

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

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.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization YOUTHBRIDGE COMMUNITY FOUNDATION		D Employer identification number 43-6064111
	Doing business as SEE SCHEDULE O		E Telephone number 314-985-6778
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12977 NORTH FORTY DRIVE 368		
	City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63141		
	F Name and address of principal officer: BARBARA CARSWELL SAME AS C ABOVE		
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: WWW.YOUTHBRIDGE.ORG			H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1877	M State of legal domicile: MO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: YOUTHBRIDGE COMMUNITY FOUNDATION PARTNERS WITH DONORS TO HELP CHARITIES IN THE ST. LOUIS REGION,
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 0
	6	Total number of volunteers (estimate if necessary) 6 17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 23,706,852.
	9	Program service revenue (Part VIII, line 2g) 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,116,798.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 61,167.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 25,884,817.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 281,878.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,291,902.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,628,960.
19		Revenue less expenses. Subtract line 18 from line 12 12,255,857.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 100,782,493.
	21	Total liabilities (Part X, line 26) 3,754,674.
	22	Net assets or fund balances. Subtract line 21 from line 20 97,027,819.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BARBARA CARSWELL, CEO				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	KIMBERLY A RYAN				P00829977
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (314) 290-3300	
	RUBINBROWN LLP	43-0765316			
	Firm's address 7676 FORSYTH BLVD, SUITE 2100 SAINT LOUIS, MO 63105				

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**YOUTHBRIDGE COMMUNITY FOUNDATION PARTNERS WITH DONORS TO HELP
CHARITIES IN THE ST. LOUIS REGION, ESPECIALLY THOSE FOCUSED ON
CHILDREN, THROUGH LEADERSHIP, GRANTS AND DONOR SERVICES.**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,177,455. including grants of \$ 19,997,666.) (Revenue \$ 113,376.)

**INCLUDES ALL ASPECTS OF WORK DEDICATED TO BUILDING STRONG, VIBRANT
COMMUNITIES BY BRIDGING THE RESOURCES OF DONORS WITH THE NEEDS OF
NONPROFIT ORGANIZATIONS. OUR CAPACITY BUILDING AND PHILANTHROPY
INITIATIVES HELP NONPROFIT ORGANIZATIONS, ESPECIALLY THOSE FOCUSED ON
SERVING CHILDREN AND YOUTH, BECOME STRONGER. THESE INITIATIVES INCLUDE
BUT ARE NOT LIMITED TO TECHNICAL ASSISTANCE, CAPACITY BUILDING GRANTS &
PROGRAMS, ENDOWMENT BUILDING & ADMINISTRATION, PHILANTHROPY ASSISTANCE
AND TRAINING.**

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 21,177,455.Form **990** (2024)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 10	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part 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
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c 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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	14			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BARBARA CARSWELL- CEO - 314-985-6778
12977 NORTH FORTY DRIVE, SUITE 368, ST. LOUIS, MO 63141

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA CARSWELL CEO	45.00				X			207,890.	0.	33,810.
(2) WENDY WALSH CHAIR	0.50	X		X				0.	0.	0.
(3) JEFFREY MOENKHAUS VICE CHAIR	0.50	X		X				0.	0.	0.
(4) MARTHA VOSSE TREASURER	0.50	X		X				0.	0.	0.
(5) LIZ KRIEGSHAUSER SECRETARY	0.50	X		X				0.	0.	0.
(6) DAN BEAN DIRECTOR	0.50	X						0.	0.	0.
(7) BYRON CASKEY DIRECTOR	0.50	X						0.	0.	0.
(8) STACY CLAY DIRECTOR	0.50	X						0.	0.	0.
(9) TOM GATTI DIRECTOR	0.50	X						0.	0.	0.
(10) TOM GOLDBERG DIRECTOR	0.50	X						0.	0.	0.
(11) SAM HOPMEIER DIRECTOR (DEC. 4/24)	0.50	X						0.	0.	0.
(12) ELIZABETH HOULIHAN DIRECTOR	0.50	X						0.	0.	0.
(13) JENNIFER BELMONT JENNINGS DIRECTOR	0.50	X						0.	0.	0.
(14) KATHLEEN JUDGE DIRECTOR	0.50	X						0.	0.	0.
(15) RICK KALLAUS DIRECTOR	0.50	X						0.	0.	0.
(16) DAN SHASSERRE DIRECTOR	0.50	X						0.	0.	0.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	245,911.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,226,174.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,287,934.				
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,626,739.			2626739.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 27,318.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	27,318.				
	d Net rental income or (loss)			27,318.			27,318.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 24,115,917.				
	b Less: cost or other basis and sales expenses	7b	23,139,384.				
	c Gain or (loss)	7c	976,533.				
	d Net gain or (loss)			976,533.			976,533.
	8 a Gross income from fundraising events (not including \$ 245,911. of contributions reported on line 1c). See Part IV, line 18	8a	37,958.				
	b Less: direct expenses	8b	13,026.				
	c Net income or (loss) from fundraising events			24,932.			24,932.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue		900099	113,376.	113,376.		
	e Total. Add lines 11a-11d			113,376.			
12 Total revenue. See instructions				11,240,983.	113,376.	0.	3655522.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	19,984,766.	19,984,766.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,700.	7,700.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,200.	5,200.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	21,496.		21,496.	
c Accounting	55,300.		55,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	805,382.	805,382.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	691,103.	265,106.	208,417.	217,580.
12 Advertising and promotion	54,412.	33,719.		20,693.
13 Office expenses	59,107.	23,132.	17,846.	18,129.
14 Information technology				
15 Royalties				
16 Occupancy	49,628.	19,422.	14,984.	15,222.
17 Travel	2,675.	1,605.		1,070.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,252.	9,802.	1,225.	1,225.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	42,657.		42,657.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	18,982.		18,982.	
b COMMUNITY PROGRAMS	11,465.	11,465.		
c TELEPHONE	7,063.	2,764.	2,133.	2,166.
d _____				
e All other expenses _____	18,888.	7,392.	5,703.	5,793.
25 Total functional expenses. Add lines 1 through 24e	21,848,076.	21,177,455.	388,743.	281,878.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	405,353.	1	703,199.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,250.	4	5,500.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,801.	9	4,056.
	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.		
		840,193.	10c	840,193.
	11 Investments - publicly traded securities	94,460,767.	11	92,520,425.
	12 Investments - other securities. See Part IV, line 11	1,567,478.	12	3,131,864.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	3,494,651.	15	8,033,063.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,782,493.	16	105,238,300.	
Liabilities	17 Accounts payable and accrued expenses	198.	17	207,580.
	18 Grants payable	20,000.	18	222,325.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,734,476.	25	4,642,184.
	26 Total liabilities. Add lines 17 through 25	3,754,674.	26	5,072,089.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	92,736,494.	27	91,042,526.
	28 Net assets with donor restrictions	4,291,325.	28	9,123,685.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	97,027,819.	32	100,166,211.
	33 Total liabilities and net assets/fund balances	100,782,493.	33	105,238,300.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,240,983.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,848,076.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,607,093.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,027,819.
5	Net unrealized gains (losses) on investments	5	9,207,073.
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	4,538,412.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	100,166,211.

