DLN: 93493317028849 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable YOUTHBRIDGE COMMUNITY FOUNDATION □ Address change 43-6064111 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 12977 NORTH FORTY DRIVE NO 368 ☐ Amended return ☐ Application pending (314) 985-6778 City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO $\,$ 63141 $\,$ G Gross receipts \$ 25,277,796 Name and address of principal officer H(a) Is this a group return for MICHAEL HOWARD ☐Yes **☑**No subordinates? 12685 OLIVE BLVD H(b) Are all subordinates ST LOUIS, MO 63141 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW YOUTHBRIDGE ORG L Year of formation 1877 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities HELPING DONORS PURSUE THEIR CHARITABLE INTENT AND HELPING NONPROFITS BECOME MORE SUSTAINABLE Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 13 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . 1,670,046 16,634,435 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,203,391 1,351,235 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 56,929 138,683 3,930,366 18,124,353 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,797,350 2,123,271 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶213,504 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 975,938 1,186,669 2,773,288 3,309,940 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,157,078 14,814,413 Net Assets or Fund Balances Beginning of Current Year End of Year 40,345,917 50,612,113 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 896,693 1,180,015 22 Net assets or fund balances Subtract line 21 from line 20 . 39,449,224 49,432,098 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 2019-11-13 Signature of officer Sign Here MICHAEL HOWARD CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00829977 Paid self-employed Firm's name ► RUBINBROWN LLP Firm's EIN ► 43-0765316 Preparer Use Only Firm's address ▶ ONE NORTH BRENTWOOD Phone no (314) 290-3300 SAINT LOUIS, MO 63105 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Staten	nent of Program Service	e Accomplishr	nents		
	——— Check ıf	Schedule O contains a respo	nse or note to an	line in this Part III .		🗹
1		the organization's mission				
COM	MUNITY NEEDS		OF PHILANTHRO	PY SERVICES THAT IN	NITIES BY BRIDGING THE RESOUR(CLUDE DONOR ADVISED FUNDS, FO	
2	Did the organiz	ation undertake any significa	nt program servic	es during the year wh	ıch were not listed on	
	the prior Form	990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Sch	nedule O			
3	Did the organiz	ation cease conducting, or m	ake significant ch	anges in how it condu	cts, any program	
			 e O			☐ Yes 🗹 No
4	Section 501(c)(ons are required to	report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code See Addıtıonal Da) (Expenses \$ ata	2,824,408 ।	ncluding grants of \$	2,123,271) (Revenue \$)
4b	(Code) (Expenses \$	ı	ncluding grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	1	ncluding grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedi	ule O) uding grants of \$) (Revenue \$)
4e	Total program	n service expenses >	2,824,408			

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No 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? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **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 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

No

Yes

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Pa	tiV Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

Yes

Yes

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No

38

0

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable
 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N No Is the organization an educational institution subject to the section 4968 excise tax on net investment income? Form **990** (2018)

orm '	990 (2018)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Sec	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent			
	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	\sqcup		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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?		103	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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?	16b		
Sec	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)			
L 9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	MICHAEL HOWARD CEO 1260F OLIVE BLVD CT LOUIS MO 62141 (214) 00F 6770			

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if neither the organization no	i ally related of	yanızat	ion c	ornp	ens	ated a	пу с	urrent omcer, aire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of or/t	t cha unle: ficer trust	ss pers and a ee)	on I	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DAN BEAN CHAIRMAN	1 00	Х		×				0	0	0
(2) LISA MCLAUGHLIN VICE CHAIR	1 00	Х		x				0	0	0
(3) MARK LAMMERT TREASURER	1 00	Х		х				0	0	0
(4) JEFFREY MOENKHAUS SECRETARY & CHAIR ELECT	1 00	Х		х				0	0	0
(5) SAM HOPMEIER FINANCE SECRETARY	1 00	Х		x				0	0	0
(6) KEN BOWER DIRECTOR	1 00	Х						0	0	0
(7) STACY CLAY DIRECTOR	1 00	Х						0	0	0
(8) RICK KALLAUS DIRECTOR	1 00	Х						0	0	0
(9) LIZ KRIEGSHAUSER DIRECTOR	1 00	Х						0	0	0
(10) DAN SHASSERRE DIRECTOR	1 00	Х						0	0	0
(11) DENNIS G TACCHI DIRECTOR	1 00	Х						0	0	0
(12) ASHLAND TATE DIRECTOR	1 00	Х						0	0	0
(13) WENDY WALSH DIRECTOR	1 00	X						0	0	0
(14) MICHAEL HOWARD CEO	45 00				x			175,191	0	18,030
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Form 990 (20 Part VII	(018)										Page 8
Part VII	Section A. Officers, Di	rectors, Trustees	s, Key I	Empl	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne b	ox, u in off tor/ti	t che inles ficer	s pers	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

_				
t compensated , ee				_
nployee				
ual trustee ctor				
ille)				

c ·	Sub-Total	art VII , Section	Α.				*		175,191				18,030
	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rec	<u>' </u>	100,000	<u> </u>		10,030
3	Did the organization list any former (officer, director	or trust	ee, k	ey ei	mplo	oyee, d	or hi	ghest compensate	d employee on		Yes	No

