,115,817.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>100,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>96,121.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>84,645.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>	Employer identification number  <b>43-6064111</b>
---------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>81,012.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>66,074.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>	Employer identification number  <b>43-6064111</b>
---------------------------------------------------------------------	---------------------------------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>100,766.</u>	<u>12/31/21</u>
5	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>96,121.</u>	<u>12/31/21</u>
7	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>81,012.</u>	<u>12/31/21</u>
8	VARIOUS MARKETABLE SECURITIES _____ _____ _____	\$ <u>66,074.</u>	<u>12/31/21</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>	Employer identification number  <b>43-6064111</b>
---------------------------------------------------------------------	---------------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization YOUTHBRIDGE COMMUNITY FOUNDATION Employer identification number 43-6064111

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including revenue and asset reporting requirements.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,785,103.	20,039,658.	17,708,841.	20,334,959.	18,821,831.
b Contributions					
c Net investment earnings, gains, and losses	3,031,327.	1,697,389.	3,089,968.	-1,735,421.	2,263,128.
d Grants or scholarships					
e Other expenditures for facilities and programs	964,649.	951,944.	759,151.	890,697.	750,000.
f Administrative expenses					
g End of year balance	22,851,781.	20,785,103.	20,039,658.	17,708,841.	20,334,959.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  82.8300 %
  - b Permanent endowment  17.1700 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) Related organizations                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,268.		82,268.
b Buildings		3,464,498.	2,711,205.	753,293.
c Leasehold improvements				
d Equipment		83,052.	66,012.	17,040.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				852,601.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) FUNDS HELD ON BEHALF OF OTHERS	2,969,194.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,969,194.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,707,414.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,864,499.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	10,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	446,368.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,320,867.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,386,547.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	585,342.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	585,342.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	8,971,889.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,461,050.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	10,000.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	7,451,050.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	585,342.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	585,342.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,036,392.