Part XII Financial Statements and ReportingCheck 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		☒
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5256005.	3046862.	22725843.	3578493.	3749880.	38357083.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5256005.	3046862.	22725843.	3578493.	3749880.	38357083.
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)						24421645.
6 Public support. Subtract line 5 from line 4.						13935438.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5256005.	3046862.	22725843.	3578493.	3749880.	38357083.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1309657.	1805020.	1439216.	1462607.	2654057.	8670557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			13,948.	25,069.	24,932.	63,949.
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						47093414.
12 Gross receipts from related activities, etc. (see instructions)					12	410,244.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	29.59 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	22.55 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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) 2024

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**LITIGATION PROCEEDS**

2022 AMOUNT: \$ 1,471.

2023 AMOUNT: \$ 354.

PART II, SECTION A, LINE 1

IN 2024 EXCLUDE NON-RECURRING UNUSUAL GRANT - UNRESTRICTED CONTRIBUTIONS OF \$3,722,205 IN 2024 AND \$20,128,359 IN 2023. WE HAVE CLASSIFIED THESE GIFTS AS UNUSUAL DUE TO ITS SIGNIFICANT SIZE COMPARED TO OTHER GIFTS OF THIS TYPE. DONOR IS AN INDEPENDENT DONOR AND DID NOT PARTICIPATE IN THE CREATION OF YOUTHBRIDGE, NOR HAS HE EVER STOOD IN A POSITION OF AUTHORITY OR DIRECT OR INDIRECT CONTROL OVER THE ORGANIZATION. YOUTHBRIDGE IS GOVERNED BY AN INDEPENDENT BOARD OF DIRECTORS; NO MEMBER OF THE BOARD HAS ANY TYPE OF PERSONAL OR BUSINESS RELATIONSHIP WITH THE DONOR.

DONOR'S CONTRIBUTIONS TO YOUTHBRIDGE ARE CONTRIBUTIONS TO HIS DONOR-ADVISED FUND. THEY FURTHER THE TAX-EXEMPT MISSION OF YOUTHBRIDGE WHICH IS TO PARTNER WITH DONORS IN SUPPORT OF NONPROFITS IN THE ST. LOUIS REGION. ALL GRANTS FROM DONOR'S DONOR-ADVISED FUND ARE MADE TO ORGANIZATIONS IN ST. LOUIS. DONOR HAS NOT IMPOSED ANY MATERIAL RESTRICTIONS ON THE CONTRIBUTION TO YOUTHBRIDGE. YOUTHBRIDGE HAS VARIANCE POWER OVER ANY GRANT RECOMMENDATIONS BY DONOR.

BEFORE AND AFTER DONOR'S CONTRIBUTIONS, YOUTHBRIDGE HAS CONTINUED TO GROW ITS EXEMPT ACTIVITIES BASED ON PUBLICLY SOLICITED GIFTS. THE NUMBER OF INDEPENDENT DONORS HAS GROWN YEARLY. (2022: 166; 2023: 229; 2024: 309; 2025 YTD 383). BEFORE THE UNUSUAL GRANT IN 2023, YOUTHBRIDGE HAS ALWAYS MET THE ONE-THIRD PUBLIC SUPPORT TEST.

PART II, SECTION C, LINE 17A**FACTS-AND-CIRCUMSTANCES TEST:**

YOUTHBRIDGE SOLICITS FUNDS FROM THE GENERAL PUBLIC CONTINUOUSLY THROUGH THE YEAR. STAFF BUILDS RELATIONSHIPS WITH INDIVIDUALS, FAMILIES, BUSINESSES, AND PROFESSIONAL ADVISORS TO ENCOURAGE CONTRIBUTIONS TO DONOR-ADVISED AND OTHER CHARITABLE FUNDS. THE ORGANIZATION ENGAGES IN SEVERAL FUNDRAISING EVENT ACTIVITIES. THE ORGANIZATION ALSO PARTNERS WITH OTHER PUBLIC CHARITIES TO ENCOURAGE CONTRIBUTIONS TO YOUTHBRIDGE FOR THE BENEFIT OF SUCH PUBLIC CHARITIES.

