** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or th	e 2023 calendar year, or tax year beginning and	d ending					
	Check if pplicab	e: C Name of organization		D Employer identified	cation number			
	Addre	YOUTHBRIDGE COMMUNITY FOUNDATION						
	Name chang			43-60641	11			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r			
	Final return		368	314-985-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	32,893,139.			
	Amer	SAINI LOOIS, MO 03141		H(a) Is this a group re				
	Appli tion pendi	F Name and address of principal officer. DANDARA CARDWELLE		for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		empt status: $X 501(c)(3) 501(c) ()$ (insert no.) 4947(a)(1)) or 📃 52		list. See instructions			
_	Nebsi			H(c) Group exemptio				
		f organization: X Corporation Trust Association Other	L Yea	r of formation: 1877 N	State of legal domicile: MO			
F	art I	Summary	מד ממזזו		FOINDATON			
e	1	Briefly describe the organization's mission or most significant activities: YOUT PARTNERS WITH DONORS TO HELP CHARITIES IN						
Governance								
/ern	2	Check this box if the organization discontinued its operations or disponent of voting members of the governing body (Part VI, line 1a)			14			
ğ	3	Number of independent voting members of the governing body (Part VI, line Ta)			14			
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		0				
ties	6	Total number of volunteers (estimate if necessary)		18				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		22,725,843.	23,706,852.			
nue	9	Program service revenue (Part VIII, line 2g)						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,237,026.	2,116,798.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,289.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,066,158.	25,884,817.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,703,027.	12,337,058.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
- pe	b	Total fundraising expenses (Part IX, column (D), line 25) 227, 4						
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,596,080.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,299,107.				
	19	Revenue less expenses. Subtract line 18 from line 12		12,767,051.	12,255,857.			
Net Assets or			В	Beginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)	······ _	80,062,818.	100,782,493.			
et A:	21	Total liabilities (Part X, line 26)		2,940,929.	3,754,674.			
		Net assets or fund balances. Subtract line 21 from line 20		77,121,889.	97,027,819.			
	art II				Included and helief 101-			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is			
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	/mcn prepare	er nas any knowledge.				

Sign	Signature of officer		Date	
-	BARBARA CARSWELL, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KIMBERLY A RYAN			self-employed P00829977
Preparer	Firm's name RUBINBROWN LLP			Firm's EIN 43-0765316
Use Only	Firm's address 7676 FORSYTH BLVD	, SUITE 2100		
	SAINT LOUIS, MO 6		Phone no. (314) 290-3300	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) YOUTHBRIDGE COMMUNITY FOUNDATION	43-606	4111	Page 2
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		
1	Briefly describe the organization's mission: YOUTHBRIDGE COMMUNITY FOUNDATION PARTNERS WITH DONORS TO			
	CHARITIES IN THE ST. LOUIS REGION, ESPECIALLY THOSE FOCU	SED 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			XNo
	prior Form 990 or 990-EZ?		Yes	
•	If "Yes," describe these new services on Schedule O.			XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by (avnenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	-	-	Ч
	revenue, if any, for each program service reported.	s, the total ex	penses, an	u
4a	(Code:) (Expenses \$ 13,049,249. including grants of \$ 12,337,058.) (Reven	\$	35.7	744.)
ти	INCLUDES ALL ASPECTS OF WORK DEDICATED TO BUILDING STRON			
	COMMUNITIES BY BRIDGING THE RESOURCES OF DONORS WITH THE			
	NONPROFIT ORGANIZATIONS. OUR CAPACITY BUILDING AND PHILA			
	INITIATIVES HELP NONPROFIT ORGANIZATIONS, ESPECIALLY THO			1
	SERVING CHILDREN AND YOUTH, BECOME STRONGER. THESE INITI.			
	BUT ARE NOT LIMITED TO TECHNICAL ASSISTANCE, CAPACITY BU			
	PROGRAMS, ENDOWMENT BUILDING & ADMINISTRATION, PHILANTHR			
	AND TRAINING.			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)			
4 -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 13,049,249.)	
4e	Total program service expenses 13,049,249.			90 (2023)
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Form 990 (YOUTHBRIDGE	FOUNDATION
Part IV	Checklist	of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	х	
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? If "Yes," complete Schedule D, Part VII	11b		х
с	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? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(2023)
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			Ver	N-
22	Did the organization report more than \$5,000 of grants or other assistance to as far demostic individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
04.5	Schedule J	23	- 11	<u> </u>
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
C		24c		
لم	any tax-exempt bonds?	240 24d		<u>├</u> ──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u>├</u> ──
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the verse? ((1)(x, 1)) and (1)(x, 2) and (1)(x, 3) and (250		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	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</i> "Yes," <i>complete Schedule L. Part II</i>	26		x
07		20		
27	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	27		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
20	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV	200	Х	- 23
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	- 23	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i>	31		
32		32		x
22	Schedule N, Part II	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25 a	Part V, line 1	34 35a		X
		358		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
50	•	38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9		.03	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) YOUTHBRIDGE COMMUNITY FOUNDATION 43-6064	111	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u>X</u>	<u> </u>			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X			
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>			
n	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
•	sponsoring organization have excess business holdings at any time during the year?	8		X			
9	Sponsoring organizations maintaining donor advised funds.	9a		x			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X			
ь 10	Section 501(c)(7) organizations. Enter:	90					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
 a	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
с	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1			
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>			
	If "Yes," complete Form 6069.						

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Form **990** (2023)

Form 990	(2023)
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	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						X
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. L	5		X
6	Did the organization have members or stockholders?			L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			Ŀ	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. [1	l0b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	Ŀ	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			Ŀ	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				l2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," d	escribe				
	on Schedule O how this was done			Ŀ	12c	Х	
	Did the organization have a written whistleblower policy?				13	Х	
3	Did the organization have a written document retention and destruction policy?				14	Х	
3 4	Did the process for determining compensation of the following persons include a review and approva		dependent				
3 4 5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
4					15a	Х	
4				. L	IUU	37	
4 5 a	The organization's CEO, Executive Director, or top management official				15b	Х	
4 5 a						<u>X</u>	
4 5 a b	The organization's CEO, Executive Director, or top management official					<u>x</u>	
4 5 a b	The organization's CEO, Executive Director, or top management official	nent w	ith a	•		<u> </u>	x
4 5 b 6a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a	•	15b	<u>X</u>	x
4 5 b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?	nent w e its p	th a articipation	•	15b	<u>x</u>	X
4 5 b 6a	The organization's CEO, Executive Director, or top management official	nent w e its p izatior	ith a articipation 's	-	15b	<u>X</u>	X
4 5 b 6a b	The organization's CEO, Executive Director, or top management official	nent w e its p izatior	ith a articipation 's	-	15b 16a	<u>X</u>	X
4 5 b 6a b	The organization's CEO, Executive Director, or top management official	nent w e its p izatior	ith a articipation 's	-	15b 16a	X	x
4 5 b 6a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization c. Disclosure	nent w e its p izatior	ith a articipation 's	-	15b 16a 16b		
4 5 6 6 6 8 9 7	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE	nent w e its p izatior	ith a articipation 's	-	15b 16a 16b		

		· ·					-				
	12977	NORTH	FORTY	DRIVE,	SUITE	368,	ST.	LOUIS,	MO	63141	
332006	12-21-23										Form 990 (2023)
						6	5				

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

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, box 6 of 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.

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week			uau	liecio	1/		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	est cc loyee	ler	,		organizations
	line)	Indiv	In sti	Officer	Key	Highest compensated employee	Former			
(1) BARBARA CARSWELL	45.00									
CEO					Х			199,375.	0.	46,864.
(2) WENDY WALSH	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) JEFFREY MOENKHAUS	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) MARTHA VOSSE	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) LIZ KRIEGSHAUSER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) DAN BEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) KEN BOWER	1.00									
DIRECTOR (THRU 5/2023)		Х						0.	0.	0.
(8) BYRON CASKEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) STACY CLAY	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) TOM GATTI	1.00									-
DIRECTOR		Х						0.	0.	0.
(11) TOM GOLDBERG	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) SAM HOPMEIER	1.00									
DIRECTOR	1	Х						0.	0.	0.
(13) ELIZABETH HOULIHAN	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(14) JENNIFER BELMONT JENNINGS	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) RICK KALLAUS	1.00								•	•
DIRECTOR	1 00	X						0.	0.	0.
(16) LISA MCLAUGHLIN	1.00									^
DIRECTOR (THRU 5/2023)	1 00	Х						0.	0.	0.
(17) DAN SHASSERRE	1.00									•
DIRECTOR		Х						0.	0.	0.
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	990 (2023) YOUTHBRID	GE COMM	UN	IT:	Y.	FO	UN	DA	TION	43-60	64	111	Pa	age 8
Part	VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees, a	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per		F not ch unles	eck n	tion nore t	than c		(D) Reportable compensation	(E) Reportable compensation	n		(F) timate	
		week (list any hours for related organizations below line)		onal trustee	d a dir	rector		ee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	3	comp fro orga and	other pensat om the anization I relate nization	tion e on ed
					_									
	Subtotal								199,375.		0.	46	5,86	
	Total from continuation sheets to Part VII								0.		0.		- 00	0.
	Total (add lines 1b and 1c)								199,375.		0.	40	5,86)4.
	Total number of individuals (including but no compensation from the organization	or infilited to the	ose	listec		ove)) wri		ceived more than \$100,				Yes	1 No
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,					·	0		,		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mper	nsat	tion	and	oth	er compensation from th	ne organization		4	x	
	Did any person listed on line 1a receive or a											-		x
	rendered to the organization? <i>If</i> "Yes." com, on B. Independent Contractors	plete Schedule	e J fo	or suc	ch p	berso	<u>on</u> .					5		Δ
	Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	1				(B) Description of s	ervices	С	(C omper		1
								_						
								_						
								+						
	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	nited	to t	hos 0		ted	above) who received mc	ore than			000	