**Part XIII Supplemental Information.**

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 TO SUPPORT

**Part XIII** Supplemental Information (continued)

THE OPERATIONS OF THE ORGANIZATION AND THE RELATED ONGOING PROGRAM  
ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST AGREEMENTS 446,368.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL  
STATEMENTS 585,342.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL  
STATEMENTS 585,342.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **YOUTHBRIDGE COMMUNITY FOUNDATION** Employer identification number **43-6064111**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN, INC. - 1027 S. VANDEVENTER AVE., SUITE 700 - ST. LOUIS, MO 63110	39-1534049	501(C)(3)	10,000.	0.			HEALTH
ALIVE, INC. P.O. BOX 28733 ST. LOUIS, MO 63146	43-1298527	501(C)(3)	30,000.	0.			HEALTH
AMERICAN LEPROSY MISSIONS, INC. ONE ALM WAY GREENVILLE, SC 29601	13-5562163	501(C)(3)	6,350.	0.			HEALTH
ARCH COMMUNITY SCHOOL 2153 SALISBURY STREET ST. LOUIS, MO 63107	81-4084547	501(C)(3)	40,000.	0.			EDUCATION
ARCHDIOCESE OF ST. LOUIS 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119	53-0196617	501(C)(3)	18,400.	0.			RELIGION RELATED
ASPCA NEW YORK 424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829	501(C)(3)	6,375.	0.			ANIMAL WELFARE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **110.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **7.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRENNAN'S WORK AND LEISURE 3015 LOCUST ST. LOUIS, MO 63103	83-1587104		9,400.	0.			DISASTER RELIEF
CAFE OF LIFE, INC. P.O. BOX 367794 BONITA SPRINGS, FL 34136	65-0832961	501(C)(3)	7,000.	0.			HUMAN SERVICES
CARDINAL GLENNON CHILDREN'S FOUNDATION - 3800 PARK AVENUE - ST. LOUIS, MO 63110	43-1754347	501(C)(3)	5,760.	0.			HEALTH
CASA OF ST. LOUIS 105 S. CENTRAL AVENUE ST. LOUIS, MO 63105	43-1807059	501(C)(3)	20,500.	0.			HUMAN SERVICES
CATHOLIC CHARITIES OF ST. LOUIS P.O. BOX 952393 ST. LOUIS, MO 63195-2393	43-0653270	501(C)(3)	5,125.	0.			RELIGION RELATED
CENTER FOR HEARING & SPEECH 9835 MANCHESTER ROAD ST. LOUIS, MO 63119	43-0652678	501(C)(3)	10,000.	0.			HEALTH
CENTRAL REFORM CONGREGATION 5020 WATERMAN BLVD. ST. LOUIS, MO 63108	43-1336060	501(C)(3)	37,000.	0.			RELIGION RELATED
CHALLENGER CENTER FOR SPACE SCIENCE EDUCATION - 205 BROTHERTON LANE - FERGUSON, MO 63135	76-0192067	501(C)(3)	5,705.	0.			EDUCATION
CHAMP ASSISTANCE DOGS INC. 4910 PARKER ROAD BLACK JACK, MO 63033	43-1803006	501(C)(3)	20,000.	0.			HUMAN SERVICES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD FUND INTERNATIONAL 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	6,350.	0.			HUMAN SERVICES
CHILDREN'S HOME SOCIETY OF MISSOURI - 1167 CORPORATE LAKE DRIVE - ST. LOUIS, MO 63132	43-0652622	501(C)(3)	18,200.	0.			HUMAN SERVICES
CHOSEN PEOPLE MINISTRIES INC. 241 E. 51ST ST. NEW YORK, NY 10022	13-1659171	501(C)(3)	6,350.	0.			RELIGION RELATED
CHRISTIAN ACTIVITY CENTER 540 N. 6TH STREET EAST ST. LOUIS, IL 62201	36-4182760	501(C)(3)	25,000.	0.			HUMAN SERVICES
CHRISTIAN AID MISSION P.O. BOX 9037 CHARLOTTESVILLE, VA 22906	52-0908482	501(C)(3)	18,000.	0.			RELIGION RELATED
CHRISTIAN FAMILY SERVICES, INC. 7955 BIG BEND BLVD. WEBSTER GROVES, MO 63119	43-1008673	501(C)(3)	6,290.	0.			HUMAN SERVICES
CITY ACADEMY, INC. 4175 NORTH KINGSHIGHWAY BLVD. ST. LOUIS, MO 63115	31-1619379	501(C)(3)	26,350.	0.			EDUCATION
CLUB VIVA 408 N. EUCLID ST. LOUIS, MO 63108	20-4320427		6,900.	0.			DISASTER RELIEF
COLLEGE BOUND 110 NORTH JEFFERSON AVENUE ST. LOUIS, MO 63103	20-4768985	501(C)(3)	75,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COLLEGE 1001 ROGERS STREET COLUMBIA, MO 65216	43-0655867	501(C)(3)	50,000.	0.			EDUCATION