THE SOURCE OF SUPPORT FOR YOUTHBRIDGE IS DIVERSE AND GROWING. THE 309 DISTINCT DONORS IN 2024 CONSISTED OF INDIVIDUALS, FAMILIES, BUSINESSES, AND OTHER PUBLIC AND PRIVATE CHARITIES. YOUTHBRIDGE IS GOVERNED BY A BOARD OF DIRECTORS CONSISTING OF MEMBERS WHOSE VARIOUS PROFESSIONAL EXPERTISE AND EXPERIENCES REPRESENT A BROAD PUBLIC INTEREST. YOUTHBRIDGE PROVIDES ON AN ONGOING BASIS COMMUNITY GRANTS AND SERVICES TO ITS DONORS AND OTHER PUBLIC CHARITABLE ORGANIZATIONS. YOUTHBRIDGE STAFF CONTINUOUSLY ASSUMES LEADERSHIP ROLES IN THE COMMUNITY.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number

43-6064111

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
<u>1</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>146,179.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>39,114.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>83,750.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>195,204.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>3,722,205.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 39,542.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 6,250.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 7,074.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
13		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 9,418.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 27,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
19		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 8,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 50,366.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

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

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
25		\$ 43,321.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		\$ 14,418.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 32,601.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
28		\$ 71,182.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
29		\$ 46,482.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
31		\$ 13,643.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
32		\$ 45,312.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
33		\$ 300,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
37		\$ 47,503.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
38		\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 12,418.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 9,906.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
43		\$ 27,970.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
44		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		\$ 375,270.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		\$ 10,218.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		\$ 62,148.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		\$ 5,908.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
49		\$ 70,878.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
50		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 1,062,520.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 173,397.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
53		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		\$ 9,418.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

YOUTHBRIDGE COMMUNITY FOUNDATION

43-6064111

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
55		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		\$ 39,306.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS MARKETABLE SECURITIES	\$ 101,179.	12/31/24
5	VARIOUS MARKETABLE SECURITIES	\$ 100,204.	07/11/24
6	VARIOUS MARKETABLE SECURITIES	\$ 2,495,709.	12/23/24
24	VARIOUS MARKETABLE SECURITIES	\$ 48,698.	12/23/24
27	VARIOUS MARKETABLE SECURITIES	\$ 32,601.	06/17/24
28	VARIOUS MARKETABLE SECURITIES	\$ 71,182.	12/11/24

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	VARIOUS MARKETABLE SECURITIES	\$ 46,482.	11/13/24
31	VARIOUS MARKETABLE SECURITIES	\$ 13,643.	12/11/24
32	VARIOUS MARKETABLE SECURITIES	\$ 45,312.	03/19/24
37	VARIOUS MARKETABLE SECURITIES	\$ 47,503.	12/19/24
43	VARIOUS MARKETABLE SECURITIES	\$ 27,970.	12/10/24
49	VARIOUS MARKETABLE SECURITIES	\$ 70,878.	12/26/24

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

Part III

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number

43-6064111

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	80	
2 Aggregate value of contributions to (during year)	6,514,693.	
3 Aggregate value of grants from (during year)	19,932,921.	
4 Aggregate value at end of year	62,859,795.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No		

Part II

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

Part III

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,670,750.	19,372,697.	22,851,781.	20,785,103.	20,039,658.
b Contributions					
c Net investment earnings, gains, and losses	2,701,203.	2,989,737.	-2,834,807.	3,031,327.	1,697,389.
d Grants or scholarships					
e Other expenditures for facilities and programs	740,427.	691,684.	644,277.	964,649.	951,944.
f Administrative expenses					
g End of year balance	23,631,526.	21,670,750.	19,372,697.	22,851,781.	20,785,103.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 83.8400 %

b Permanent endowment 16.1600 %

c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		82,268.		82,268.
b Buildings		3,464,498.	2,714,558.	749,940.
c Leasehold improvements				
d Equipment		83,052.	75,067.	7,985.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				840,193.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) PERPETUAL TRUSTS	3,818,841.
(2) CHARITABLE REMAINDER TRUST	4,214,222.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	8,033,063.

Part X Other Liabilities

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) FUNDS HELD ON BEHALF OF OTHERS	4,642,184.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,642,184.

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,213,112.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,207,073.
b	Donated services and use of facilities	2b	19,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,538,412.
e	Add lines 2a through 2d	2e	13,764,485.
3	Subtract line 2e from line 1	3	10,448,627.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	805,382.
b	Other (Describe in Part XIII.)	4b	-13,026.
c	Add lines 4a and 4b	4c	792,356.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,240,983.

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

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

1	Total expenses and losses per audited financial statements	1	21,074,720.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	19,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	13,026.
e	Add lines 2a through 2d	2e	32,026.
3	Subtract line 2e from line 1	3	21,042,694.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	805,382.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	805,382.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,848,076.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