Form **990** (2023)

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Total revenue under status Paint ferminal biolines Period activity function revenue function revenue f			Check if Schedule O c	conta	iins a respo	nse (or note to any line I	e in this Part VIII (A)	(B)	(C)	[]
and the formal program service revenue to control to the service revenue control to to the service revenue control to the service r									Related or exempt	Unrelated	Revenue excluded
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Business Code Business Code Addition Addition 0	and	h	Total. Add lines 1a-1f					23,706,852.			
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In the set of the set	e vio	b									
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In the set of the set	eve	c	k								
In the set of the set	ogr	e									
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YOUTHBRIDGE COMMUNITY FOUNDATION 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 12,337,058. 12,337,058. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а 11,286. 11,286. b Legal 54,650. 54,650. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 193,361. 193,361. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 603,600. 269,672. 174,718. 159,210. column (A), amount, list line 11g expenses on Sch 0.) 64,147. 39,219. 24,928. Advertising and promotion 12 72,910. 33,058. 19,410. 20,442. Office expenses 13 Information technology 14 15 Royalties 50,802. 14,243. 23,034. 13,525. 16 Occupancy 4,015. 2,409. 1,606. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 5,749. 575. 4,024. 1,150. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 2,611. 1,184. 695. 732. Depreciation, depletion, and amortization 22 42,242. 42,242. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 137,953. 137,953. COMMUNITY PROGRAMS а MAINTENANCE 30,322. 30,322. h 2,668. <u>2,</u>810. 10,023. 4,545. MISCELLANEOUS С 2,191. 8,231. 732. 2,308. d UTILITIES 3, e All other expenses 13,628,960. 13,049,249. 352,282. 227,429. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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2023.05000 YOUTHBRIDGE COMMUNITY FOU 01986.01

Form 990 (2023)

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43-6064111 Page 11

		Check if Schedule O contains a response or note to any lir	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,050,496.	1	405,353.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		3,308.	4	2,250.
	5	Loans and other receivables from any current or former off				
		trustee, key employee, creator or founder, substantial cont	ributor, or 35%			
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persor	ns (as defined			
		under section 4958(f)(1)), and persons described in section	1 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9			9,562.	9	11,801.
	10a	Land, buildings, and equipment: cost or other	[
		basis. Complete Part VI of Schedule D 10a	3,629,818.			
	b	Less: accumulated depreciation 10b	2,789,625.	842,804.	10c	840,193.
	11	Investments - publicly traded securities		73,599,435.	11	94,460,767.
	12	Investments - other securities. See Part IV, line 11		1,496,685.	12	1,567,478.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	3,060,528.	15	3,494,651.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		80,062,818.	16	100,782,493.
	17	Accounts payable and accrued expenses	46,610.	17	198.	
	18	Grants payable	55,314.	18	20,000.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of S			21	
ŝ	22	Loans and other payables to any current or former officer,	director,			
Liabilities		trustee, key employee, creator or founder, substantial cont	ributor, or 35%			
abil		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated third part	ies		24	
	25	Other liabilities (including federal income tax, payables to r	elated third			
		parties, and other liabilities not included on lines 17-24). Co	omplete Part X			
		of Schedule D		2,839,005.	25	3,734,476.
	26	Total liabilities. Add lines 17 through 25		2,940,929.	26	3,754,674.
		Organizations that follow FASB ASC 958, check here	X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		73,392,383.	27	92,736,494.
Ba	28	Net assets with donor restrictions		3,729,506.	28	4,291,325.
pur		Organizations that do not follow FASB ASC 958, check	here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
s S	29	Capital stock or trust principal, or current funds			29	
sei	30	Paid-in or capital surplus, or land, building, or equipment for			30	
t As	31	Retained earnings, endowment, accumulated income, or o			31	
Nei	32	Total net assets or fund balances	·····	77,121,889.	32	97,027,819.
	33	Total liabilities and net assets/fund balances		80,062,818.	33	<u>100,782,493.</u>

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

	990 (2023) YOUTHBRIDGE COMMUNITY FOUNDATION	43-	<u>6064</u>	111	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2		62,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		25		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,12		
5	Net unrealized gains (losses) on investments	5	7	,21	5,9	50.
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		43	4,1	23.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	97	,02	7,8	<u>19.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	•			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organiza	tion
----------------------	------

Nam	e of t	he organization							identification number	
				MMUNITY FOUNI					3-6064111	
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	is part.) S	ee instruction	s.		
The o	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	'0(b)(1)(A)	(v).			
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	rnmental	unit or from th	ne general j	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	nction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city	and state of	the college	e or	
		university:								
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from co	ontributior	is, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	nore than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	5 09(a)(2) .	See section &	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.		
а] Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
		organization. You must o	omplete Part IV, Se	ections A and B.						
b] Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с] Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distri	bution rec	uirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type	II, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiza	ation.				
f	Ente	r the number of supported o	organizations							
g		ide the following information			(iv) Is the orga	-insting listed				
	(1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	Νο		istructions		
Tota										

Schedule A (Form 990) 2023

YOUTHBRIDGE COMMUNITY FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	8610639.	5256005.	3046862.	22725843.	23706852.	63346201.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	8610639.	5256005.	3046862.	22725843.	23706852.	63346201.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						47399691.			
6	Public support. Subtract line 5 from line 4.						15946510.			
	tion B. Total Support				•	•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	8610639.	5256005.	3046862.	22725843.	23706852.	63346201.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	1310220.	1309657.	1805020.	1439216.	1462607.	7326720.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				13,948.	25,069.	39,017.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)				1,471.	354.	1,825.			
11	Total support. Add lines 7 through 10						70713763.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	393,247.			
			,			· · · ·	<u> </u>			
	organization, check this box and stor	-			•					
Sec	ction C. Computation of Publi									
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	22.55 %			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	38.23 %			
16a	33 1/3% support test - 2023. If the o					ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization							
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	e facts-and-circum	nstances test, cheo	k this box and s	top here. Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or <u>17</u> b	o, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2023			

YOUTHBRIDGE COMMUNITY FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
-	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						
18	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
Sar	check this box and stop here	c Support Per	rentade				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022 (Public support percentage from 2022			.,,		16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					3 1/3%, and	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
33202	23 12-21-23		15			Scheo	dule A (Form 990) 2023

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Yes No

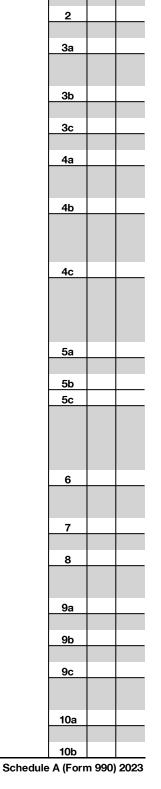
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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sche	edule A (Form 990) 2023 IOUTHBRIDGE COMMONITY FOUNDATION 45	-0004111	L Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
				1

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control			

	0		0	• •		,				
or management of the sup	porting organiza	ation was v	ested in the	e san	ne p	oerso	ns that controlle	ed or	manage	эd
the supported organization	n(s).									

Section D. All	Type III Su	pporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
-	oneon the box next to the method that the organization ased to satisfy the integral rar rest during the year	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990) 2023

11c

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Sc	hedule A	(Form	990)	2023
		T. con	~ 111	Nar

Ра	Type in Non-Functionally integrated 509(a)(5) Supporting	g Orgai	lizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				

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

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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 purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u> i</u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

YOUTHBRIDGE COMMUNITY FOUNDATION

1

Current Year

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

Schedule	A (Form 990) 2	2023	YOUTHE	RIDGE	COMMUNITY	FOUNDATIO	N	43-6064111	Page 8
Part V	Part IV, Sec line 1; Part Section D,	tion A, I IV, Sect lines 5, 6	ines 1, 2, 3b, 3c, 4b ion D, lines 2 and 3;	, 4c, 5a, 6, Part IV, Se	9a, 9b, 9c, 11a, 11b	o, and 11c; Part IV, \$, 2b, 3a, and 3b; Pa	Section B, lines 1 rt V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,
	(See instruc	ctions.)							
SCHED	DULE A, 1	PART	II, LINE	10, EX	PLANATION	FOR OTHER	INCOME:		
LITIG	ATION PI	ROCE	EDS						
2022	AMOUNT:	\$	1,471.						
2023	AMOUNT:	\$	354.						
332028 12-2	21-23							Schedule A (Form 9	90) 2023
	122042	0100			20		DIDGE COM		

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

OUTHBRIDGE	COMMUNITY	FOUNDATION

43-6064111

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

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>955,641.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>537,919.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>20,128,359.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

43-6064111

323452 12-26-23

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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	\$14,141,629.	_12/22/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

23

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Schedule B (Form 990) (2023)

Employer identification number

43-6064111

Schedule B (Form 990) (2023)

YOUTHBRIDGE COMMUNITY FOUNDATION

Name of organization

Page 3

Schedule	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
YOUTH	BRIDGE COMMUNITY FOUND	ΑΨΤΟΝ		43-6064111
Part III	Exclusively religious, charitable, etc., contributor, complete columns	tions to organizations described in s (a) through (e) and the following line e , charitable, etc., contributions of \$1,000 o	ntry. For organizatio	3), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		-		
		(e) Transfer of g	 ift	
	Transferee's name, address, 	and ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address,	and ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		-		
		(e) Transfer of g	ift	
	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee
(a) No.		[
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g		
	Transferee's name, address,	and ZIP + 4	Relations	hip of transferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2023)

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 3 Ĺ **Open to Public** Inspection

Employer identification number

43-6064111

Department of the Treasury Internal Revenue Service Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	79	
2	Aggregate value of contributions to (during year)	22,447,433.	
3	Aggregate value of grants from (during year)	10,989,143.	
4	Aggregate value at end of year	67,883,116.	
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	X Yes 🗌 N
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	
Pai	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struct	cture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.	-	
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
ΗA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 20