1b :	Sub-Total					1	•	•					
c ·	Total from continuation sheets to Part	t VII , Section	Α.			•	• 「						
ď	Total (add lines 1b and 1c)					•	• 🗀	175	191		0		18,030
2	Total number of individuals (including b of reportable compensation from the or			se list	ed ab	oove) v	/ho r	eceived more t	han \$10	0,000			
												Yes	No
3	Did the organization list any former off line 1a? <i>If "Yes," complete Schedule J fo</i>							-			n 3		No
4	For any individual listed on line 1a, is the organization and related organizations of	greater than	\$150,00	0? <i>If</i>	"Yes,	" com	lete	Schedule J for		the			
	ındıvıdual			•	•		•				• 4	Yes	
_													

d.	Total (add lines 1b and 1c)	175,191		0		18,030
2	Total number of individuals (including but not limited to those listed above) who f reportable compensation from the organization $ ightharpoonup$ 1	no received more than	\$100,000			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, line 1a? <i>If "Yes," complete Schedule J for such individual</i>			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," compliant individual			4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unreservices rendered to the organization? If "Yes," complete Schedule 1 for such persons	-		_		

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ation	

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

	organization and related organizations greater than \$150,000 if res, complete Schedule I for such			l
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of con-	nnensa	ition	

	services rendered to the organization? If "Yes," complete Schedule J for such person			5	No				
Se	Section B. Independent Contractors								
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A)		(B)		(C)				

Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year						
	(A)	(B)	(C)				
	Name and business address	Description of services	Compensation				

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Part \							
	Check if Schedul	le O contains a re	esponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
8 S	1a Federated campaig	ns 1	la	_			
ant	b Membership dues	1	lb	<u> </u>			
وَ وَا	c Fundraising events	1	lc	_			
ifts, ar A	d Related organizatio	ons 1	ld	<u> </u>			
£, 6	e Government grants (co	ontributions)	le	_			
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions and similar amounts n above	ot included	Lf 16,634,4	35			
Contrib and Oth	· -		4,705,069				
<u>ۃ ت</u>	h Total. Add lines 1a	-1f	•	16,634,435			
H.	. _		Busir	ness Code			
Program Service Revenue	Σa						
ı, Q‡	b ————						
3 3							
<u>ક</u> ્રે	u						
jran	f All other program se						
اکھ	9Total. Add lines 2a-2						
	3 Investment income (i		ds. interest, and otl	her			
	sımılar amounts) .		i	999,66	7		999,667
	4 Income from investme			•			
	5 Royalties	(ı) Real	(II) Persona	•			
	6a Gross rents	(I) Real	(II) Persona	11			
	b Less rental expenses						
	c Rental income or			_			
	(loss)						
	d Net rental income o	r (loss)		>			
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	7,505,	011				
	assets other than inventory						
	b Less cost or						
	other basis and sales expenses	7,153,	443				
	C Gain or (loss)	351,	568				
	d Net gain or (loss)			351,568	8		351,568
	8a Gross income from f (not including \$	undraising event of	S				
Revenue	contributions reporte See Part IV, line 18						
eve	b Less direct expense		a b				
ب بح	c Net income or (loss)			>			
Other	9a Gross income from g	gaming activities	, ,				
0	See Part IV, line 19						
	b Less direct expense	95	a b				
	c Net income or (loss)		L	 ▶			
1	LOaGross sales of invent						
	returns and allowand	ces	a				
	b Less cost of goods s	sold	b				
	c Net income or (loss)			 >			
	Miscellaneous		Business Cod				
ļ	11aMISCELLANEOUS IN	NCOME	90	138,68	138,683		
	b						
	c						
	d All other revenue .						
	e Total. Add lines 11a	ı–11d		138,68	3		
	12 Total revenue. See	Instructions .		18,124,35			0 1 251 225
				18,124,35.	138,683	Ί	0 1,351,235 Form 990 (2018)

Form 990 (2018) Page **10 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 . (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and 2,123,271 2,123,271 domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 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 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 9 Other employee benefits . 10 Payroll taxes . . . 11 Fees for services (non-employees) a Management . 14,384 14,384 **b** Legal 10,800 10,800 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 318 452 f Investment management fees 318.452 q Other (If line 11g amount exceeds 10% of line 25, column 567,508 241,591 187,062 138,855 (A) amount, list line 11g expenses on Schedule O) 121.575 60.787 60.788 12 Advertising and promotion 13 Office expenses . 14,827 10,379 2,224 2,224 14 Information technology 15 Royalties . 36,510 36,510 16 Occupancy . 5.948 892 892 4,164 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 2,630 2,630 19 Conferences, conventions, and meetings 20 Interest . 21 Payments to affiliates . . 10,733 4,781 3,175 2,777 **22** Depreciation, depletion, and amortization 32,714 24,536 8,178 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 22,511 10,029 6.658 5,824 a MISCELLANEOUS **b** MAINTENANCE 18,571 16,714 929 928 c UTILITIES 9,506 7,074 1,216 1,216 d

3,309,940

2,824,408

272,028

213,504

Form **990** (2018)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e 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) Inventories for sale or use .