YOUTHBRIDGE PROVIDES ENDOWMENT BUILDING SERVICES TO NOT-FOR-PROFIT, 501(C)(3) AGENCIES. ASSETS TRANSFERRED TO YOUTHBRIDGE FROM NOT-FOR-PROFIT ORGANIZATIONS THAT UTILIZE THIS SERVICE ARE DONE SO UNDER A SIGNED AGENCY AGREEMENT BETWEEN YOUTHBRIDGE AND THE PARTICIPATING ORGANIZATION. THE AGENCY AGREEMENT STIPULATES THAT TITLE TRANSFERS TO YOUTHBRIDGE AND USE OF THE ASSETS ARE DESIGNATED TO SUPPORT THE PARTICIPATING AGENCY.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A BENEFICIAL INTEREST IN MULTIPLE CHARITABLE TRUST AGREEMENTS AND A BOARD DESIGNATED QUASI ENDOWMENT. DISBURSEMENTS RECEIVED FROM THE ENDOWMENT FUNDS ARE UTILIZED TO SUPPORT THE OPERATIONS OF THE ORGANIZATION AND THE RELATED ONGOING PROGRAM ACTIVITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF PERPETUAL TRUST AGREEMENTS	324,190.
BEQUEST OF BENEFICIAL INTEREST IN TRUST	4,214,222.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,538,412.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	-13,026.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	13,026.
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Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE F
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in the region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes subtotal and totals rows.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM ACTIVITY FUNDING	5,200.	CHECK	0.		

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3** Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 FALL FUNDRAISER (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	283,869.			283,869.
	2 Less: Contributions	245,911.			245,911.
	3 Gross income (line 1 minus line 2)	37,958.			37,958.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	8,939.			8,939.
	8 Entertainment	675.			675.
	9 Other direct expenses	3,412.			3,412.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,026.
	11 Net income summary. Subtract line 10 from line 3, column (d)				24,932.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number
43-6064111

Part I General Information on Grants and Assistance

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

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

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
ALIVE, INC. PO BOX 28733 ST. LOUIS, MO 63146	43-1298527	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
ARCHDIOCESE OF ST. LOUIS 20 ARCHBISHOP MAY DRIVE ST. LOUIS, MO 63119	53-0196617	501(C)3	616,010.	0.			PROGRAM ACTIVITY FUNDING
ARSHA-VIDYA-PITAM P.O. BOX 1059 SAYLORSBURG, PA 18353	94-2839344	501(C)3	5,001.	0.			PROGRAM ACTIVITY FUNDING
ASPCA NEW YORK 520 8TH AVENUE NEW YORK, NY 10018	13-1623829	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
BEGINNING FUTURES LEARNING CENTER 4981 THRUSH AVENUE ST. LOUIS, MO 63120	84-4952085	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
BOYS & GIRLS CLUBS OF GREATER ST. LOUIS - 2901 N. GRAND BLVD - ST. LOUIS, MO 63107	43-6061693	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **133.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) (Rev. 12-2024)

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 P.O. BOX 367794 BONITA SPRINGS, FL 34136	65-0832961	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
CARDINAL RITTER COLLEGE PREP 701 N SPRING AVENUE ST. LOUIS, MO 63108	53-0196617	501(C)3	156,998.	0.			PROGRAM ACTIVITY FUNDING
CARITAS FAMILY SOLUTIONS 8601 WEST MAIN STREET SUITE 201 BELLEVILLE, IL 62223	37-0661500	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
CASA OF ST. LOUIS 105 SOUTH CENTRAL AVENUE ST. LOUIS, MO 63105	43-1807059	501(C)3	23,500.	0.			PROGRAM ACTIVITY FUNDING
CATHEDRAL OF BASILICA OF ST LOUIS 4431 LINDELL BLVD ST. LOUIS, MO 63108	43-0653268	501(C)3	252,000.	0.			PROGRAM ACTIVITY FUNDING
CENTER FOR HEARING & SPEECH 9835 MANCHESTER ROAD ST. LOUIS, MO 63119	43-0652678	501(C)3	15,000.	0.			PROGRAM ACTIVITY FUNDING
CENTRAL REFORM CONGREGATION 5020 WATERMAN BLVD ST. LOUIS, MO 63108	43-1336060	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
CHAMP ASSISTANCE DOGS INC 1968 CRAIG RD #200 SAINT LOUIS, MO 63146	43-1803006	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
CHARITY ON TOP FOUNDATION INC. 177 E COLORADO BLVD, SUITE #200 PASADENA, CA 91105	81-1198370	501(C)3	7,150.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MIRACLE NETWORK OF GREATER ST. LOUIS - 117A BAXTER SHOPS ST - MANCHESTER, MO 63011	43-1491803	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
CHRISTIAN ACTIVITY CENTER P.O. BOX 2525 EAST ST. LOUIS, IL 62202	36-4182760	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
CHRISTIAN AID MISSION P.O. BOX 9037 CHARLOTTESVILLE, VA 22906	52-0908482	501(C)3	10,500.	0.			PROGRAM ACTIVITY FUNDING
CHRISTIAN BROTHERS COLLEGE HIGH SCHOOL - 1850 DE LA SALLE DR - ST. LOUIS, MO 63141	43-0653280	501(C)3	3,000,000.	0.			PROGRAM ACTIVITY FUNDING
COLUMBIA COLLEGE 1001 ROGERS STREET COLUMBIA, MO 65216	43-0655867	501(C)3	40,000.	0.			PROGRAM ACTIVITY FUNDING
CONFLUENCE CHARTER SCHOOLS 319 N. 4TH STREET SUITE 500 ST. LOUIS, MO 63102	68-0557741	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
CONGREGATION TEMPLE ISRAEL 1 RABBI ALVAN D RUBIN DR ST. LOUIS, MO 63141	43-0653290	501(C)3	6,273.	0.			PROGRAM ACTIVITY FUNDING
CONNECTIONS TO SUCCESS 3000 LITTLE HILLS EXPY, STE 102 ST. CHARLES, MO 63301	43-1859283	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
CORNERSTONE CENTER FOR EARLY LEARNING - 3901 RUSSELL BLVD - SAINT LOUIS, MO 63110	43-0923158	501(C)3	7,500.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS CATHOLIC OUTREACH 2700 N. MILITARY TRAIL, SUITE 300 P.O. BOX 273908 - BOCA RATON, FL 33427	65-1156061	501(C)3	6,000.	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
DOGS FOR OUR BRAVE INC. 6244 CLAYTON AVENUE ST. LOUIS, MO 63139	46-4656908	501(C)3	41,000.	0.			PROGRAM ACTIVITY FUNDING
DOWN SYNDROME ASSOCIATION OF GREATER ST. LOUIS - 1201 HANLEY INDUSTRIAL CT. SUITE A - ST. LOUIS, MO 63144	43-1108833	501(C)3	36,000.	0.			PROGRAM ACTIVITY FUNDING
DREAM BUILDERS 4 EQUITY 4220 DUNCAN SUITE 201 ST. LOUIS, MO 63110	81-4402678	501(C)3	61,950.	0.			PROGRAM ACTIVITY FUNDING
EASTERSEALS MIDWEST 11933 WESTLINE INDUSTRIAL DRIVE ST. LOUIS, MO 63146	43-0979927	501(C)3	15,000.	0.			PROGRAM ACTIVITY FUNDING
EQUUS RESCUE AND THERAPY INC P.O BOX 1032 COLUMBIA, IL 62236	81-3749088	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
FAITH THROUGH FIRE INC. 901 STONE CROSSING DRIVE WENTZVILLE, MO 63385	83-3232519	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
FAMILYFORWARD 11358 VAN CLEVE AVE ST. LOUIS, MO 63114	43-0652622	501(C)3	36,210.	0.			PROGRAM ACTIVITY FUNDING