Sche		IDGE COMMUN				43-60	64111	- Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther Sin	nilar Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ake signific	ant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt p	urpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other si	milar asse	ts	_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		e if the organizatior	answered "Yes	on Form	990, Part IV, li	ne 9, or		
_	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi							v	No
	on Form 990, Part X?					L	Yes	Δ] NO
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		Г		Amount		
-	Designing belongs				-	10	Amount		
	Beginning balance					<u>1c</u> 1d			
	Additions during the year					1e			
f	Ending balance				······	1f			
2a	Did the organization include an amount on Fe				∟ liabilitv?		Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	······		X	-
Par									
	•	(a) Current year	(b) Prior year	(c) Two years b		hree years back	(e) Four	years t	back
1a	Beginning of year balance	19,372,697.	22,851,781.	20,785,1	03. 2	20,039,658.	17,	708,8	341.
b	Contributions								
с	Net investment earnings, gains, and losses	2,989,737.	-2,834,807.	3,031,3	27.	1,697,389.	3,	089,9	968.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	-691,684.	644,277.	964,6	49.	951,944.		759,1	151.
f	Administrative expenses								
g	End of year balance	21,670,750.	19,372,697.	22,851,7	81. 2	20,785,103.	20,	039,6	558.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	83.8700	_%						
b	Permanent endowment 16.1300	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered	for the		Г	Yes	Na
	organization by:							X	No
	(i) Unrelated organizations?						3a(i)	^	X
L	(ii) Related organizations?	tiona listad on require					3a(ii)		
U A	Describe in Part XIII the intended uses of the						3b		
Par	t VI Land, Buildings, and Equipm		inent funds.						
	Complete if the organization answere		Part IV, line 11a. S	ee Form 990, Pa	art X, line 1	10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accum	nulated	(d) Book	value	,
		basis (investm	• • •	(other)	deprecia		(, 200.	() didio	
1a	Land		8	2,268.			82	2,26	58.
	Buildings			4,498.	2,714	,558.		9,94	
	Leasehold improvements					-			
	Equipment		8	3,052.	75	,067.	7	7,98	35.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	(, line 10c, column	<i>(</i> B))			840),19)3.
						Schedule	D (Form	990)	2023

Part VII In		COMMUNITY FO	JNDATION	43-6064111 Page 3
	vestments - Other Securities			10
	omplete if the organization answered "Yes" of acquirity or actoory in the			
	Of Security Or Category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial de				
	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F) (G)				
(H)				
	nust equal Form 990, Part X, line 12, col. (B))			
Part VIII Ir	ivestments - Program Related.			
	omplete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990. Part X. line	13.
	(a) Description of investment	(b) Book value		ost or end-of-year market value
(1)		(-)		
(2)				
(3)				
<u>(3)</u> (4)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	nust equal Form 990 Part X line 13 col (B))			
Total. (Col. (b) m	nust equal Form 990, Part X, line 13, col. (B)) ther Assets			
Total. (Col. (b) m Part IX O	ther Assets	on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
Total. (Col. (b) m Part IX O	ther Assets omplete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. (b) Book value
Total. (Col. (b) m Part IX O	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O Co (1)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O Co (1) (2)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3) (4)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX 0 (1) (2) (3) (4) (5)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8)	ther Assets omplete if the organization answered "Yes" of		11d. See Form 990, Part X, line	
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets omplete if the organization answered "Yes" o (a) [Description		
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	ther Assets omplete if the organization answered "Yes" of	Description		
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O	ther Assets omplete if the organization answered "Yes" o (a) [(b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O	ther Assets omplete if the organization answered "Yes" of (a) I (b) must equal Form 990, Part X, line 15, col. ther Liabilities	Description		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Ca 1.	ther Assets pmplete if the organization answered "Yes" o (a) I (b) must equal Form 990, Part X, line 15, col. ther Liabilities pmplete if the organization answered "Yes" o	Description		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O (1) Federa	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O (1) Federa	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O (1) Federa (2) FUNI	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O (1) Federa (2) F'UNI (3)	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O Column (1) Federa (2) FUNI (3) (4)	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O Column (1) Federa (2) FUNI (3) (4) (5)	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O Column (1) Federa (2) FUNI (3) (4) (5) (6)	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value
Total. (Col. (b) m Part IX O (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Column Part X O Column (1) Federa (2) FUNI (3) (4) (5) (6) (7)	ther Assets omplete if the organization answered "Yes" of (a) f (b) must equal Form 990, Part X, line 15, col. ther Liabilities omplete if the organization answered "Yes" of (a) Description of liability I income taxes	Description (B)) on Form 990, Part IV, line		(b) Book value

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

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 YOUTHBRIDGE COMMUNITY FOUNDATION			6064111	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	urn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	33,355,	820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	215,950.			
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	134,123.			
е	Add lines 2a through 2d		2e	7,650,	
3	Subtract line 2e from line 1		3	25,705,	747.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		<u>193,361.</u>			
b	Other (Describe in Part XIII.)	-14,291.			
	Add lines 4a and 4b		4c	179,	070.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	25,884,	817.
5			5 etur		817.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	enses per R	5 etur	n	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per R	5 etur 1		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	enses per R		n	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	enses per R		n	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	enses per R		n	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	enses per R		n	
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	enses per R		n 13,449,8	890.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	enses per R		n 13,449,8 14,5	<u>890.</u> 291.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	enses per R	1	n 13,449,8	<u>890.</u> 291.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	enses per R	1 2e	n 13,449,8 14,5	<u>890.</u> 291.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	enses per R	1 2e	n 13,449,8 14,5	<u>890.</u> 291.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	enses per R	1 2e	n 13,449,8 14,5 13,435,5	<u>890.</u> 291. 599.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Exp Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2b Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	enses per R 14,291. 193,361.	1 2e	n 13,449,8 14,2 13,435,2 193,2	<u>890.</u> 291. 599.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b	enses per R 14,291. 193,361.	1 2e 3	n 13,449,8 14,5 13,435,5	<u>890.</u> 291. 599.

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

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Schedule D (Form 990) 2023 YOUTHBRIDGE COMMUNITY FOUNDATION 4 Part XIII Supplemental Information (continued) (Contin	3-6064111 Page
THE OPERATIONS OF THE ORGANIZATION AND THE RELATED ONGOING PRO	GRAM
ACTIVITIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF PERPETUAL TRUST AGREEMENTS	434,123.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-14,291.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	14,291.
	abadula D (Earm 900) 20

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				[.] 19, c	or if the	2023	
	C	Attach to Form 990 of	-		-			Open to Public	
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruc				ı.		Inspection	
Name of the organization								entification number	
Dout I Fundacio		IDGE COMMUNITY FOU					43-6064		
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii	ne 17	'. Form 990-E	Z filers are not	
 Indicate whether the a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	-	Ye		
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified i	it is e	xempt from r	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 FALL FUNDRAISER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
anuanau	1	Gross receipts	163,800.			163,800
	2	Less: Contributions	124,440.			124,440
	3	Gross income (line 1 minus line 2)	39,360.			39,360
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
הווברו באהמווזמי	7	Food and beverages	8,260.			8,260
Ī	8	Entertainment	745.			745
	9	Other direct expenses	5,286.			5,286
		Direct expense summary. Add lines 4 throug				14,291
	11	Net income summary. Subtract line 10 from	line 3, column (d)			25,069
- 1				bingo/progressive bingo		col. (a) through col. (a
שאשע	1	Gross revenue				
		Gross revenue				
	2					
	2 3	Cash prizes				
DIrect Expenses Revenue	2 3 4	Cash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs	%	Yes %	Yes% No	
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes % □ No		No	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No S in column (d)	No	No	
	2 3 4 5 7 8	Cash prizes	Yes% No 96 5 in column (d) 7 from line 1, column (d)	No	No	
	2 3 4 5 7 8 Ent	Cash prizes	gh 5 in column (d)	No No	No	
	2 3 4 5 7 8 Ent	Cash prizes	gh 5 in column (d)	No No	No	
a b a	2 3 4 5 6 7 8 Ent Is t Is t Is t We	Cash prizes	yes% yes% No gh 5 in column (d) from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te	No No	□ No	Yes N
a	2 3 4 5 6 7 8 Ent Is t Is t Is t We	Cash prizes	yes% yes% No gh 5 in column (d) from line 1, column (d) ducts gaming activities: activities in each of these s revoked, suspended, or te	No No	□ No	Yes N

Schedule G (Form 990) 2023	YOUTHBRIDGE COMMUNITY FOUNDATION	43-6064111 Page 3
11 Does the organization condu-	ct gaming activities with nonmembers?	Yes No
c	beneficiary or trustee of a trust, or a member of a partnership or other entity formed ing?	Yes No
13 Indicate the percentage of ga	aming activity conducted in:	
		13a %
14 Enter the name and address	of the person who prepares the organization's gaming/special events books and record	s:
Name		
Address		
15a Does the organization have a	a contract with a third party from whom the organization receives gaming revenue? \dots	Yes No
	gaming revenue received by the organization \$ and the am	ount
of gaming revenue retained b c If "Yes," enter name and add		
Name		
Address		
16 Gaming manager information	1:	
Name		
Gaming manager compensat	tion \$	
Description of services provid	ded	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
	under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming licens	se?	Yes No
b Enter the amount of distribution organization's own exempt a	ions required under state law to be distributed to other exempt organizations or spent in	1 the
	ictivities during the tax year \$ nformation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17	b, as applicable. Also provide any additional information. See instructions.	
332083 09-13-23		Schedule G (Form 990) 2023
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Schedule G	(Form 990)
Dout IV	0

Part IV	Supplemental information (continued)	
			Schedule G (Form 990)