Less accumulated depreciation

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Grants payable . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

1 2

Assets

11

12

13

14

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17

18

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33

34

Liabilities 22

Fund Balance

Assets or 30

Net

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

3,651,170

2,752,807

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10c

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33

34

14.547

844,555

416.855

3.062.147

40.345.917

39.852

42.575

814.266

896,693

36.387.077

3.062.147

39.449.224

40.345.917

34,533,972

Page **11**

1,458,095

21.818

898,363

44,202,499

1.318.624

2.712.714

50.612.113

44.146

154,107

981.762

1.180.015

46.719.385

2.712.713

49,432,098

50,612,113

Form **990** (2018)

	Beginning of year		End of year
Cash-non-interest-bearing	1,473,841	1	1,
Savings and temporary cash investments		2	
			(

Pledges and grants receivable, net . . 4

3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

10a

10b

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net .

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No 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 in Schedule O and describe any steps taken to undergo such audits 3b

Additional Data

Software ID:

Software Version:

EIN: 43-6064111

Name: YOUTHBRIDGE COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

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

		ULE A		PROCESS	As Filed Data -	•	L. L' O		3493317028849 OMB No 1545-0047
	m 99		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	r a section	2018
terno	l Reven	the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information	•	Open to Public Inspection
am OUTH	e of th IBRIDG	he organiza SE COMMUNITY	tion FOUNDATION					Employer identific	ation number
Dа	rt I	Peacon	for Public (harity Stat	us (All organization	e must comple	ate this part \ 9	43-6064111	
					e it is (For lines 1 thro			dee mad decions.	
1		A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3	\Box	A hospital o	or a cooperati	ve hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		_	ation operated (iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government o	governmental unit de	scribed in secti	on 170(b)(1)(<i>f</i>	\)(v).	
7	✓	section 17	O(b)(1)(A)(vi). (Complete	,			init or from the gener	al public described in
8		A communi	ty trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part 1	II)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
)		from activit	nes related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety	See section 509	(a)(4).	
2		more public	ly supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509 (a	
a		Type I. A so	supporting org n(s) the powe	janization oper	rated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio				ited with, its
d		Type III n	on-function	ally integrate he organizatio	ions) You must com d. A supporting organ n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported orgai	
е		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations	egracea supporting	organización			
g	Provi	de the follow	ing information	on about the s	pported organization(
	(i) Name of supported (ii) organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
ota]								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 1128	5F :	Schedule A (Form 9	90 or 990-EZ) 201

Page 2

•	Section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(-/	(-,	(-,	(,	(-/	
1	Gifts, grants, contributions, and						
	membership fees received (Do not	418,582	822,311	1,111,289	1,670,046	16,634,435	20,656,663
	include any "unusual grant ")						
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	418,582	822,311	1,111,289	1,670,046	16,634,435	20,656,663
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						6,437,484
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	Dublic commont Contract line E from						
•	Public support. Subtract line 5 from line 4						14,219,179
:	Section B. Total Support					•	
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	` ,	` '	` '	` '	• • •	(1)10ta
7	Amounts from line 4	418 582	822 311	1 111 289	1 670 046	16 634 435	20 656 663

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

	mie 4							
S	Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	418,582	822,311	1,111,289	1,670,046	16,634,435	20,656,663	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,025,716	965,044	682,603	697,703	999,667	4,370,733	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	31,055	56,579	42,403	56,929	138,683	325,649	
11	Total support. Add lines 7 through 10						25,353,045	
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
12	First five warms If the Farm 000 is fa			6		-t F01/-\/2\		

13 First five 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, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 56 080 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 36 190 % 16a 33 1/3% support test-2018. 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 33 1/3% support test-2017. 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-2018. 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 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(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 in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection 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		
_	<u> </u>			
	ection 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	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? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6				
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations					
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)	1						
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1 b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI)							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	Section C - Distributable Amount		_	Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see				

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 43-6064111

Name: YOUTHBRIDGE COMMUNITY FOUNDATION

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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)

instructions)
Facts And Circumstances Test

SCHEDULE D

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

Supplemental Financial Statements

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

OMB No 1545-0047

DLN: 93493317028849

(Form 990)