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FOCUS MARINES FOUNDATION 400 CHESTERFIELD CENTER SUITE 400 CHESTERFIELD, MO 63017	27-2081900	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
GATEWAY PET GUARDIANS 725 NORTH 15TH STREET EAST ST. LOUIS, MO 62205	26-0096240	501(C)3	175,100.	0.			PROGRAM ACTIVITY FUNDING
GATEWAY TO HOPE 3114 SUTTON BLVD ST. LOUIS, MO 63143	20-2737792	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
GLOBAL VENDING GROUP, INC 6000 N BAILEY AVE SUITE 1E AMHERST, NY 14226	47-3652093		6,200.	0.			PROGRAM ACTIVITY FUNDING
GREAT RIVERS GREENWAY FOUNDATION 3745 FOUNDRY WAY SUITE 253 ST. LOUIS, MO 63110	47-3769925	501(C)3	5,400.	0.			PROGRAM ACTIVITY FUNDING
HEALING ACTION NETWORK INC PO BOX 39429 ST. LOUIS, MO 63139	45-4398011	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
HINDU HERITAGE ENDOWMENT 107 KAHOLALELE RD KAPAA, HI 96746	99-0308924	501(C)3	10,001.	0.			PROGRAM ACTIVITY FUNDING
HINDU TEMPLE OF ST. LOUIS 725 WEIDMAN ROAD ST. LOUIS, MO 63011	43-1457073	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
HUMANE SOCIETY OF MEMPHIS & SHELBY COUNTY - 935 FARM ROAD - MEMPHIS, TN 38134	23-7236238	501(C)3	25,595.	0.			PROGRAM ACTIVITY FUNDING

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IFM COMMUNITY MEDICINE 5501 DELMAR BLVD - SUITE B560 ST. LOUIS, MO 63112	43-1863752	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
ILLUSIONS SOFTBALL ASSOCIATION 1311 BARKMAN DRIVE ST. LOUIS, MO 63146	43-1789511	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
IMMIGRANT & REFUGEE WOMEN'S PROGRAM - 3672B ARSENAL STREET - ST. LOUIS, MO 63116	42-1696954	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
INCARNATE WORD ACADEMY 2788 NORMANDY DRIVE ST. LOUIS, MO 63121	43-0893321	501(C)3	161,211.	0.			PROGRAM ACTIVITY FUNDING
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090-6961	54-1722887	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
JENNINGS SCHOOL DISTRICT 2559 DORWOOD DRIVE JENNINGS, MO 63136	43-6001840	501(C)3	11,563.	0.			PROGRAM ACTIVITY FUNDING
JEWISH FEDERATION OF ST. LOUIS 12 MILLSTONE CAMPUS DRIVE ST. LOUIS, MO 63146	43-0652643	501(C)3	5,100.	0.			PROGRAM ACTIVITY FUNDING
KENRICK-GLENNON SEMINARY 5200 GLENNON DRIVE ST. LOUIS, MO 63119	35-2193656	501(C)3	21,998.	0.			PROGRAM ACTIVITY FUNDING
KIDS WIN MISSOURI 814 BERGQUIST DRIVE BALLWIN, MO 63011	82-5089535	501(C)3	348,500.	0.			PROGRAM ACTIVITY FUNDING