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury	•	Ū.	Attach to Form	•	,		Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization YOUTHBRID	GE COMMUN	ITY FOUNDAT	ION				Employer identification number $43-6064111$
Part I General Information on Grants a							
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A MILLION STARS 110 NORTH JEFFERSON AVE.							
ST. LOUIS, MO 63103	20-4768985	501(C)3	30,000.	0.			PROGRAM ACTIVITY FUNDING
ADAPTIVE SPORTS ASSOCIATION PO BOX 1884 DURANGO, CO 81302	94-6174016	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
ALIVE, INC. PO BOX 28733							
ST. LOUIS, MO 63146	43-1298527	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
AMERICAN OCCUPATIONAL THERAPY FOUNDATION INC - 12300 TWINBROOK PKWY STE 520 - ROCKVILLE, MD 20852-1651	13-6189382	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
ARCHDIOCESE OF ST. LOUIS 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119	53-0196617	501(C)3	117,010.	0.			PROGRAM ACTIVITY FUNDING
BREAKDOWN STL 16105 SWINGLEY RIDGE RD #165 CHESTERFIELD, MO 63006	03-0593446	501(C)3	9,000.	0.			PROGRAM ACTIVITY FUNDING
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organization	s listed in the line 1	I table					0.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) YOUTHBRIDGE COMMUNITY FOUNDATION 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
CAFE OF LIFE, INC							
PO BOX 367794							
BONITA SPRINGS, FL 34136	65-0832961	501(C)3	10,000.	Ο.			PROGRAM ACTIVITY FUNDING
CARDINAL RITTER COLLEGE PREP							
701 N SPRING AVENUE	F2 0100017	F01/(3) 2	F 40 522	0			
ST. LOUIS, MO 63108	53-0196617	501(C)3	549,733.	0.			PROGRAM ACTIVITY FUNDING
CAROL HOUSE QUICK FIX PET CLINIC							
1218 SOUTH JEFFERSON							
ST. LOUIS, MO 63104	90-0595857	501(C)3	15,000.	Ο.			PROGRAM ACTIVITY FUNDING
CASA OF ST. LOUIS							
105 SOUTH CENTRAL AVENUE							
ST. LOUIS, MO 63105	43-1807059	501(C)3	93,000.	0.			PROGRAM ACTIVITY FUNDING
CATHEDRAL OF BASILICA OF ST LOUIS 4431 LINDELL BLVD							
ST. LOUIS, MO 63108	43-0653268	501(0)3	1,000,100.	0.			PROGRAM ACTIVITY FUNDING
51. 10015, MO 05100	45-0055200	501(075	1,000,100.	0.			FROGRAM ACTIVITI FONDING
CENTER FOR HEARING & SPEECH							
9835 MANCHESTER ROAD							
ST. LOUIS, MO 63119	43-0652678	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
CENTRAL REFORM CONGREGATION							
5020 WATERMAN BLVD							
ST. LOUIS, MO 63108	43-1336060	501(C)3	17,000.	0.			PROGRAM ACTIVITY FUNDING
CHAMP ASSISTANCE DOGS INC							
1968 CRAIG RD #200							
SAINT LOUIS, MO 63146	43-1803006	501(C)3	15,000.	0.			PROGRAM ACTIVITY FUNDING
CHILD CENTER - MARYGROVE							
2705 MULLANPHY LANE							
FLORISSANT, MO 63031	43-1024440	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(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
CHRISTIAN ACTIVITY CENTER							
P.O. BOX 2525							
EAST ST. LOUIS, IL 62202	36-4182760	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
CHRISTIAN AID MISSION							
PO BOX 9037							
CHARLOTTESVILLE, VA 22906	52-0908482	501(C)3	11,250.	٥.			PROGRAM ACTIVITY FUNDING
COLUMBIA COLLEGE							
1001 ROGERS STREET				_			
COLUMBIA, MO 65216	43-0655867	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
COVENANT HOUSE MISSOURI							
2727 KINGSHIGHWAY BLVD							
ST. LOUIS, MO 63113	43-1821599	501(C)3	5,750.	0.			PROGRAM ACTIVITY FUNDING
			, -				
CROWN CENTER							
8350 DELCREST DRIVE							
ST. LOUIS, MO 63124-2166	43-1695861	501(C)3	12,000.	0.			PROGRAM ACTIVITY FUNDING
DOWN SYNDROME ASSOCIATION OF							
GREATER ST. LOUIS - 1300 STRASSNER	42 1100022	E01(0)2	21 000	0.			DDOGDAN AGETUTEV BUNDING
DRIVE - ST. LOUIS, MO 63144	43-1108833	501(0)3	31,900.	0.			PROGRAM ACTIVITY FUNDING
DREAM BUILDERS 4 EQUITY							
4220 DUNCAN SUITE 201							
ST. LOUIS, MO 63110	81-4402678	501(C)3	60,000.	0.			PROGRAM ACTIVITY FUNDING
			,				
ECH EVERY CHILD'S HOPE							
8240 ST. CHARLES ROCK ROAD							
ST. LOUIS, MO 63114	43-0654856	501(C)3	22,989.	0.			PROGRAM ACTIVITY FUNDING
ENVILLE HONES INC.							
EMMAUS HOMES INC. 3731 MUELLER ROAD							
STSI MOELLER ROAD ST. CHARLES, MO 63301	43-0653309	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENDANGERED WOLF CENTER							
PO BOX 760							
EUREKA, MO 63025	43-0996361	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
ENTERTAINMENT INDUSTRY FOUNDATION PO BOX 845346							
LOS ANGELES, CA 90084	95-1644609	501(C)3	45,000.	0.			PROGRAM ACTIVITY FUNDING
EQUAL JUSTICE INITIATIVE 122 COMMERCE STREET							
MONTGOMERY, AL 36104	63-1135091	501(C)3	5,400.	0.			PROGRAM ACTIVITY FUNDING
FAITH THROUGH FIRE INC. 901 STONE CROSSING DRIVE WENTZVILLE, MO 63385	83-3232519	501(C)3	574,720.	0.			PROGRAM ACTIVITY FUNDING
FAMILYFORWARD 11358 VAN CLEVE AVE	42,0052022	F01 (G) 2	04 (01				
ST. LOUIS, MO 63114	43-0652622	501(C)3	94,621.	0.			PROGRAM ACTIVITY FUNDING
FEEDING AMERICA 161 NORTH CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)3	5,175.	0.			PROGRAM ACTIVITY FUNDING
FLANCE EARLY LEARNING CENTER 1908 O'FALLON							
ST. LOUIS, MO 63106	46-2048313	501(C)3	7,500.	0.			PROGRAM ACTIVITY FUNDING
FOCUS MARINES FOUNDATION 400 CHESTERFIELD CENTER SUITE 400 CHESTERFIELD, MO 63017	27-2081900	501(C)3	35,000.	0.			PROGRAM ACTIVITY FUNDING
GATEWAY PET GUARDIANS 725 NORTH 15TH STREET EAST ST. LOUISE, MO 62205	26-0096240	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING

YOUTHBRIDGE COMMUNITY FOUNDATION

		ITY FOUNDAT					13-6064111 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.) T	
(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
GATEWAY TO HOPE							
3114 SUTTON BLVD							
ST. LOUIS, MO 63143	20-2737792	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
GENE SLAY'S GIRLS AND BOYS CLUB OF							
ST. LOUIS - 2524 SOUTH ELEVENTH	42 0652261	F01 (0) 2	6 500	0			
STREET - ST. LOUIS, MO 63104	43-0653261	501(C)3	6,500.	0.			PROGRAM ACTIVITY FUNDING
GENERATE HEALTH STL							
5501 DELMAR BLVD SUITE B240							
ST. LOUIS, MO 63112	41-2139772	501(C)3	80,000.	0.			PROGRAM ACTIVITY FUNDING
	11 1105771	501(0)5		••			
GENTLEMEN OF VISION RITES OF							
PASSAGE ENTERPRISES INC 2833 N							
14TH STREET - ST. LOUIS, MO 63107	27-3574889	501(C)3	39,872.	0.			PROGRAM ACTIVITY FUNDING
GIRL SCOUTS OF EASTERN MISSOURI							
2300 BALL DRIVE							
ST. LOUIS, MO 63146	43-0662471	501(C)3	175,000.	0.			PROGRAM ACTIVITY FUNDING
GOOD SHEPHERD CHILDREN & FAMILY							
SERVICES - 1340 PARTRIDGE AVENUE -	42 1005022	501 (2) 2	45 126	0			
SAINT LOUIS, MO 63130	43-1297933	501(C)3	45,136.	0.			PROGRAM ACTIVITY FUNDING
GREAT RIVERS GREENWAY FOUNDATION							
3745 FOUNDRY WAY, SUITE 253							
ST. LOUIS, MO 63110	47-3769925	501(0)3	27,000.	0.			PROGRAM ACTIVITY FUNDING
51. 10015, MO 05110	47 5705525	501(075	27,000.	0.			FROGRAM ACTIVITI FONDING
GUARDIAN ANGEL SETTLEMENT							
ASSOCIATION - 1127 N. VANDEVENTER							
AVENUE - ST. LOUIS, MO 63113	43-0652636	501(C)3	40,000.	0.			PROGRAM ACTIVITY FUNDING
,			, ,				
HAWTHORN LEADERSHIP SCHOOL							
FOUNDATION - 1901 N. KINGSHIGHWAY							
BLVD - ST. LOUIS, MO 63113	47-1545141	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990) YOUTHBRIDGE COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