•	rtment of the Treasury		Attach to Form 990.	Open to Public
	al Revenue Service me of the organ		gov/Form990 for the latest information.	Inspection Employer identification number
	UTHBRIDGE COMMUN			
				43-6064111
Pa		zations Maintaining Donor Adv te if the organization answered "Ye	ised Funds or Other Similar Funds o	r Accounts.
	Сотпріс	to in the organization anowered 1.	(a) Donor advised funds	(b)Funds and other accounts
1	Total number at	end of year	50	
2	Aggregate value	of contributions to (during year)	16,326,495	
3	Aggregate value	of grants from (during year)	1,767,584	
4	Aggregate value	at end of year	29,494,839	
5		ation inform all donors and donor advisor roperty, subject to the organization's e	ors in writing that the assets held in donor ad xclusive legal control?	vised funds are the Ves No
6	Did the organiza charitable purpo private benefit?	oses and not for the benefit of the dono	onor advisors in writing that grant funds can r or donor advisor, or for any other purpose c	be used only for onferring impermissible Yes No
Pa	rt III Conser	vation Easements. Complete if t	he organization answered "Yes" on Form	
1	Purpose(s) of co	onservation easements held by the orga	anızatıon (check all that apply)	
	☐ Preservation	on of land for public use (e g , recreation	n or education) Preservation of an	historically important land area
	☐ Protection	of natural habitat	Preservation of a c	ertified historic structure
	Preservation	on of open space		
2		·	qualified conservation contribution in the for	m of a conservation
		e last day of the tax year	1	Held at the End of the Year
a		conservation easements	-	2a
b	_	stricted by conservation easements		2b
C		ervation easements on a certified histor	` '	2c
d		ervation easements included in (c) acqu n the National Register	ured after 7/25/06, and not on a historic	2d
3	Number of constax year ▶	ervation easements modified, transferr	ed, released, extinguished, or terminated by t	the organization during the
4	Number of state	es where property subject to conservati	on easement is located 🟲	
5		zation have a written policy regarding t it of the conservation easements it hold	he periodic monitoring, inspection, handling cls?	of violations,
6	Staff and volunt	teer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expe	nses incurred in monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
8	Does each conse) above satisfy the requirements of section 17	
9	balance sheet, a		servation easements in its revenue and expere e footnote to the organization's financial state	
Par	rt IIII Organi	-	of Art, Historical Treasures, or Othe	er Similar Assets.
1a	If the organizati	ion elected, as permitted under SFAS 1 easures, or other similar assets held for	16 (ASC 958), not to report in its revenue star public exhibition, education, or research in fi ncial statements that describes these items	
b	historical treasu		16 (ASC 958), to report in its revenue statem blic exhibition, education, or research in furthe	
	(i) Revenue ınclud	led on Form 990, Part VIII, line 1		▶ \$
(ii)Assets ıncluded	ın Form 990, Part X		▶ \$
2	If the organizati	·	ical treasures, or other similar assets for finar 116 (ASC 958) relating to these items	
а	Revenue include	ed on Form 990, Part VIII, line 1	·	> \$
h	Accete included	in Form 990 Part Y		.

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Mai	intaining Col	lections of	Art, Histo	rical T	reası	ures, o	r Other	· Similar As	ssets (ca	ntınued)	
3		the organization's acqui	sition, accessior	n, and other r	ecords, chec	k any of	the fo	llowing 1	that are	a sıgnıfıcant u	ise of its o	collection	
_	ıtems	s (check all that apply)			d								
а	Ш	Public exhibition			u	Ш	Loan	or exch	ange pro	grams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4	Provi Part	de a description of the or XIII	ganızatıon's col	lections and e	explain how t	hey furt	her th	e organi:	zation's e	exempt purpo	se in		
5		ng the year, did the orgar ts to be sold to raise fund								mılar	☐ Yes	□ r	No
Pa	rt IV	Escrow and Custo											
		Complete if the orga X, line 21.	anization answ	vered "Yes"	on Form 99	90, Part	IV, li	ine 9, o	r report	ed an amou	int on Fo	rm 990,	Part
	Ic the	e organization an agent,	trustoo sustadi:	an or other in	tormodian <i>i</i> f	or contr	hution	or oth	or accets	not			
Ia		ded on Form 990, Part X?		an or other m	termediary i	or contri	ibutioi	is or our	ei assets	TIOL	☐ Yes	∠ r	do.
											ies		10
b	If "Ye	es," explain the arrangem	nent in Part XIII	and complete	e the followi	ng table				Α	mount		_
С		nning balance		,		_			1c				_
d	Addıt	ions during the year							1d				
е		ibutions during the year							1e				_
f		ng balance							1f				_
2-		-		000 Dawt	V lma 24 6			احال معمد					_
2a		he organization include a								•		шг	No
b		es," explain the arrangem											
Pa	rt V	Endowment Funds	s. Complete ir	(a)Current		Prior yea			ears back			e) Four yea	rc back
1a	Beginn	ning of year balance .			34,959	18,82			17,561,09		355,384		,456,449
	-	butions				,				1			, ,
		vestment earnings, gains	and losses	-1,7	35,421	2,26	3,128		1,823,23	9 -	981,792		797,389
		s or scholarships		,	·	•	.				13,150		333,409
		expenditures for facilities					-				13,130		
-		ograms	•	8	90,697	75	0,000		562,50	0	799,350		561,057
f	Admın	istrative expenses											
g	End of	year balance		17,7	08,841	20,33	4,959	:	18,821,83	1 17,	561,092	19	,355,384
2	Provi	de the estimated percent	age of the curre	ent year end b	palance (line	1g, colu	ımn (a	i)) held a	as		I		
а		d designated or quasi-end	-	, 85 970 %	`	٥,	•	,,					
b	Perm	anent endowment >	14 030 %										
c	Tem	porarily restricted endowr	ment 🕨										
·		percentages on lines 2a, 2		ld equal 100%	/ o								
3a		here endowment funds n	•			nat are h	eld an	nd admin	istered f	or the			
	orgar	nization by										Yes	No
	(i) u	nrelated organizations .									3a(
		charca or garmaarion .									3a(No
ь 4		es" on 3a(II), are the rela ribe in Part XIII the inten	-		•						31	'	<u> </u>
_					s endownier	it runus							
Pa	rt VI	Land, Buildings, a Complete if the orga			on Form 9	90. Part	· TV. lı	ine 11a	. See Fo	orm 990. Pa	rt X. line	10.	
	Descr	iption of property	(a) Cost or oth (investme	ner basis I	(b) Cost or oth					depreciation) Book valu	ıe
	Land						82,268						82,268
	Buildir	<u> </u>		+			64,498	+		2,705,184			759,314
		nold improvements		+		- 1 .				. ,			
		ment					61,073			23,008			38,065
	Other	—					43,331			24,615			18,716
		lines 1a through 1e (Colo	umn (d) must e	gual Form 99	0, Part X. co					>			898,363
			(-)		, 20	(2)		1-//	-		edule D	Form 99	90) 2018