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KIRKWOOD BAPTIST CHURCH 211 N WOODLAWN AVENUE KIRKWOOD, MO 63122	43-1170520	501(C)3	46,885.	0.			PROGRAM ACTIVITY FUNDING
L'ARCHE ST. LOUIS, INC 9445 LITZSINGER RD SAINT LOUIS, MO 63144	26-0252481	501(C)3	29,000.	0.			PROGRAM ACTIVITY FUNDING
LIVING WELL FOUNDATION 3602 LIONS DEN ROAD IMPERIAL, MO 63052	20-5357902	501(C)3	13,009.	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	25,000.	0.			PROGRAM ACTIVITY FUNDING
LOYOLA ACADEMY OF ST LOUIS 3851 WASHINGTON BLVD SAINT LOUIS, MO 63108	43-1859076	501(C)3	32,500.	0.			PROGRAM ACTIVITY FUNDING
LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION - 3558 S. JEFFERSON AVE. - ST. LOUIS, MO 63118	43-0780770	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
LUTHERAN ELEMENTARY SCHOOL ASSOCIATION - 11123 SOUTH TOWNE SQUARE SUITE F - ST. LOUIS, MO 63123	43-1853158	501(C)3	53,204.	0.			PROGRAM ACTIVITY FUNDING
LUTHERAN HIGH SCHOOL ASSOCIATION 5401 LUCAS AND HUNT ROAD SUITE 103 ST. LOUIS, MO 63121	43-0662478	501(C)3	68,787.	0.			PROGRAM ACTIVITY FUNDING

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

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LUTHERAN HIGH SCHOOL OF ST. CHARLES COUNTY - 5100 MEXICO ROAD - ST. PETERS, MO 63376	43-1204110	501(C)3	35,000.	0.			PROGRAM ACTIVITY FUNDING
MASSACHUSETTS GENERAL HOSPITAL DEVELOPMENT OFFICE 125 NASHUA STREET SUITE 540 - BOSTON, MA 02114	04-3230035	501(C)3	20,000.	0.			PROGRAM ACTIVITY FUNDING
MERCY SHIPS P.O. BOX 2020 GARDEN VALLEY, TX 75771	26-2414132	501(C)3	6,375.	0.			PROGRAM ACTIVITY FUNDING
MISSION ST. LOUIS 3108 N GRAND BLVD ST. LOUIS, MO 63107	20-8983607	501(C)3	24,500.	0.			PROGRAM ACTIVITY FUNDING
MURUGAN TEMPLE OF ST. LOUIS 17880 BONHOMME FORK COURT CHESTERFIELD, MO 63005	85-3731003	501(C)3	5,001.	0.			PROGRAM ACTIVITY FUNDING
NATIONAL COUNCIL OF JEWISH WOMEN, INC - 295 N LINDBERGH BLVD - ST. LOUIS, MO 63141	43-0722936	501(C)3	10,480.	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 (NSC) - 8050 WATSON ROAD - ST. LOUIS, MO 63119	43-1752694	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
NEW BEGINNINGS LUTHERAN CHURCH 791 NEW BEGINNINGS DRIVE PACIFIC, MO 63069	43-0658188	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDING

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NEW SALEM BAPTIST CHURCH 2775 DEATSVILLE RD COXS CREEK, KY 40013	61-1015642	501(C)3	6,885.	0.			PROGRAM ACTIVITY FUNDING
NINE PBS 3655 OLIVE STREET ST. LOUIS, MO 63108	43-0685345	501(C)3	42,114.	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 ST. LOUIS, MO 63143	43-1601329	501(C)3	26,000.	0.			PROGRAM ACTIVITY FUNDING
ONE CLASSROOM P.O. BOX 221447 ST. LOUIS, MO 63122	47-3675282	501(C)3	200,000.	0.			PROGRAM ACTIVITY FUNDING
OUR LADY OF LOURDES CATHOLIC CHURCH - 7148 FORSYTH BLVD - ST. LOUIS, MO 63105	43-0653244	501(C)3	12,000.	0.			PROGRAM ACTIVITY FUNDING
OUR LADY'S INN 4223 S COMPTON ST. LOUIS, MO 63111	43-1213751	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
PARENTS FOR PEACE 1490 UNION AVENUE #153 MEMPHIS, TN 38104	47-4142897	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
PARKWAY ALUMNI ASSOCIATION 455 N WOODS MILL ROAD CHESTERFIELD, MO 63017	43-1592609	501(C)3	17,876.	0.			PROGRAM ACTIVITY FUNDING

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PATHWAYS TO INDEPENDENCE 11457 OLDE CABIN ROAD SUITE 235 ST. LOUIS, MO 63141	43-1504762	501(C)3	80,000.	0.			PROGRAM ACTIVITY FUNDING
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	25,000.	0.			PROGRAM ACTIVITY FUNDING
PRISON FELLOWSHIP PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)3	6,375.	0.			PROGRAM ACTIVITY FUNDING
QUEENS PUBLIC LIBRARY FOUNDATION 89-11 MERRICK BOULEVARD JAMAICA, NY 11432	11-3009405	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL - 11365 DORSETT ROAD - MARYLAND HEIGHTS, MO 63043	43-0666765	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
READY READERS 10403 BAUR BOULEVARD SUITE H ST. LOUIS, MO 63132	43-1841631	501(C)3	80,800.	0.			PROGRAM ACTIVITY FUNDING
ROSATI-KAIN HIGH SCHOOL 4389 LINDELL BOULEVARD ST. LOUIS, MO 63108	92-0677719	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
RURAL PARISH CLINIC OF THE ARCHDIOCESE OF ST LOUIS - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	84-3396327	501(C)3	65,173.	0.			PROGRAM ACTIVITY FUNDING

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SAINT LOUIS STORY STITCHERS ARTISTS COLLECTIVE - 3701 GRANDEL SQUARE 1A - SAINT LOUIS, MO 63108	61-1750223	501(C)3	53,298.	0.			PROGRAM ACTIVITY FUNDING
SAINT LOUIS ZOO ASSOCIATION 1 GOVERNMENT DR. ST. LOUIS, MO 63110	43-1727309	501(C)3	8,110,499.	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(C)3	8,500.	0.			PROGRAM ACTIVITY FUNDING
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL - 348 S MASON ROAD - ST. LOUIS, MO 63141	43-1772004	501(C)3	14,100.	0.			PROGRAM ACTIVITY FUNDING
SAVE OUR SEABIRDS 1708 KEN THOMPSON PKWY SARASOTA, FL 34246	59-3078536	501(C)3	75,000.	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	15,000.	0.			PROGRAM ACTIVITY FUNDING