CONGREGATION SHAARE EMETH 11645 LADUE ROAD ST. LOUIS, MO 63141	43-0662463	501(C)(3)	17,556.	0.			RELIGION RELATED
CONNECTIONS TO SUCCESS 3000 LITTLE HILLS EXPY, STE 102 ST. CHARLES, MO 63301	43-1859283	501(C)(3)	15,000.	0.			HUMAN SERVICES
COVERING HOUSE P.O. BOX 12206 ST. LOUIS, MO 63157	27-1372748	501(C)(3)	30,000.	0.			HUMAN SERVICES
CREATIVE ENTOURAGE 109 S. EDWARD CT. EUREKA, MO 63025	26-1779230		11,100.	0.			DISASTER RELIEF
CROWN CENTER 8350 DELCREST DRIVE ST. LOUIS, MO 63124-2166	43-1695861	501(C)(3)	51,000.	0.			HUMAN SERVICES
DOGS FOR OUR BRAVE INC. 6244 CLAYTON AVENUE ST. LOUIS, MO 63139	46-4656908	501(C)(3)	60,000.	0.			HUMAN SERVICES
DOWN SYNDROME ASSOCIATION OF GREATER ST. LOUIS - 8531 PAGE AVENUE, SUITE 120 - ST. LOUIS, MO 63114	43-1108833	501(C)(3)	35,000.	0.			HEALTH
DREAM BUILDERS 4 EQUITY 4991 THOLOZAN AVENUE ST. LOUIS, MO 63109	81-4402678	501(C)(3)	95,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMAUS HOMES 3731 MUELLER ROAD ST. CHARLES, MO 63301	43-0653309	501(C)(3)	20,000.	0.			HUMAN SERVICES
EMPLOYMENT CONNECTION 2838 MARKET STREET ST. LOUIS, MO 63103	43-1106386	501(C)(3)	28,000.	0.			HUMAN SERVICES
ENDANGERED WOLF CENTER P.O. BOX 760 EUREKA, MO 63025	43-0996361	501(C)(3)	500,000.	0.			ANIMAL CONSERVATION
FEEDING AMERICA 161 NORTH CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	6,400.	0.			HUMAN SERVICES
FOCUS MARINES FOUNDATION 15455 MANCHESTER ROAD, #476 BALLWIN, MO 63022	27-2081900	501(C)(3)	30,000.	0.			HUMAN SERVICES
GENERATE HEALTH 1300 HAMPTON AVE., STE. 111 ST. LOUIS, MO 63139	41-2139772	501(C)(3)	81,500.	0.			HEALTH
GIRL SCOUTS OF EASTERN MISSOURI 2300 BALL DRIVE ST. LOUIS, MO 63146	43-0662471	501(C)(3)	175,000.	0.			HUMAN SERVICES
GREEN HOUSE VENTURE 4229 FLORA PLACE ST. LOUIS, MO 63110	47-2463749	501(C)(3)	15,000.	0.			EDUCATION
GUJARATI SAMAJ OF ST. LOUIS 210 FEE FEE HILLS DR. HAZELWOOD, MO 63042	43-1349183	501(C)(3)	14,000.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	6,450.	0.			HUMAN SERVICES
HAWTHORN LEADERSHIP SCHOOL FOR GIRLS - 1901 N. KINGSHIGHWAY BLVD. - ST. LOUIS, MO 63113	46-2334548	501(C)(3)	18,000.	0.			EDUCATION
HEALING ACTION NETWORK INC. P.O. BOX 39429 ST. LOUIS, MO 63139	45-4398011	501(C)(3)	20,000.	0.			HUMAN SERVICES
HOPE LUTHERAN CHURCH 1975 S. OLD HIGHWAY 94 ST. CHARLES, MO 63303	41-1568278	501(C)(3)	8,000.	0.			RELIGION RELATED
HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST. LOUIS, MO 63110	43-0652638	501(C)(3)	11,070.	0.			ANIMAL WELFARE
INCARNATE WORD ACADEMY 2788 NORMANDY AVE. ST. LOUIS, MO 63121	43-0893321	501(C)(3)	1,255,000.	0.			EDUCATION
INSTITUTE FOR RESEARCH AND EDUCATION IN FAMILY MEDICINE - 722 LOUGHBOROUGH AVENUE - ST. LOUIS, MO 63111	43-1863752	501(C)(3)	25,000.	0.			HEALTH
INTERNATIONAL FELLOWSHIP OF CHRISTIANS AND JEWS - 30 N LASALLE ST., SUITE 4300 - CHICAGO, IL 60602	36-3256096	501(C)(3)	6,350.	0.			RELIGION RELATED
KENRICK GLENNON SEMINARY 5200 GLENNON DRIVE ST. LOUIS, MO 63119	53-0196617	501(C)(3)	500,100.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIRKWOOD BAPTIST CHURCH 211 N. WOODLAWN AVENUE KIRKWOOD, MO 63122	43-0731874	501(C)(3)	61,100.	0.			RELIGION RELATED
LIFT FOR LIFE GYM 1415 CASS AVENUE ST. LOUIS, MO 63106	20-8185890	501(C)(3)	15,000.	0.			HUMAN SERVICES
LIVING WELL FOUNDATION 3602 LIONS DEN ROAD IMPERIAL, MO 63052	20-5357902	501(C)(3)	11,153.	0.			HEALTH
LOVETHELOU 2801 N. KINGSHIGHWAY BLVD. ST. LOUIS, MO 63115	30-0790430	501(C)(3)	20,000.	0.			HUMAN SERVICES
LOYOLA ACADEMY 3851 WASHINGTON AVENUE ST. LOUIS, MO 63108	43-1859076	501(C)(3)	8,500.	0.			EDUCATION
LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION - 3558 S. JEFFERSON AVENUE - ST. LOUIS, MO 63118	43-0658188	501(C)(3)	35,000.	0.			EDUCATION