43-0652640 501(C)3

43-0652643 501(C)3

LOUIS, MO 63118

ST. LOUIS, MO 63132

JEWISH FEDERATION OF ST. LOUIS 12 MILLSTONE CAMPUS DRIVE

				((,	
(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
HEALING ACTION NETWORK INC							
PO BOX 39429							
ST. LOUIS, MO 63139	45-4398011	501(C)3	20,000.	٥.			PROGRAM ACTIVITY FUNDING
HINDU TEMPLE OF THE WOODLANDS							
P.O. BOX 130307							
THE WOODLANDS, TX 77393-0307	14-1841029	501(C)3	10,000.	٥.			PROGRAM ACTIVITY FUNDING
HOPE CREATES							
3301 WASHINGTON AVE SUITE 2C ST. LOUIS, MO 63103	82-1130017	501(0)3	6,188.	0.			PROGRAM ACTIVITY FUNDING
<u></u>	02 1150017	501(0)5	0,100.	0.			FROGRAM ACTIVITI FONDING
HUMANE SOCIETY OF MISSOURI							
1201 MACKLIND AVENUE							
ST. LOUIS, MO 63110	43-0652638	501(C)3	10,860.	0.			PROGRAM ACTIVITY FUNDING
IFM COMMUNITY MEDICINE							
5501 DELMAR BLVD - SUITE B560							
ST. LOUIS, MO 63112	43-1863752	501(C)3	27,500.	0.			PROGRAM ACTIVITY FUNDING
ILLUSIONS SOFTBALL ASSOCIATION							
1311 BARKMAN DRIVE							
ST. LOUIS, MO 63146	43-1789511	501(C)3	50,000.	٥.			PROGRAM ACTIVITY FUNDING
INCARNATE WORD ACADEMY							
2788 NORMANDY DRIVE ST. LOUIS, MO 63121	43-0893321	501(C)3	533,586.	0.			PROGRAM ACTIVITY FUNDING
	+3-0093321	501(0)5		0.			TROGRAM ACTIVITI FONDING
INTERNATIONAL INSTITUTE OF ST.							
LOUIS - 3401 ARSENAL STREET - ST.							
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PROGRAM ACTIVITY FUNDING

PROGRAM ACTIVITY FUNDING

YOUTHBRIDGE COMMUNITY FOUNDATION

		ITY FOUNDAT					3-6064111 Page
Part II Continuation of Grants and Other	Assistance to Dou	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(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
KENRICK-GLENNON SEMINARY							
5200 GLENNON DRIVE							
ST. LOUIS, MO 63119	53-0196617	501 (C) 3	32,164.	0.			PROGRAM ACTIVITY FUNDING
		501(0)5	52,101.				
KIDS WIN MISSOURI							
814 BERGQUIST DRIVE							
BALLWIN, MO 63011	82-5089535	501(C)3	348,500.	0.			PROGRAM ACTIVITY FUNDING
KIRKWOOD BAPTIST CHURCH							
211 N WOODLAWN AVENUE							
KIRKWOOD, MO 63122	43-0731874	501(C)3	52,816.	0.			PROGRAM ACTIVITY FUNDING
L'ARCHE ST. LOUIS, INC							
9445 LITZSINGER RD							
SAINT LOUIS, MO 63144	26-0252481	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDING
LIVING WELL FOUNDATION							
3602 LIONS DEN ROAD							
IMPERIAL, MO 63052	20-5357902	501(C)3	12,840.	0.			PROGRAM ACTIVITY FUNDING
			,	- •			
LOVE LIKE JACKSON							
PO BOX 182							
BARNHART, MO 63012	84-4582043	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
LOVETHELOU							
1421 N TAYLOR							
ST. LOUIS, MO 63113	30-0790430	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
LOYOLA ACADEMY OF ST. LOUIS 3851 WASHINGTON BLVD							
	43-1859076	501(C)3	7,502.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS, MO 63108-3406	43-1033070	501(0)5	7,302.	0.			TROGRAM ACTIVITI FONDING
LUTHERAN ASSOCIATION FOR SPECIAL							
EDUCATION - 3558 S. JEFFERSON AVE.							
- ST. LOUIS, MO 63118	43-0780770	501(C)3	35,000.	0.			PROGRAM ACTIVITY FUNDING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN ELEMENTARY SCHOOL							
ASSOCIATION - 11123 SOUTH TOWNE							
SQUARE, SUITE F – ST. LOUIS, MO							
63123	43-1853158	501(C)3	43,113.	0.			PROGRAM ACTIVITY FUNDING
LUTHERAN HIGH SCHOOL ASSOCIATION							
5401 LUCAS AND HUNT ROAD SUITE 103							
ST. LOUIS, MO 63121	43-0662478	501 (C) 3	45,000.	0.			PROGRAM ACTIVITY FUNDING
	10 0002170	561(6)5	15,000.				
LUTHERAN HIGH SCHOOL OF ST.							
CHARLES COUNTY - 5100 MEXICO ROAD							
- ST. PETERS, MO 63376	43-1204110	501(C)3	35,000.	٥.			PROGRAM ACTIVITY FUNDING
MAPLEWOOD RICHMOND HEIGHTS MIDDLE							
SCHOOL - 7500 LOHMEYER -							
MAPLEWOOD, MO 63143	12-6002002	501(C)3	45,200.	0.			PROGRAM ACTIVITY FUNDING
MARIAN MIDDLE SCHOOL							
4130 WYOMING STREET	42 1052600	F01 (a) 2	100.000				
ST. LOUIS, MO 63116	43-1873629	501(C)3	100,000.	0.			PROGRAM ACTIVITY FUNDING
MARITA ANNE MARRAH ENDOWMENT							
MATCHING FUND - 301 MAIN STREET -							
HILLSBORO, MO 63050	20-2951370	501(C)3	12,500.	0.			PROGRAM ACTIVITY FUNDING
ASSACHUSETTS GENERAL HOSPITAL			,				
DEVELOPMENT OFFICE 125 NASHUA							
STREET, SUITE 540 - BOSTON, MA							
02114	04-3230035	501(C)3	15,000.	0.			PROGRAM ACTIVITY FUNDING
MERCY SHIPS							
PO BOX 2020							
GARDEN VALLEY, TX 75771	26-2414132	501(C)3	6,375.	0.			PROGRAM ACTIVITY FUNDIN
IIGRANT AND IMMIGRANT COMMUNITY							
ACTION PROJECT - 1600 S.							
KINGSHIGHWAY BLVD. ST. 2N - ST.							
LOUIS, MO 63110	45-3236640	501(C)3	15,000.	Ο.			PROGRAM ACTIVITY FUNDING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI VALLEY COLLEGE							
500 E COLLEGE ST							
MARSHALL, MO 65340	44-0545286	501(C)3	9,000.	0.			PROGRAM ACTIVITY FUNDING
			,				
NATIONAL COUNCIL OF JEWISH WOMEN,							
INC - 295 N LINDBERGH BLVD - ST.							
LOUIS, MO 63141	43-0722936	501(C)3	7,994.	0.			PROGRAM ACTIVITY FUNDING
NATIONAL RIGHT TO LIFE EDUCATIONAL							
FOUNDATION INC - 1446 DUKE STREET							
- ALEXANDRIA, VA 22314	73-1010913	501(C)3	6,375.	0.			PROGRAM ACTIVITY FUNDING
NETWORK FOR STRONG COMMUNITIES							
8050 WATSON ROAD, SUITE 240							
ST. LOUIS, MO 63119	43-1752694	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
NETWORK FOR TEACHING	15 1,52051	301(0)3					
ENTREPRENEURSHIP (NFTE) - 120 WALL							
STREET 18TH FLOOR - NEW YORK, NY							
10005	13-3408731	501(C)3	30,000.	0.			PROGRAM ACTIVITY FUNDING
			,				
NEW BEGINNINGS LUTHERAN CHURCH							
791 NEW BEGINNINGS DRIVE							
PACIFIC, MO 63069	43-0658188	501(C)3	13,000.	0.			PROGRAM ACTIVITY FUNDING
NORTH SHORE ANIMAL LEAGUE AMERICA,							
INC 16 LEWYT STREET - PORT							
WASHINGTON, NY 11050	11-1666852	501(C)3	6,375.	0.			PROGRAM ACTIVITY FUNDING
NURSES FOR NEWBORNS							
3 SUNNEN DRIVE	12 1601200	F01(C)2	26.000	^			DDODDAN ACTIVITY FILMETIC
ST LOUIS, MO 63143	43-1601329	501(C)5	26,880.	0.			PROGRAM ACTIVITY FUNDING
ONE CLASSROOM							
P.O. BOX 221447							
ST. LOUIS, MO 63122	47-3675282	501(C)3	208,700.	0.			PROGRAM ACTIVITY FUNDING

(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 OF LOURDES CATHOLIC							
CHURCH - 7148 FORSYTH BLVD - ST.							
LOUIS, MO 63105	43-0653244	501(C)3	17,600.	0.			PROGRAM ACTIVITY FUNDING
OUR LADY'S INN							
4223 S COMPTON							
ST. LOUIS, MO 63111	43-1213751	501(C)3	27,000.	0.			PROGRAM ACTIVITY FUNDING
OUR LITTLE HAVEN							
PO BOX 23010							
ST. LOUIS, MO 63156-3010	43-1567500	501(C)3	30,250.	0.			PROGRAM ACTIVITY FUNDING
PARENTS FOR PEACE 1490 UNION AVENUE #153							
MEMPHIS, TN 38104	47-4142897	501(0)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
MMINID, IN SOLOF	4/ 111205/	501(0)5	23,000.				I ROOMIN ACTIVITI TONDING
PARKER ANIMAL RESCUE							
PO BOX 4438							
DURANGO, CO 81302	47-4564762	501(C)3	117,000.	0.			PROGRAM ACTIVITY FUNDING
PATHWAYS TO INDEPENDENCE							
11457 OLDE CABIN ROAD SUITE 235							
ST. LOUIS, MO 63141	43-1504762	501(C)3	42,000.	0.			PROGRAM ACTIVITY FUNDING
PEDAL THE CAUSE							
9288 DIELMAN INDUSTRIAL DR STE 125 OLIVETTE, MO 63132	27-2233336	501(0)3	28,250.	0.			PROGRAM ACTIVITY FUNDING
	27 2233330	501(0)5	20,230.				
PONY BIRD INC.							
1615 VINE SCHOOL ROAD							
HERCULANEUM, MO 63048	43-1188096	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
PREVENTED							
9355 OLIVE BLVD							
ST LOUIS, MO 63132	43-0827852	501(C)3	26,500.	0.			PROGRAM ACTIVITY FUNDING