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SHERWOOD FOREST CAMP INC. 2708 SUTTON BLVD ST. LOUIS, MO 63143	43-0653401	501(C)3	25,200.	0.			PROGRAM ACTIVITY FUNDING
SSM HEALTH CARDINAL GLENNON CHILDREN'S FOUNDATION - SSMHEALTH 3800 PARK AVENUE - ST. LOUIS, MO 63110	43-1754347	501(C)3	1,640,500.	0.			PROGRAM ACTIVITY FUNDING
ST GABRIEL THE ARCHANGEL CATHOLIC CHURCH - 6303 NOTTINGHAM AVENUE - ST. LOUIS, MO 63109	53-0196617	501(C)3	53,800.	0.			PROGRAM ACTIVITY FUNDING
ST. JOSEPH INSTITUTE FOR THE DEAF 1314 STRASSNER DR ST. LOUIS, MO 63144	53-0196617	501(C)3	150,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS AREA DIAPER BANK 6141 ETZEL AVE. ST. LOUIS, MO 63133	37-1787940	501(C)3	36,500.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS BEREAVEMENT CENTER FOR YOUNG PEOPLE - 1333 W LOCKWOOD SUITE 104 - ST. LOUIS, MO 63122	43-1801433	501(C)3	8,600.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS CRISIS NURSERY 11710 ADMINISTRATION DRIVE SUITE 18 ST. LOUIS, MO 63146	43-1410297	501(C)3	145,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS DANCING CLASSROOMS PO BOX 179171 ST. LOUIS, MO 63117	90-0509284	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDING
ST. LOUIS LEARNING DISABILITIES ASSOCIATION INC - 13537 BARRETT PARKWAY DRIVE SUITE 110 - BALLWIN, MO 63021	30-0079611	501(C)3	15,000.	0.			PROGRAM ACTIVITY FUNDING

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ST. LOUIS MISSIONARIES OF CHARITY 3629 COTTAGE AVENUE ST. LOUIS, MO 63113	53-0196617	501(C)3	50,000.	0.			PROGRAM ACTIVITY FUNDING
ST. MARY'S HIGH SCHOOL 6905 CHEF MENTEUR BLVD. NEW ORLEANS, LA 70126	46-5459391	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
ST. MARY'S HIGH SOUTHSIDE CATHOLIC HIGH SCHOOL - 4701 S. GRAND - ST. LOUIS, MO 63111	92-0686634	501(C)3	46,498.	0.			PROGRAM ACTIVITY FUNDING
ST. MONICA CATHOLIC CHURCH 12136 OLIVE BLVD CREVE COEUR, MO 63141	53-0196617	501(C)3	22,220.	0.			PROGRAM ACTIVITY FUNDING
ST. VINCENT DE PAUL SOCIETY 4431 LINDELL BLVD ST. LOUIS, MO 63108	13-5562362	501(C)3	5,100.	0.			PROGRAM ACTIVITY FUNDING
STL SOCIAL VENTURE PARTNERS / REGIONAL BUSINESS COUNCIL - 7701 FORSYTH BOULEVARD SUITE 205 - ST. LOUIS, MO 63105	43-1913803	501(C)3	10,000.	0.			PROGRAM ACTIVITY FUNDING
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST. LOUIS, MO 63103-2219	43-1823801	501(C)3	207,123.	0.			PROGRAM ACTIVITY FUNDING
THE CHILD ADVOCACY CENTER OF NORTHEAST MISSOURI INC - 989 HERITAGE PARKWAY - WENTZVILLE, MO 63385	43-1856223	501(C)3	30,000.	0.			PROGRAM ACTIVITY FUNDING
THE COVERING HOUSE P.O. BOX 25 VALLEY PARK, MO 63088	27-1372748	501(C)3	40,000.	0.			PROGRAM ACTIVITY FUNDING

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THE FAVORED FOUNDATION FOR STRENGTHENING FAMILIES - 5990 PAGE BOULEVARD - ST. LOUIS, MO 63112	46-3901875	501(C)3	40,000.	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 HAVEN OF GRACE 1225 WARREN STREET ST. LOUIS, MO 63106	43-1611181	501(C)3	15,100.	0.			PROGRAM ACTIVITY FUNDING
THE NOIR BOOKSHOP 2317 CHEROKEE ST. ST. LOUIS, MO 63118			7,376.	0.			PROGRAM ACTIVITY FUNDING
THE SALVATION ARMY MIDLAND DIVISION - 1130 HAMPTON AVENUE - ST. LOUIS, MO 63139-3147	36-2167910	501(C)3	21,600.	0.			PROGRAM ACTIVITY FUNDING
THE SCHOLARSHIP FOUNDATION OF ST. LOUIS - 6825 CLAYTON AVE - ST. LOUIS, MO 63139	43-6031234	501(C)3	29,000.	0.			PROGRAM ACTIVITY FUNDING
THORNE ECOLOGICAL INSTITUTE - THORNE NATURE EXPERIENCE - 300 OLD LARAMIE TRAIL EAST - LAFAYETTE, CO 80026	84-6029250	501(C)3	7,000.	0.			PROGRAM ACTIVITY FUNDING
TODAY AND TOMORROW EDUCATIONAL FOUNDATION - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-1633656	501(C)3	825,000.	0.			PROGRAM ACTIVITY FUNDING
TROY SCHOOL DISTRICT - HAMILTON ELEMENTARY SCHOOL - 4400 LIVERNOIS ROAD - TROY, MI 48098	26-0842874	501(C)3	6,000.	0.			PROGRAM ACTIVITY FUNDING