LUTHERAN ELEMENTARY SCHOOL ASSOCIATION - 11123 S. TOWNE SQUARE, SUITE F - ST. LOUIS, MO 63123	43-1853158	501(C)(3)	52,118.	0.			EDUCATION
LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS & HUNT ROAD, SUITE 103 ST. LOUIS, MO 63121	43-0662478	501(C)(3)	70,000.	0.			EDUCATION
LUTHERAN HIGH SCHOOL OF ST. CHARLES COUNTY - 5100 MEXICO ROAD - ST. PETERS, MO 63376	43-0658188	501(C)(3)	35,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAP INTERNATIONAL 4700 GLYNCO PKWY. BRUNSWICK, GA 31525	36-2586390	501(C)(3)	6,350.	0.			HEALTH
MEMORY CARE HOME SOLUTIONS 4389 W. PINE BOULEVARD ST. LOUIS, MO 63108	02-0641248	501(C)(3)	10,025.	0.			HEALTH
MIGRANT AND IMMIGRANT COMMUNITY ACTION PROJECT - 1600 S. KINGSHIGHWAY BLVD., ST. 2N - ST. LOUIS, MO 63110	45-3236640	501(C)(3)	30,000.	0.			HUMAN SERVICES
NATIONAL RIGHT TO LIFE EDUCATIONAL FOUNDATION INC. - 1446 DUKE STREET - ALEXANDRIA, VA 22314	73-1010913	501(C)(3)	12,750.	0.			PUBLIC, SOCIETAL BENEFIT
NEW LIFE EVANGELISTIC CENTER P.O. BOX 473 ST. LOUIS, MO 63166	23-7167452	501(C)(3)	6,350.	0.			RELIGION RELATED
NORTH SHORE ANIMAL LEAGUE AMERICA, INC. - 16 LEWYT STREET - PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	12,750.	0.			ANIMAL WELFARE
NURSES FOR NEWBORNS 7259 LANSDOWNE, SUITE 100 ST. LOUIS, MO 63119	43-1601329	501(C)(3)	30,300.	0.			HEALTH
OPERATION FOOD SEARCH, INC. 1644 LOTSIE BLVD. ST. LOUIS, MO 63132	43-1241854	501(C)(3)	6,400.	0.			HUMAN SERVICES
OUR LADY OF LOURDES CATHOLIC CHURCH - 7148 FORSYTH BLVD. - ST. LOUIS, MO 63105	43-0653244	501(C)(3)	8,175.	0.			RELIGION RELATED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY'S INN 4223 S. COMPTON ST. LOUIS, MO 63111	43-1213751	501(C)(3)	35,500.	0.			HUMAN SERVICES
OUR LITTLE HAVEN P.O. BOX 23010 ST. LOUIS, MO 63156-3010	43-1567500	501(C)(3)	7,000.	0.			HUMAN SERVICES
PARENTS FOR PEACE 1490 UNION AVENUE, #153 MEMPHIS, TN 38104	47-4142897	501(C)(3)	22,000.	0.			PUBLIC, SOCIETAL BENEFIT
PARKER'S ANIMAL RESCUE 2980 B MAIN AVE. DURANGO, CO 81301	47-4564762	501(C)(3)	20,000.	0.			ANIMAL WELFARE
PATHWAYS TO INDEPENDENCE P.O. BOX 43 LOS ALAMITOS, CA 90720	33-0148082	501(C)(3)	12,100.	0.			HUMAN WELFARE
PATON CONSTRUCTION 4818 WASHINGTON BLVD. ST. LOUIS, MO 63108	85-1658197		7,600.	0.			DISASTER RELIEF
PERSONAL TOUCHES BY JEANETTA 815 CASS AVE. ST. LOUIS, MO 63106	43-1918030		9,800.	0.			DISASTER RELIEF
PONY BIRD INC. P.O. BOX 190 MAPAVILLE, MO 63065	43-1188096	501(C)(3)	85,000.	0.			HUMAN SERVICES
PRISON FELLOWSHIP P.O. BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	12,750.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOPE 1220 19TH STREET NW., SUITE 800 WASHINGTON, DC 20036	53-0242962	501(C)(3)	6,350.	0.			HEALTH
RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSETT ROAD - MARYLAND HEIGHTS, MO 63043	43-0666765	501(C)(3)	20,300.	0.			HEALTH
READY READERS 10403 BAUR BLVD. SUITE H ST. LOUIS, MO 63132	43-1841631	501(C)(3)	43,800.	0.			EDUCATION
RED FEATHER DEVELOPMENT GROUP P.O. BOX 907 BOZEMAN, MT 59771	91-1632134	501(C)(3)	46,503.	0.			HUMAN SERVICES
ROBIDOUX MIDDLE SCHOOL 4212 ST. JOSEPH AVE. SAINT JOSEPH, MO 64505	12-6000245	501(C)(3)	15,000.	0.			EDUCATION
SALVATION ARMY, A GEORGIA CORP PMB 372 24600 S. TAMiami TRAIL, SUITE 212 - BONITA SPRINGS, FL 34134	58-0660607	501(C)(3)	10,000.	0.			HUMAN SERVICES
SANTA'S HELPERS INC. 1401 PIERCE AVE. ST. LOUIS, MO 63110	43-1685281	501(C)(3)	20,000.	0.			HUMAN SERVICES
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL - 348 S. MASON ROAD - ST. LOUIS, MO 63141	43-1772004	501(C)(3)	8,600.	0.			EDUCATION
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E., SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	6,350.	0.			HUMAN SERVICES