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NO BOX 1550 62-0988294 \$01(C)3 6,375. 0. PROGRAM ACT UNDERNS FUBLIC LIBRARY FOUNDATION 11-3009405 \$01(C)3 100,000. 0. PROGRAM ACT NARLCA, NY 11432 11-3009405 \$01(C)3 100,000. 0. PROGRAM ACT NARLEN JORDAN PEDIATRIC BRIDDE 3005917XL 11365 DORETT ROAD - PROGRAM ACT NARKEN JORDAN PEDIATRIC BRIDDE 43-0666765 501(C)3 25,000. 0. PROGRAM ACT NEADY READERS 43-0666765 501(C)3 28,250. 0. PROGRAM ACT NEED FEATHER DEVELOPMENT GROUP 00 500 507 91-1632134 501(C)3 28,250. 0. PROGRAM ACT NEED FEATHER DEVELOPMENT GROUP 00 500 507 91-1632134 501(C)3 43,500. 0. PROGRAM ACT NOBINESO AVE \$1490 92-0296559 501(C)3 12,117. 0. PROGRAM ACT NOBINESO AVE \$1490 92-0296559 501(C)3 16,000. 0. PROGRAM ACT NOBIDOUX MIDDLE SCHOL 112 2 57 JOSEPH AVE 112,137. 0. PROGRAM ACT NUNG FOUNDATION INC 12,137.	 h) Purpose of grant or assistance 		(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
PO BOX 1550 MERRIFIELD, VA 22116 62-0988294 S01(C)3 6,375. 0. PROGRAM ACT QUEENS PUBLIC LIBRARY FOUNDATION 89-11 HERRICK BOULDVARD 3JAMICA, NY 11432 11-3009405 S01(C)3 100,000. 0. PROGRAM ACT RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSETT ROAD - MARYLAND HEIGHTS, MO 63043 43-0666765 S01(C)3 25,000. 0. PROGRAM ACT READY READERS 10403 BAUR BOULEVARD SUITE H ST. LOUIS, MO 63132 43-1841631 S01(C)3 43-066765 S01(C)3 28,250. 0. PROGRAM ACT READY READERS 10403 BAUR BOULEVARD SUITE H ST. LOUIS, MO 63132 43-1841631 S01(C)3 43,500. 0. PROGRAM ACT REIDERATHER POUNDATION 2930 DOMINGO AVE #1490 BERKELEY, CA 94705 92-0296559 S01(C)3 12,117. 0. PROGRAM ACT RUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 63104 82-2166707 S01(C)3 41,417. 0. PROGRAM ACT SAINT JOSEPT ST ST. LOUIS, STORY STITCHERS 0100									PRISON FELLOWSHIP
MERRIFIELD, VA 22116 62-0988294 501(C)3 6,375. 0. PROGRAM ACT QUEENS FUELIC LIERARY FOUNDATION 89-11 MERRICK BOULEVARD JAMAICA, NY 11432 11-3009405 501(C)3 100,000. 0. PROGRAM ACT RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSETT ROAD - MARTLAND HEIGHTS, MO 63043 43-0666765 501(C)3 25,000. 0. PROGRAM ACT READY READERS 43-0666765 501(C)3 28,250. 0. PROGRAM ACT RED FRATHER DEVELOPMENT GROUP FO BOX 907 91-1632134 501(C)3 28,250. 0. PROGRAM ACT REID FRATHER DEVELOPMENT GROUP FO BOX 907 91-1632134 501(C)3 43,500. 0. PROGRAM ACT REID FRATHER DEVELOPMENT GROUP FO BOX 907 91-1632134 501(C)3 43,500. 0. PROGRAM ACT REIMAGINE UKRAINE FOUNDATION 2930 DOMINGO AVE #1490 92-0296559 501(C)3 12,117. 0. PROGRAM ACT ROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH AVE ST. LOUIS, MO 63104 82-2166707 501(C)3 16,000. 0. PROGRAM ACT RUNG FOONDATION INC 2717 SINEW ST 82-2166707 501(C)3									
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9-11 MERRICK BOULEVARD 11-3009405 501(C)3 100,000. 0. PROGRAM ACT RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSET ROAD - 43-0666765 501(C)3 25,000. 0. PROGRAM ACT RRAKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSET ROAD - 43-0666765 501(C)3 25,000. 0. PROGRAM ACT READY READERS 10403 BAUR BOULEVARD SUITE H 43-1841631 501(C)3 28,250. 0. PROGRAM ACT TADO 5000 907 PO BOX 907 PO BOX 907 PROGRAM ACT PROGRAM ACT PO BOX 907 91-1632134 501(C)3 43,500. 0. PROGRAM ACT REIMAGINE UKRAINE POUNDATION 2930 DOMING AVE 41490 PROGRAM ACT PROGRAM ACT BERKELEY, CA 94705 92-0296559 501(C)3 12,117. 0. PROGRAM ACT ROBIDX MIDDLE SCHOOL 43-1322559 501(C)3 16,000. 0. PROGRAM ACT RUNG FOUNDATION INC 217 SIDNEY ST 82-2166707 501(C)3 41,417. 0. PROGRAM ACT SAINT JOSEPH AVE S2-2166707 501(C)3 41,417. 0. PROGRAM ACT SAINT JOUES STORY STITCHERS S2-2166707 501(C)3 41,417. 0. PROGRAM ACT									OURENG DUDITG LIDDADY BOUNDARION
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READY READERS A3-1841631 501(C) 3 28,250. 0. PROGRAM ACT RED FEATHER DEVELOPMENT GROUP PO BOX 907 B02EMAN, MT 59771 91-1632134 501(C) 3 43,500. 0. PROGRAM ACT REI FEATHER DEVELOPMENT GROUP PO BOX 907 B02EMAN, MT 59771 91-1632134 501(C) 3 43,500. 0. PROGRAM ACT REIMAGINE UKRAINE FOUNDATION 2930 DOMINGO AVE #1490 BERKELEY, CA 94705 92-0296559 501(C) 3 12,117. 0. PROGRAM ACT ROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 64505 43-1322559 501(C) 3 16,000. 0. PROGRAM ACT RUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 63104 82-2166707 501(C) 3 41,417. 0. PROGRAM ACT SAINT LOUIS STORY STITCHERS STITCHERS <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>HOSPITAL - 11365 DORSETT ROAD -</td></td<>									HOSPITAL - 11365 DORSETT ROAD -
10403 BAUR BOULEVARD SUITE H ST. LOUIS, MO 6313243-1841631501(c)328,250.0.PROGRAM ACTRED FEATHER DEVELOPMENT GROUP PO BOX 907 BOZEMAN, MT 5977191-1632134501(c)343,500.0.PROGRAM ACTREIMAGINE UKRAINE FOUNDATION 2930 DOMINGO AVE \$1490 BERKELEY, CA 9470592-0296559501(c)312,117.0.PROGRAM ACTROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 6450543-1322559501(c)316,000.0.PROGRAM ACTRUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 6310482-2166707501(c)341,417.0.PROGRAM ACTSAINT LOUIS STORY STITCHERS </td <td>M ACTIVITY FUNDING</td> <td>ROGRAM ACT</td> <td></td> <td></td> <td>Ο.</td> <td>25,000.</td> <td>501(C)3</td> <td>43-0666765</td> <td>MARYLAND HEIGHTS, MO 63043</td>	M ACTIVITY FUNDING	ROGRAM ACT			Ο.	25,000.	501(C)3	43-0666765	MARYLAND HEIGHTS, MO 63043
10403 BAUR BOULEVARD SUITE H ST. LOUIS, MO 6313243-1841631501(c)328,250.0.PROGRAM ACTRED FEATHER DEVELOPMENT GROUP PO BOX 907 BOZEMAN, MT 5977191-1632134501(c)343,500.0.PROGRAM ACTREIMAGINE UKRAINE FOUNDATION 2930 DOMINGO AVE \$1490 BERKELEY, CA 9470592-0296559501(c)312,117.0.PROGRAM ACTROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 6450543-1322559501(c)316,000.0.PROGRAM ACTRUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 6310482-2166707501(c)341,417.0.PROGRAM ACTSAINT LOUIS STORY STITCHERS </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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PO BOX 907 BOZEMAN, MT 59771 91-1632134 501(C)3 43,500. 0. PROGRAM ACT REIMAGINE UKRAINE FOUNDATION 2930 DOMINGO AVE #1490 BERKELEY, CA 94705 92-0296559 501(C)3 12,117. 0. PROGRAM ACT ROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 64505 43-1322559 501(C)3 16,000. 0. PROGRAM ACT RUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 63104 82-2166707 501(C)3 41,417. 0. PROGRAM ACT									
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2930 DOMINGO AVE #1490 BERKELEY, CA 9470592-0296559 501(C)312,117.0.PROGRAM ACTROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 6450543-1322559 501(C)316,000.0.PROGRAM ACTRUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 6310482-2166707 501(C)341,417.0.PROGRAM ACT									REIMAGINE UKRAINE FOUNDATION
BERKELEY, CA 9470592-0296559501(C)312,117.0.PROGRAM ACTROBIDOUX MIDDLE SCHOOL 4212 ST JOSEPH AVE SAINT JOSEPH, MO 6450543-1322559501(C)316,000.0.PROGRAM ACTRUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 6310482-2166707501(C)341,417.0.PROGRAM ACTSAINT LOUIS STORY STITCHERSPROGRAM ACT									
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4212 ST JOSEPH AVE SAINT JOSEPH, MO 6450543-1322559 501(C)316,000.0.PROGRAM ACTRUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 6310482-2166707 501(C)341,417.0.PROGRAM ACTSAINT LOUIS STORY STITCHERS									
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RUNG FOUNDATION INC 2717 SIDNEY ST ST. LOUIS, MO 63104 82-2166707 501(C)3 41,417. 0. PROGRAM ACT SAINT LOUIS STORY STITCHERS									4212 ST JOSEPH AVE
2717 SIDNEY ST 82-2166707 501(C)3 41,417. 0. PROGRAM ACT SAINT LOUIS STORY STITCHERS Image: Constraint of the store st	M ACTIVITY FUNDING	ROGRAM ACT	J		0.	16,000.	501(C)3	43-1322559	SAINT JOSEPH, MO 64505
2717 SIDNEY ST 82-2166707 501(C)3 41,417. 0. PROGRAM ACT SAINT LOUIS STORY STITCHERS Image: Constraint of the story state of the story stat									
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SAINT LOUIS STORY STITCHERS									2717 SIDNEY ST
	M ACTIVITY FUNDING	ROGRAM ACT	۳ ۱		0.	41,417.	501(C)3	82-2166707	ST. LOUIS, MO 63104
									SAINT LOUIS STORY STITTS
ARPENDES FOLLERPRIVE ± 5701.02 AND $\pm 1.01.02$ AND $\pm 1.01.$									ARTISTS COLLECTIVE - 3701 GRANDEL
	M ACTIVITY FUNDING				0	121 700	501(0)3	61-1750222	