,	Investments—Other Securities. Complete if the	organiza	tion answ	ered "Yes" on For	m 990, Part IV,	ine 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Cost or	Method of valuation end-of-year market	n value
	ll derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related.					
	Complete if the organization answered 'Yes' on Fori		ook value		990, Part X, line Method of valuation	
(1)					end-of-year market	
(2)						
(3)						
(4)						
(5)						
(6)						
						
(8)						
(7) (8) (9)						
(8) (9) Total. (Column	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Ye	▶ es' on For	m 990. Par	t IV. line 11d See	Form 990. Part X. lı	ne 15
(8) (9) Total. (Column	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Pan	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2)	Other Assets. Complete if the organization answered 'You (a) Description	▶ es' on For	m 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	rm 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	rm 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	rm 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Par	t IV, line 11d See		Book value
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS	es' on For	rm 990, Par	t IV, line 11d See		3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T				(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL TRUSTS JAL TRUSTS JAL TRUSTS JAL TRUSTS		es' on For		(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD	Other Assets. Complete if the organization answered 'Ye (a) Description UAL TRUSTS Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		es' on For		(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal FUNDS HELD (2)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal FUNDS HELD (2) (3)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD (2) (3) (4)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal FUNDS HELD (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	
(8) (9) Total. (Column Part IX (1) PERPETU (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal I FUNDS HELD (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Ye (a) Description JAL TRUSTS JAL T		es' on For	m 990, Part IV, I	(b)	3ook value 2,712,714

Part XI

2

а

b

c d

Part XII

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-4,521,539

17,805,901

318,452

18,124,353

3,301,488

310,000

318,452

3.309.940

2,991,488

2e e 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a

2b

2c

2d

4a

4b

Explanation

-4.482.106

310.000

-349.433

310,000

318.452

4c

2e

3

4c

5

4b 318,452

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

b Add lines **4a** and **4b** c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 43-6064111

Name: YOUTHBRIDGE COMMUNITY FOUNDATION

Supplemental Information

Return Reference Explanation

PART IV, LINE 2B

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

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF A BENEFICIAL INTEREST IN MULTIPLE CHARITABLE TRUS T AGREEMENTS AND A BOARD DESIGNATED QUASI ENDOWMENT DISBURSEMENTS RECEIVED FROM THE ENDOW MENT FUNDS ARE UTILIZED TO SUPPORT THE OPERATIONS OF THE ORGANIZATION AND THE RELATED ONGO ING PROGRAM ACTIVITIES

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF PERPETUAL TRUST AGREEMENTS -349,433

Sı

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL STATEMENTS 318,452

S

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Supplemental Information							
Return Reference	Explanation						
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES NETTED AGAINST INCOME ON THE FINANCIAL STATEMENTS 318,452						

Sı

DLN: 93493317028849 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number YOUTHBRIDGE COMMUNITY FOUNDATION 43-6064111 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(3) (4)

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

Schedule I (Form 990) 2018

Part III

(2)

(5) (6)

(7) Part IV

ORGANIZATIONS THAT SUPPORT THE OVERALL CHARITABLE MISSION OF THE FOUNDATION

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

Return Reference PART I, LINE 2 ALL GRANTS ARE APPROVED BY THE BOARD AND FUNDS ARE UTILIZED IN SUPPORT OF OUALIFIED CHARITABLE ORGANIZATIONS THE ORGANIZATION HAS A GRANT APPLICATION PROCESS TO WHICH APPLYING ORGANIZATIONS MUST DEMONSTRATE HOW AND WHEN THE FUNDS WOULD BE UTILIZED TO SUPPORT THEIR