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SSM HEALTH FOUNDATION 12312 OLIVE BLVD., SUITE 100 ST. LOUIS, MO 63141	53-0196617	501(C)(3)	40,000.	0.			RELIGION RELATED
ST. GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6303 NOTTINGHAM AVENUE - ST. LOUIS, MO 63109	53-0196617	501(C)(3)	11,760.	0.			RELIGION RELATED
ST. ANDREW'S CHARITABLE FOUNDATION 1001 CRAIG ROAD, SUITE 200 ST. LOUIS, MO 63146-9927	26-0568165	501(C)(3)	6,900.	0.			RELIGION RELATED
ST. JOHN'S UNITED CHURCH OF CHRIST 15370 OLIVE BLVD. CHESTERFIELD, MO 63017	43-1037733	501(C)(3)	7,700.	0.			RELIGION RELATED
ST. LOUIS AREA DIAPER BANK 10601 BAUR BOULEVARD ST. LOUIS, MO 63132	37-1787940	501(C)(3)	75,605.	0.			HUMAN SERVICES
ST. LOUIS AREA FOOD BANK, INC. 70 CORPORATE WOODS DRIVE BRIDGETON, MO 63044	43-1253102	501(C)(3)	5,785.	0.			HUMAN SERVICES
ST. LOUIS BEREAVEMENT CENTER FOR YOUNG PEOPLE - 1333 W. LOCKWOOD, SUITE 104 - ST. LOUIS, MO 63122	43-1801433	501(C)(3)	25,010.	0.			HUMAN SERVICES
ST. LOUIS BLACK AUTHORS OF CHILDREN'S LITERATURE - 3934 HARTFORD STREET - ST. LOUIS, MO 63116	30-1094310	501(C)(3)	14,000.	0.			EDUCATION
ST. LOUIS COMMUNITY COLLEGE FOUNDATION - 3221 MCKELVEY ROAD, SUITE 295 - BRIDGETON, MO 63044	43-1374500	501(C)(3)	75,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LOUIS CRISIS NURSERY 11710 ADMINISTRATION DR., STE. 18 ST. LOUIS, MO 63146	43-1410297	501(C)(3)	60,560.	0.			HUMAN SERVICES
ST. LOUIS METROPOLITAN SPAY NEUTER & WELLNESS CLINIC INC - 1218 S. JEFFERSON AVE. - ST. LOUIS, MO 63104	90-0595857	501(C)(3)	15,000.	0.			ANIMAL WELFARE
ST. LOUIS SPORTS FOUNDATION 308 N. 21ST ST., STE 500 ST. LOUIS, MO 63103	43-1646222	501(C)(3)	8,600.	0.			HUMAN SERVICES
ST. LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITAL - 232 SOUTH WOODS MILL ROAD - CHESTERFIELD, MO 63017	43-0652680	501(C)(3)	5,500.	0.			HEALTH
STRAY RESCUE OF ST. LOUIS 2320 PINE STREET ST. LOUIS, MO 63103-2219	43-1823801	501(C)(3)	51,295.	0.			ANIMAL WELFARE
STUDENTS FOR LIFE OF AMERICA 1000 WINCHESTER ST., SUITE 301 FREDERICKSBURG, VA 22401	52-1576352	501(C)(3)	6,350.	0.			EDUCATION
TECHNOSERVE 1777 N. KENT STREET, SUITE 1100 ARLINGTON, VA 22209	13-2626135	501(C)(3)	6,450.	0.			INTERNATIONAL, FOREIGN AFFAIRS
THE CHILD ADVOCACY CENTER OF NORTHEAST MISSOURI INC. - 989 HERITAGE PARKWAY - WENTZVILLE, MO 63385	43-1856223	501(C)(3)	30,000.	0.			HUMAN SERVICES
THE CROW'S NEST 7336 MANCHESTER RD. ST. LOUIS, MO 63143	45-2995313		15,000.	0.			DISASTER RELIEF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMPSON FOUNDATION FOR AUTISM 205 PORTLAND ST. COLUMBIA, MO 65201	20-8293152	501(C)(3)	40,000.	0.			HEALTH
TODAY AND TOMORROW EDUCATIONAL FOUNDATION - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-1633656	501(C)(3)	1,000,000.	0.			EDUCATION
UNION OF ORTHODOX JEWISH CONGREGATION OF AMERICA - 8251 MARYLAND AVENUE, SUITE 15 - CLAYTON, MO 63105	13-5623717	501(C)(3)	10,000.	0.			RELIGION RELATED
UNIVERSITY OF MISSOURI- SCHOOL OF LAW - 407 REYNOLDS ALUMNI CENTER - COLUMBIA, MO 65211	43-6026891	501(C)(3)	40,000.	0.			EDUCATION
UNLEASHING POTENTIAL 1000 N. VANDEVENTER AVE., 2ND FL ST. LOUIS, MO 63113	43-0654857	501(C)(3)	16,250.	0.			HUMAN SERVICES
VETERANS COMMUNITY PROJECT 8900 TROOST AVENUE KANSAS CITY, MO 64131	47-4960735	501(C)(3)	25,000.	0.			HUMAN SERVICES
VINCENZO'S 242 S. FLORISSANT FERGUSON, MO 63135	26-0045910		9,700.	0.			DISASTER RELIEF
VITAE FOUNDATION 1731 SOUTHRIDGE DRIVE, SUITE D JEFFERSON CITY, MO 65109	43-1138252	501(C)(3)	5,100.	0.			PUBLIC, SOCIETAL BENEFIT
VIVA VOX ORGANIZATION 11120 FAIRBOROUGH CT. ST. LOUIS, MO 63146	43-1898299	501(C)(3)	6,025.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY MSC 1204, 7425 FORSYTH BLVD. ST. LOUIS, MO 63105-2161	43-0653611	501(C)(3)	36,375.	0.			EDUCATION
WORLD RELIEF CORP. OF NATIONAL ASSOCIATION OF EVANGELICALS - 7 E. BALTIMORE ST. - BALTIMORE, MD 21202	23-6393344	501(C)(3)	6,350.	0.			HUMAN SERVICES
WORLD VISION 34834 WEYERHAEUSER WAY S. FEDERAL WAY, WA 98063	95-3202116	501(C)(3)	6,350.	0.			HUMAN SERVICES