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

Part II Continuation of Grants and Other		mestic Organizations		vernments (Sch	edule I (Form 990). Pa		S-0004111 Page
(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
SAINT LOUIS ZOO ASSOCIATION 1 GOVERNMENT DRIVE	42 1222200	F01 (G) 2	1 500 000				
ST. LOUIS, MO 63110	43-1727309	501(C)3	1,500,299.	0.			PROGRAM ACTIVITY FUNDING
SALVATION ARMY BONITA-ESTERO 26820 OLD US 41 ROAD BONITA SPRINGS, FL 34135	22-2406433	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
SANTAS HELPERS INC 326 JAMBOREE ROAD BALLWIN MO 63021	43-1685281	501/0)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
BALLWIN, MO 63021	+5 1005201		10,000.	0.			INCOME ACTIVITI FONDING
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL - 348 S MASON ROAD - ST. LOUIS, MO 63141	43-1772004	501(0)3	18,580.	0.			PROGRAM ACTIVITY FUNDING
	43-1772004	501(0)5	10,500.	0.			FROGRAM ACTIVITI FONDING
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HIGHWAY E SUITE 400							
FAIRFIELD, CT 06825	06-0726487	501(C)3	13,175.	0.			PROGRAM ACTIVITY FUNDING
SEED ST. LOUIS, INC. 5501 DELMAR BLVD. STE. B270 ST. LOUIS, MO 63112	43-1306778	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
SHADOW WOOD CHARITABLE FOUNDATION INC - 24600 TAMIAMI TRAIL, SUITE 212 PMB 162 - BONITA SPRINGS, FL							
34134	38-3881140	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
SHARE PREGNANCY & INFANT LOSS SUPPORT – 1600 HERITAGE LANDING							
SUITE 109 - ST. PETERS, MO 63303	37-1282573	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
SHERWOOD FOREST CAMP INC. 2708 SUTTON BLVD							
ST. LOUIS, MO 63143	43-0653401	501(C)3	25,000.	٥.			PROGRAM ACTIVITY FUNDING

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL -							
ST. LOUIS, MO - 1310 PAPIN STREET							
- ST. LOUIS, MO 63103	43-0652684	501(C)3	400,180.	0.			PROGRAM ACTIVITY FUNDING
SSM HEALTH CARDINAL GLENNON							
CHILDREN'S FOUNDATION - SSMHEALTH							
3800 PARK AVENUE - ST. LOUIS, MO							
63110	43-1754347	501(C)3	654,575.	0.			PROGRAM ACTIVITY FUNDING
SSM HEALTH FOUNDATION - ST. LOUIS							
12312 OLIVE BLVD. STE. 100							
ST. LOUIS, MO 63141	43-1552945	501(C)3	27,500.	0.			PROGRAM ACTIVITY FUNDING
	10 1001010	501(0/5	27,300.				
ST GABRIEL THE ARCHANGEL CATHOLIC							
CHURCH - 6303 NOTTINGHAM AVENUE -							
ST. LOUIS, MO 63109	53-0196617	501(C)3	19,000.	0.			PROGRAM ACTIVITY FUNDING
ST MONICA CATHOLIC CHURCH							
12136 OLIVE BLVD							
CREVE COEUR, MO 63141	53-0196617	501(C)3	12,220.	0.			PROGRAM ACTIVITY FUNDING
ST. JOHN'S UNITED CHURCH OF CHRIST							
15370 OLIVE BLVD,							
CHESTERFIELD, MO 63017	43-1037733	501(C)3	13,605.	0.			PROGRAM ACTIVITY FUNDING
ST. JOSEPH INSTITUTE FOR THE DEAF							
1314 STRASSNER DR							
ST. LOUIS, MO 63144	53-0196617	501(C)3	300,000.	0.			PROGRAM ACTIVITY FUNDING
				•			
ST. LOUIS AREA DIAPER BANK							
6141 ETZEL AVE.							
ST. LOUIS, MO 63133	37-1787940	501(C)3	56,000.	0.			PROGRAM ACTIVITY FUNDING
· ·			, ,				
ST. LOUIS AREA FOOD BANK, INC.							
70 CORPORATE WOODS DRIVE							
BRIDGETON, MO 63044	43-1253102	501(C)3	12,000.	0.			PROGRAM ACTIVITY FUNDING

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

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		III FOUNDAI		(- -	/=		ES-0004111 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(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 BEREAVEMENT CENTER FOR							
YOUNG PEOPLE - 1333 W LOCKWOOD,							
SUITE 104 - ST. LOUIS, MO 63122	43-1801433	501(C)3	25,000.	٥.			PROGRAM ACTIVITY FUNDING
	10 1001100	501(0)5	23,000.				
ST. LOUIS COMMUNITY COLLEGE							
FOUNDATION - 3221 MCKELVEY ROAD,							
SUITE 295 - BRIDGETON, MO 63044	43-1374500	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
			,				
ST. LOUIS CRISIS NURSERY							
11710 ADMINISTRATION DRIVE SUITE 18							
ST. LOUIS, MO 63146	43-1410297	501(C)3	85,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS LEARNING DISABILITIES							
ASSOCIATION INC - 13537 BARRETT							
PARKWAY DRIVE SUITE 110 - BALLWIN,							
MO 63021	30-0079611	501(C)3	45,000.	٥.			PROGRAM ACTIVITY FUNDING
ST. LOUIS MISSIONARIES OF CHARITY							
3629 COTTAGE AVENUE							
ST. LOUIS, MO 63113	53-0196617	501(C)3	75,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LUKES EPISCOPAL-PRESBYTERIAN							
HOSPITAL - 232 SOUTH WOODS MILL							
ROAD - CHESTERFIELD, MO 63017	43-0652680	501 (C) 3	5,500.	٥.			PROGRAM ACTIVITY FUNDING
	15 0052000	501(0)5	5,500.	· · ·			
ST. MARY'S HIGH SCHOOL							
4701 S. GRAND							
ST. LOUIS, MO 63111	92-0686634	501(C)3	244,233.	0.			PROGRAM ACTIVITY FUNDING
ST. VINCENT DE PAUL SOCIETY OF							
CATHEDRAL BASILICA OF ST. LOUIS -							
4431 LINDELL BLVD - ST. LOUIS, MO							
63108	13-5562362	501(C)3	5,100.	0.			PROGRAM ACTIVITY FUNDING
STRAY RESCUE OF ST LOUIS							
2320 PINE STREET							
ST. LOUIS, MO 63103-2219	43-1823801	501(C)3	50,660.	٥.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990) YOUTHBRIDGE COMMUNITY FOUNDATION

(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
THE CHILD ADVOCACY CENTER OF							
NORTHEAST MISSOURI INC - 989							
HERITAGE PARKWAY - WENTZVILLE, MO 53385	43-1856223	501(0)3	75,282.	0.			PROGRAM ACTIVITY FUNDING
5565	45-1050225	501(0)5	/5,202.	0.			FROGRAM ACTIVITI FONDING
THE CORE COLLECTIVE AT SAINT							
/INCENT - 7401 FLORISSANT RD - ST.							
LOUIS, MO 63121-4835	43-0653319	501(C)3	30,490.	0.			PROGRAM ACTIVITY FUNDING
THE COVERING HOUSE							
PO BOX 25	27-1372748	F01(0)2	36,000	0			DDOGDAN AGETUTEV EUNDING
VALLEY PARK, MO 63088	27-13/2/40	501(C)5	36,000.	0.			PROGRAM ACTIVITY FUNDING
THE GREEN HOUSE VENTURE							
4229 FLORA PLACE							
ST LOUIS, MO 63110	47-2463749	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
THE SALVATION ARMY MIDLAND							
DIVISION - 1130 HAMPTON AVENUE -	26 01 65 01 0	501 (2) 2	16.000				
ST. LOUIS, MO 63139-3147	36-2167910	501(C)3	16,800.	0.			PROGRAM ACTIVITY FUNDING
THE SCHOLARSHIP FOUNDATION OF ST.							
LOUIS - 6825 CLAYTON AVE - ST.							
LOUIS, MO 63139	43-6031234	501(C)3	75,600.	٥.			PROGRAM ACTIVITY FUNDING
THOMPSON FOUNDATION FOR AUTISM							
205 PORTLAND ST							
COLUMBIA, MO 65201	20-8293152	501(C)3	31,000.	0.			PROGRAM ACTIVITY FUNDING
FODAY AND TOMORROW EDUCATIONAL							
FOUNDATION - 20 ARCHBISHOP MAY							
DRIVE - ST. LOUIS, MO 63119	43-1633656	501(C)3	1,075,000.	0.			PROGRAM ACTIVITY FUNDING
- ,		· ·					
TRUSTEES OF BOSTON UNIVERSITY							
881 COMMONWEALTH AVENUE 5TH FLOOR							
BOSTON, MA 02215	04-2103547	501(C)3	6,000.	٥.			PROGRAM ACTIVITY FUNDING