INDIVIDUAL PROGRAM MISSIONS THE GRANT COMMITTEE, A STANDING COMMITTEE OF THE BOARD OF DIRECTORS, COMPARES THE INFORMATION ON THE GRANT APPLICATIONS TO THE MISSIONS AND OBJECTIVES OF YOUTHBRIDGE TO ENSURE THAT GRANT DOLLARS ARE AWARDED TO QUALIFIED CHARITABLE

Page 2

Additional Data

AVENUE

ST LOUIS, MO 63103 ACADEMY OF ST LOUIS

1633 KEHRS MILL ROAD BLDG

CHESTERFIELD, MO 63005

Software ID: **Software Version:**

73-1712404

EIN: 43-6064111

Name: YOUTHBRIDGE COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	
A MILLION STARTS INC 110 NORTH JEFFERSON	20-4768985	501(C)(3)		102,000		

501(C)(3)

38,961

(g) Description of non-cash assistance

(h) Purpose of grant or assistance

PROGRAM ACTIVITY

FUNDING

PROGRAM ACTIVITY FUNDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ADAPTIVE SPORTS 94-2938093 E01(C)(3) 25 000 PROGRAM ACTIVITY

FUNDING

ASSOCIATION PO BOX 1884 DURANGO, CO 81302	34 2330033	301(0)(3)	23,000		FUNDING
ALIVE INC	43-1298527	501(C)(3)	15,000		PROGRAM ACTIVITY

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

ALTVE INC. PO BOX 28733

ST LOUIS, MO 63146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

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

1000 ABBEY LANE PO BOX 69

PEVELY, MO 63070

ARCH COMMUNITY SCHOOL 2153 SALISBURY STREET ST LOUIS, MO 63107	81-4084547	501(C)(3)	25,000		PROGRAM ACTIVITY FUNDING
ARCHDIOCESE OF ST LOUIS	53-0196617	501(C)(3)	5,000		PROGRAM ACTIVITY

FUNDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3689556 501(C)(3) 10.000 BRACKETS FOR GOOD INC PROGRAM ACTIVITY 49 BOONE VILLAGE 134 FUNDING

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

ZIONSVILLE, IN 46077
CENTER FOR HEARING &
SPEECH
9835 MANCHESTER ROAD

ST LOUIS, MO 63119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-1336060 501(C)(3) 16.000 CENTRAL REFORM PROGRAM ACTIVITY CONGREGATION FUNDING 5020 WATERMAN BLVD

PROGRAM ACTIVITY

FUNDING

ST LOUIS, MO 63108

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

501(C)(3)

CHILD CENTER MARYGROVE

2705 MULLANPHY LANE

FLORISSANT, MO 63031

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CHRISTIAN ACTIVITY CENTER 36-4182760 501(C)(3) 20,000 PROGRAM ACTIVITY

FUNDING

FUNDING

PROGRAM ACTIVITY

540 N 6TH STREET EAST ST LOUIS, IL 62201

TUCSON, AZ 85726

COMMUNITY FOOD BANK INC. 51-0192519 501(C)(3) PO BOX 26727

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CONNECTIONS TO SUCCESS 43-1859283 501(C)(3) 25,000 PROGRAM ACTIVITY 3000 LITTLE HILLS EXPY FUNDING

SUITE 102 ST CHARLES, MO 63301

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

ST LOUIS, MO 63157

COVERING HOUSE 27-1372748 501(C)(3) 35,000 PROGRAM ACTIVITY PO BOX 12206 FUNDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PROGRAM ACTIVITY

43-1695861 501(C)(3) 11.000 CROWN CENTER 8350 DELCREST DRIVE FUNDING ST LOUIS, MO 63124 DISABLED SPORTS USA 94-6174016 501(C)(3) 20,000

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

ROCKVILLE, MD 20850

PROGRAM ACTIVITY 451 HUNGERFORD DRIVE STE FUNDINGPROGRAM 608 ACTIVITY FUNDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance M ACTIVITY

FUNDING

DOWN SYNDROME ASSOCIATION OF GREATER ST LOUIS 8531 PAGE AVENUE SUITE 120 ST LOUIS, MO 63114		501(C)(3)	20,000		PROGRAM ACTIVITY FUNDING
DREAM BUILDERS 4 EQUITY	81-4402678	501(C)(3)	25,000		PROGRAM ACTIVITY

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

4991 THOLOZAN AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FUNDING

EMMAUS HOMES	43-0653309	501(C)(3)	20,000		PROGRAM ACTIVITY
3731 MUELLER ROAD					FUNDING
ST CHARLES, MO 63301					

EMPLOYMENT CONNECTION 43-1106386 501(C)(3) 20,000 PROGRAM ACTIVITY

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

2838 MARKET STREET ST LOUIS, MO 63103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-0652622 501(C)(3) 25,000 FAMILYFORWARD PROGRAM ACTIVITY 1167 CORPORATE LAKE DRIVE FUNDING ST LOUIS, MO 63132

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

FERGUSON-FLORISSANT

SCHOOL DISTRICT

8855 DUNN ROAD HAZELWOOD, MO 63042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-2081900 501(C)(3) 30.000 PROGRAM ACTIVITY FOCUS MARINES FOUNDATION FUNDING