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UNLEASHING POTENTIAL 1000 N. VANDEVENTER AVE, 2ND FLOOR ST. LOUIS, MO 63113	43-0654857	501(C)3	77,600.	0.			PROGRAM ACTIVITY FUNDING
UNLIMITED PLAY 5988 MID RIVERS MALL DRIVE SUITE 23 ST. PETERS, MO 63304	13-4252421	501(C)3	400,000.	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
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE MSC 1082-414-2555 - ST. LOUIS, MO 63130-9989	43-0653611	501(C)3	6,050.	0.			PROGRAM ACTIVITY FUNDING
WHETSTONE BOYS RANCH 6850 COUNTY ROAD 2660 MOUNTAIN VIEW, MO 65548	20-2577841	501(C)3	60,000.	0.			PROGRAM ACTIVITY FUNDING
WILD ENTRUST INTERNATIONAL 1919 EAST LAKE SAMMAMISH PLACE SE SAMMAMISH, WA 98075	71-1011900	501(C)3	300,000.	0.			PROGRAM ACTIVITY FUNDING
WINGS OF HOPE 18370 WINGS OF HOPE BLVD CHESTERFIELD, MO 63005	43-0909606	501(C)3	25,000.	0.			PROGRAM ACTIVITY FUNDING
WORLD BIRD SANCTUARY 125 BALD EAGLE RIDGE ROAD VALLEY PARK, MO 63088	43-1184675	501(C)3	37,731.	0.			PROGRAM ACTIVITY FUNDING
WYMAN CENTER, INC. 600 KIWANIS DRIVE EUREKA, MO 63025	43-0653263	501(C)3	80,000.	0.			PROGRAM ACTIVITY FUNDING

Schedule I (Form 990)

[illegible]

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
INDIVIDUAL GRANT FROM EMERGENCY WELFARE FUND	1	7,700.	0.		

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

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 OF THE GRANT. GRANTS THAT ARE MADE FROM FIELD OF INTEREST FUNDS OR THE YOUTHBRIDGE DISCRETIONARY GRANT FUNDS ARE SUBJECT TO A FORMAL GRANT AGREEMENT. TYPICALLY, THESE GRANTS ALSO REQUIRE FOLLOW UP REPORTS.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number

43-6064111

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 3:

THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AFTER
COMPETITIVE ANALYSIS (FOR SIMILAR POSITIONS AT SIMILAR NOT-FOR-PROFIT
ORGANIZATIONS) AND IN CONSIDERATION WITH EXPERIENCE AND SUBMITTED TO THE
BOARD FOR APPROVAL.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number

43-6064111

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	3,278,834.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FALL EVENT ITEM)	X	5	9,100.	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported on 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

Yes No

30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2024

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.

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

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization YOUTHBRIDGE COMMUNITY FOUNDATION	Employer identification number 43-6064111
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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:
ESPECIALLY THOSE FOCUSED ON CHILDREN, THROUGH LEADERSHIP, GRANTS AND
DONOR SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. SUBSEQUENT
TO PREPARATION, THE FORM 990 IS APPROVED AND SIGNED BY THE CHIEF EXECUTIVE
OFFICER. PRIOR TO FILING WITH THE IRS, AN ELECTRONIC COPY OF THE IRS FORM
990 IS DISTRIBUTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:
WHENEVER A BOARD MEMBER IDENTIFIES A POTENTIAL CONFLICT OF INTEREST, EITHER
IN THEIR OWN CASE OR IN THE CASE OF ANOTHER BOARD MEMBER, THE SITUATION
MUST BE BROUGHT TO THE ATTENTION OF THE PRESIDENT OF THE BOARD. IF A
CONFLICT IS PERCEIVED TO EXIST BY THE PRESIDENT, THE MATTER WILL BE BROUGHT
TO THE FULL BOARD FOR DISCUSSION. THE BOARD MEMBER INVOLVED WILL BE
NOTIFIED AND REMOVED FROM ANY DISCUSSION PERTAINING TO THE CONFLICT. UPON
RESOLUTION, THE PARTY OR PARTIES INVOLVED WILL BE ADVISED OF THE BOARD
DECISION. DECISIONS ARE REQUIRED TO BE DULY RECORDED IN THE BOARD RECORDS.
CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM NEW BOARD MEMBERS AT THE
FIRST BOARD MEETING THAT THEY ATTEND, AND ARE UPDATED ANNUALLY AND
COLLECTED AND REVIEWED BY THE CEO.

FORM 990, PART VI, SECTION B, LINE 15:
THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AFTER
COMPETITIVE ANALYSIS (FOR SIMILAR POSITIONS AT SIMILAR NOT-FOR-PROFIT
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 2024, 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	324,190.
BEQUEST OF BENEFICIAL INTEREST IN TRUST	4,214,222.
TOTAL TO FORM 990, PART XI, LINE 9	4,538,412.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

YOUTHBRIDGE COMMUNITY FOUNDATION

Employer identification number
43-6064111

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) (Rev. 1-2025)

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

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

OMB No. 1545-0047

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (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
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **BARBARA CARSWELL- CEO**
12977 NORTH FORTY DRIVE, SUITE 368 - ST. LOUIS, MO 63141

Telephone No. **314-985-6778** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form **8868** (Rev. 1-2025)