43-6064111	Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURN THE PAGE STL							
5501 DELMAR BLVD, STE A490							
SAINT LOUIS, MO 63112-3054	84-2055559	501(C)3	143,455.	0.			PROGRAM ACTIVITY FUNDING
			, .				
UNION OF ORTHODOX JEWISH							
CONGREGATIONS OF AMERICA - 40							
RECTOR STREET - NEW YORK, NY 10006	13-5623717	501(C)3	8,500.	0.			PROGRAM ACTIVITY FUNDING
UNIVERSITY OF MISSOURI - SCHOOL OF							
LAW - ENTREPRENEURSHIP LEGAL							
CLINIC 407 REYNOLDS ALUMNI CENTER							
- COLUMBIA, MO 65211	43-6026891	501(C)3	30,000.	0.			PROGRAM ACTIVITY FUNDING
UNIVERSITY OF MISSOURI-ST. LOUIS,							
CURATORS OF UNIV OF MO SPECIAL							
TRUST - 308 WOODS HALL 1 UNIV BLVD							
- ST. LOUIS, MO 63121	26-6440629	501(C)3	48,370.	0.			PROGRAM ACTIVITY FUNDING
UNLIMITED PLAY							
5988 MID RIVERS MALL DR. STE 230							
ST. PETERS, MO 63304	13-4252421	501(C)3	600,000.	0.			PROGRAM ACTIVITY FUNDING
VETERANS COMMUNITY PROJECT							
8900 TROOST AVENUE							
KANSAS CITY, MO 64131	47-4960735	501 (C) 3	25,000.	0.			PROGRAM ACTIVITY FUNDING
	1, 1900,00	501(0)5	23,000.	••			
VIVENT HEALTH INC.							
2653 LOCUST							
ST. LOUIS, MO 63103	39-1534049	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
WINGS OF HOPE							
18370 WINGS OF HOPE BLVD							
CHESTERFIELD, MO 63005	43-0909606	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
WORLD BIRD SANCTUARY							
125 BALD EAGLE RIDGE ROAD							
VALLEY PARK, MO 63088	43-1184675	501(C)3	91,169.	0.			PROGRAM ACTIVITY FUNDING

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMAN CENTER, INC.							
00 KIWANIS DRIVE							
UREKA, MO 63025	43-0653263	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDIN
OUTH IN NEED							
815 BOONE'S LICK ROAD							
T. CHARLES, MO 63301	43-1033862	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDIN
OUTH WITH A MISSION COLORADO PRINGS - PO BOX 50857 - COLORADO							
PRINGS - FO BOX SUBSY - COLORADO	84-1251301	501(C)3	5,200.	0.			PROGRAM ACTIVITY FUNDIN
			-,				

Part III

FUNDS ARE SUBJECT TO A FORMAL GRANT AGREEMENT. TYPICALLY, THESE GRANTS ALSO

REQUIRE FOLLOW UP REPORTS.

YOUTHBRIDGE COMMUNITY FOUNDATION Schedule I (Form 990) 2023 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
art IV Supplemental Information. Provide the informatio	on required in Part I, lin	e 2; Part III, columr	l n (b); and any other ad	ditional information.	
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	

YOUTHBRIDGE STAFF EXECUTES A CHARITY CHECK ON ALL GRANTEE ORGANIZATIONS TO

ENSURE THAT THEY ARE A QUALIFIED GRANT RECIPIENT PER THE IRS. GRANTS THAT

ARE MADE FROM DONOR-ADVISED OR DESIGNATED FUNDS ARE ACCOMPANIED BY A GRANT

LETTER SPECIFYING THE PURPOSE OR RESTRICTION ON THE GRANT. GRANTS THAT ARE

MADE FROM FIELD OF INTEREST FUNDS OR THE YOUTHBRIDGE DISCRETIONARY GRANT

43-6064111

Page 2

SC	HEDULE J	Compensation Information			OMB No.	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and High	est		20	92)	
		Compensated Employees			2023			
Dena	tment of the Treasury		e 23.		Open to Public			
	al Revenue Service		on.			Inspection		
Nam	e of the organization						mber	
				43-	606411	1		
Ра	rt I Question	s Regarding Compensation					T	
		990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Employer ident 43 - 60.6 If the organization Employees ident Yes" server Employer ident 43 - 60.6 QUUTHERIDGE COMMUNITY FOUNDATION 43 - 60.6 It is a complete bit the organization provided any of the following to or for a person listed on Form 990, rist class or charter travel Housing allowance or residence for personal use It is class or charter travel Housing allowance or residence for personal use Discretionary spending account Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) my of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or mbursement or provision of all of the expenses described above? If "No," complete Patt III to explain			Yes	No		
1a		990) For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Build of the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Employer identify and the latest information. YOUTHBRIDGE COMMUNITY FOUNDATION Employer identify a 3 - 60 correct of the organization provided any of the following to or for a person listed on Form 990. Seck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Employer identify a 3 - 60 correct on the organization provided any of the following to or for a person listed on Form 990. First class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Taxe Informification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) ny of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or nbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, traes, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? cate which, if any, of the following the organization in Part III. Compensation organizations' 2/Executive Director. Check a						
	·							
			•					
		spending account Personal services (such as maid, cl	nautteu	ir, chet)				
	If any of the start							
b	•							
~					<u>1b</u>		<u> </u>	
2	-							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?			2			
2	Indianta which if a	or of the following the exercition used to establish the compensation of the exercit	ation's					
3								
			amzano					
	·							
	·		ation o	ommittee				
			ation o	ommittee				
4	During the year did	any person listed on Form 990 Part VII Section A line 1a with respect to the filing						
-								
а	-	-			4a		x	
b							x	
c	-						x	
•	-							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5			ensatio	n				
а	-				5a		X	
							X	
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	ensatio	n				
	contingent on the r	et earnings of:						
а	The organization?				6a		X	
							X	
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed pay	/ments					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III			7		X	
8								
					8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?			9			
For		on Act Notice, see the Instructions for Form 990.			dule J (Forr	n 990) 2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

43-6064111

Page 2

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

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

			-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BARBARA CARSWELL	(i)	184,375.	15,000.	0.	10,004.	36,860.	246,239.	0.
CEO	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(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	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

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12 13

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15

16

17 18 Real estate - Commercial

Real estate - Other

Noncash Contributions

OMB No. 1545-0047

2023 Open to Public

Inspection

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 for instructions and the latest information.

Name of the organization

Employer	identification	number
----------	----------------	--------

YOUTHBRIDGE COMMUNITY FOUNDATION 43-6064111 **Types of Property** Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 131,650.FAIR MARKET VALUE Х Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Х 9 14,451,488. FAIR MARKET VALUE Securities - Publicly traded Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential

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 organize for which the organization completed Form 82		. 29		1
				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 3 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?		Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			
F F	Deservery Deduction Act Nation and the Instructions for Form 000	hadula M (Cau		0000

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 YOUTHBRIDGE COMMUNITY FOUNDATIO	Schedule M (Form 990) 2023	YOUTHBRIDGE	COMMUNITY	FOUNDATIC
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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.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE NUMBER IN COLUMN (B) IS BASED ON THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2023

43-6064111

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332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 for the latest information.



OMB No. 1545-0047

43-6064111

FORM 990, ITEM C, DOING BUSINESS AS:

SEE SCHEDULE O

YOUTHBRIDGE COMMUNITY FOUNDATION OF GREATER ST. LOUIS

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

YOUTHBRIDGE COMMUNITY FOUNDATION

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.

11331114 132842 01986.0000

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

THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AFTER COMPETITIVE ANALYSIS (FOR SIMILAR POSITIONS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS) AND IN CONSIDERATION WITH EXPERIENCE AND 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 2023, 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 11G 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 TO THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF PERPETUAL TRUSTS

434,123.

332212 11-14-23

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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.

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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
<u>Part I - Id</u>	entification					
Type or	Name of exempt organization, employer, or other filer, see instructions.			Taxpayer	identification num	iber (TIN)
Print	YOUTHBRIDGE COMMUNITY FOUND	43-6064111		11		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 12977 NORTH FORTY DRIVE, 36		ions.			
return. See instructions.						
Enter the	SAINT LOUIS, MO 63141 Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Applicatio		Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4720	D (individual)	03	Form 5227			10
Form 990-	PF	04	Form 6069			11
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	T (trust other than above)	06	Form 5330 (individual)			13
	T (corporation)	07	Form 5330 (other than individual)			14
Form 104 ⁻		08				
 After yo 	u enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	only for an	extension of	
time to file	e Form 5330.					
 If this ap 	oplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Plar	n Name		C			
	n Number					
	n Year Ending (MM/DD/YYYY)					
Part II - Au	Itomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The bo	oks are in the care of BARBARA CARSWELL-	- CEO	•			
			'E, SUITE 368 - ST.	LOUI	S, MO 631	41
Teleph	one No. 314-985-6778		Fax No			
	rganization does not have an office or place of business	in the Un				
	s for a Group Return, enter the organization's four-digit (check this
box	If it is for part of the group, check this box					
1 l rec	quest an automatic 6-month extension of time until					
	organization named above. The extension is for the orga					
X	calendar year 20 23 or					
	tax year beginning	20	and ending		9	20
		, 20 _	, and onding		,2	
2 If th	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return	Final retur	n	
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	nonrefundable credits. See instructions.	, 51161 116		3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		Ψ	
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	1			Ψ	••
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	g EFFFS (Electronic Federal Tax Fayment System). See			00	Eorm 9969 /[

For Privacy Act and Paperwork Reduction Act Notice, see instructions.