15455 MANCHESTER ROAD
BALLWIN, MO 63022

GENTLEMEN OF VISION RITES OF PASSAGE ENTERPRISES INC
2833 N 14TH STREFT

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1825852 501(C)(3) 20,000 GLOBAL LEARNING EXCHANGE PROGRAM ACTIVITY INITIATIVE FUNDING

15.126

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

17 GRAND MERIDIEN FOREST CHESTERFIELD, MO 63005 GREEN HOUSE VENTURE

4229 FLORA PLACE

ST LOUIS, MO 63110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-1876315 501(C)(3) 75,000 HAVENHOUSE ST LOUIS PROGRAM ACTIVITY

12685 OLIVE BLVD
ST LOUIS, MO 63141

HAWTHORN LEADERSHIP 47-1545141 501(C)(3)
SCHOOL FOUNDATION

FUNDING

FUNDING

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

1901 N KINGSHIGHWAY BLVD ST LOUIS, MO 63113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance __ _ _ _

PROGRAM ACTIVITY

FUNDINGPROGRAM

ACTIVITY FUNDING

HEALING ACTION NETWORK INC PO BOX 39429 ST LOUIS, MO 63139	45-4398011	501(C)(3)	20,000		PROGRAM ACTIVIT
HOPE LUTHERAN CHURCH	26-2690760	501(C)(3)	5.000		PROGRAM ACTIVIT

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

BONITA SPRINGS, FL 34135

25999 OLD 41 ROAD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

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

HUMANE SOCIETY OF MISSOURI 1201 MACKLIND AVENUE ST LOUIS, MO 63110	43-0652638	501(C)(3)	10,000		PROGRAM ACTIVITY FUNDING
INCARNATE WORD	53-0196617	501(C)(3)	25,000		PROGRAM ACTIVITY

FUNDING

FOUNDATION MISSOURI 5257 SHAW AVENUE SUITE 309

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TEMICAL FEDERATION OF CT 42 ACE2642 E01/C1/21 E EOO PROGRAM ACTIVITY

FUNDING

LOUIS 12 MILLSTONE CAMPUS DRIVE ST LOUIS, MO 63146	43-0652643	501(C)(3)	5,500	1	FUNDING
LOVETHELOU	30-0790430	501(C)(3)	13,000		PROGRAM ACTIVITY

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

2801 N KINGSHIGHWAY BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-0780770 501(C)(3) 15.000 PROGRAM ACTIVITY LUTHERAN ASSOCIATION FOR FUNDING

SPECIAL EDUCATION 3558 S JEFFERSON AVENUE ST LOUIS, MO 63118 LUTHERAN ELEMENTARY 43-1853158 22,000 PROGRAM ACTIVITY

501(C)(3) SCHOOL ASSOCIATION FUNDING 11123 S TOWNE SOUARE

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-0662478 501(C)(3) 80.944 PROGRAM ACTIVITY LUTHERAN HIGH SCHOOL ASSOCIATION FUNDING

5401 LUCAS HUNT ROAD ST LOUIS, MO 63121 LUTHERAN HIGH SCHOOL OF 43-1204110 501(C)(3) 17.500

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

ST PETERS, MO 63376

PROGRAM ACTIVITY ST CHARLES COUNTY FUNDING 5100 MEXICO ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 15.000 MRH ELEMENTARY SCHOOL PROGRAM ACTIVITY

1800 PRINCETON PLACE FUNDING ST LOUIS, MO 63117 MUNICIPAL THEATRE ASSOC 43-0662485 501(C)(3) 5.000

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

PROGRAM ACTIVITY OF ST LOUIS FUNDING 1 THEATRE DRIVE ST LOUIS, MO 63112

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

PROGRAM ACTIVITY

FUNDING

NATIONAL ASSOCIATION OF	501(C)(3)	10,000		PROGRAM ACTIVITY
FREE & CHARITABLE CLINICS				FUNDING
INC				
722 LOUGHBOROUGH AVENUE				
ST LOUIS, MO 63111				

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

501(C)(3)

43-1601329

NURSES FOR NEWBORNS

ST LOUIS, MO 63119

7259 LANSDOWNE SUITE 100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 05-0533141 501(C)(3) 25.000 PROGRAM ACTIVITY ONE HEART FAMILY FUNDING

MINISTRIES INC 11746 MANHATTAN AVENUE ST LOUIS. MO 63131 OPERATION FOOD SEARCH 43-1241854 501(C)(3) 50.000 PROGRAM ACTIVITY FUNDING

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

INC 1644 LOTSIF BLVD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-0653244 501(C)(3) 5.000 OUR LADY OF LOURDES PROGRAM ACTIVITY CATHOLIC CHURCH FUNDING

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

7148 FORSYTH BLVD ST LOUIS, MO 63105

ST LOUIS, MO 63111

4223 S COMPTON AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CTIVITY

FUNDING

PACIFIC UNIVERSITY 2043 COLLEGE WAY FOREST GROVE, OR 97116	93-0386892	501(C)(3)	6,000	I .	PROGRAM ACTIVITY FUNDING
PARENTS FOR PEACE	47-4142897	501(C)(3)	19,000		PROGRAM ACTIVITY