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

**PART I, LINE 2:**

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**YOUTHBRIDGE COMMUNITY FOUNDATION**

Employer identification number

**43-6064111**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2021

**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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA CARSWELL CEO	(i)	155,000.	5,000.	0.	8,021.	33,648.	201,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **YOUTHBRIDGE COMMUNITY FOUNDATION** Employer identification number **43-6064111**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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				
9 Securities - Publicly traded	X	14	565,387.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number

43-6064111

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

ESPECIALLY THOSE FOCUSED ON CHILDREN, THROUGH LEADERSHIP, GRANTS AND  
DONOR SERVICES.

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

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

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

THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AFTER  
COMPETITIVE ANALYSIS (FOR SIMILAR POSITIONS AT SIMILAR NOT-FOR-PROFIT

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization YOUTHBRIDGE COMMUNITY FOUNDATION	Employer identification number 43-6064111
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ORGANIZATIONS) AND IN CONSIDERATION WITH EXPERIENCE AND SUBMITTED TO THE BOARD FOR APPROVAL. THE ORGANIZATION DOES NOT HAVE ANY OTHER OFFICERS OR KEY EMPLOYEES. THE ORGANIZATION HAS NOT REPORTED ANY EMPLOYEES FOR 2021, AS THEY HAVE ENTERED INTO AN EMPLOYMENT AGREEMENT WITH A THIRD PARTY SERVICE PROVIDER, TRINET. PAYMENTS MADE BY THE ORGANIZATION TO TRINET TO SUPPORT THE SALARIES, WAGES AND BENEFITS FOR THOSE INDIVIDUALS THAT ARE ADMINISTERING THE DAY TO DAY ACTIVITIES OF YOUTHBRIDGE ARE REPORTED ON LINE 11 G OF PART IX AS CONTRACT 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 XI, LINE 9, CHANGES IN NET ASSETS:  
CHANGE IN VALUE OF PERPETUAL TRUSTS 446,368.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YOUTHBRIDGE COMMUNITY FOUNDATION</b>	Taxpayer identification number (TIN) <b>43-6064111</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12977 NORTH FORTY DRIVE, 368</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAINT LOUIS, MO 63141</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**BARBARA CARSWELL - CEO**

• The books are in the care of ▶ **12977 NORTH FORTY DRIVE, SUITE 368 - 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.