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

1490 UNION AVENUE 153 MEMPHIS, TN 38104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 33-0148082 501(C)(3) 10.000 PROGRAM ACTIVITY PATHWAYS TO INDEPENDENCE PO BOX 43 FUNDING

PORDING

LOS ALAMITOS, CA 90720

PEACE LUTHERAN CHURCH
WINGHAVEN
9320 PHOENIX VILLAGE
PARKWAY

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

OFALLON, MO 63368

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FUNDING

PONY BIRD PO BOX 190 MAPAVILLE, MO 63065	43-1188096	501(C)(3)	15,000		PROGRAM ACTIVITY FUNDING
11/11/11/10 03003					

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

10403 BAUR BLVD ST LOUIS, MO 63132

IDING READY READERS 43-1841631 501(C)(3) 15,000 PROGRAM ACTIVITY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-3485289 501(C)(3) 20,000 SALVATION ARMY & ITS PROGRAM ACTIVITY COMPONENTS FUNDING

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

615 SLATERS LANE ALEXANDRIA, VA 22314 SHOWER TO THE PEOPLE INC.

4401 TENNESSEE AVENUE

ST LOUIS, MO 63111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-0685348 501(C)(3) 15.000 IPROGRAM ACTIVITY SOUTHSIDE EARLY

FUNDING

CHILDHOOD CENTER 2101 S JEFFERSON AVENUE ST LOUIS, MO 63104		(-)(-)			FUNDING
SSM HEALTH FOUNDATION	53-0196617	501(C)(3)	20,300		PROGRAM ACTIVITY

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

12312 OLIVE BLVD SUITE 100

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43 4374500 E04/63/33 20.000 IPROGRAM ACTIVITY

PROGRAM ACTIVITY

FUNDING

COLLEGE	43-13/4500	501(C)(3)	20,000	l e	FUNDING
3221 MCKELVEY ROAD					
BRIDGETON, MO 63044					

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

501(C)(3)

STIQUIS AREA DIAPER BANK

10601 BAUR BOULEVARD

ST LOUIS, MO 63132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance ST LOUIS CRISIS NURSERY 43-1410297 501(C)(3) 50.000 PROGRAM ACTIVITY

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

ST LOUIS, MO 631103805

11710 ADMINISTRATION DRIVE SUITE 18 18 ST LOUIS, MO 63146		(-)(-)			FUNDING
ST LOUIS EFFORT FOR AIDS	43-1395179	501(C)(3)	20,000	1	PROGRAM ACTIVITY

TING IFUNDING 1027 S VANDEVENTER SUITE 700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 90-0595857 501(C)(3) 10.000 PROGRAM ACTIVITY ST LOUIS METROPOLITAN SPAY NEUTER & WELLNESS FUNDING

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

CLINIC INC 1218 S JEFFERSON STREET ST LOUIS, MO 63104 ST LOUIS PRIORY SCHOOL

500 S MASON ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 43-0652680 501(C)(3) 48.000 PROGRAM ACTIVITY ST LUKE'S EPISCOPAL-PRESBYTERIAN HOSPITAL FUNDING 232 SOUTH WOODS MILL

ROAD CHESTERFIELD, MO 63017

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

DES PERES, MO 63131

ST PAUL'S LUTHERAN CHURCH 501(C)(3) 5,000 PROGRAM ACTIVITY 12345 MANCHESTER ROAD FUNDING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance STRAY RESCUE OF SAINT 43-1188096 501(C)(3) 46.500 PROGRAM ACTIVITY LOUIS FUNDING

5.000

PROGRAM ACTIVITY

FUNDING

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

501(C)(3)

2320 PINE STREET ST LOUIS, MO 63103 THE BLESSING BASKET PROJECT

5234 OAKLAND AVENUE ST LOUIS, MO 63110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 43-1856223 501(C)(3) 20,000 THE CHILD CENTER INC PROGRAM ACTIVITY

989 HERITAGE PARKWAY
WENTZVILLE, MO 63385

THE DENTAL HEALTH THEATRE 75-3018876 501(C)(3)
INC

75-3018876 501(C)(3)
FUNDING

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

1100 MACKLIND AVENUE ST LOUIS, MO 63110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3712845 501(C)(3) 15.000 PROGRAM ACTIVITY THE SPARROWS NEST FUNDING

6209 MID RIVERS MALL DRIVE 119 SAINT PETERS, MO 63304 UNIVERSITY OF MISSOURI -26-6440629 501(C)(3) 50.000

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

ST LOUIS, MO 63121

PROGRAM ACTIVITY ST LOUIS FUNDING 308 WOODS HALL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

FUNDING

VIVA VOX ORGANIZATION 11120 FAIRBOROUGH CT ST LOUIS, MO 63146	43-1898299	501(C)(3)	7,500	1	PROGRAM ACTIVITY FUNDING
VOICES FOR CHILDREN	43-1807059	501(C)(3)	10,000		PROGRAM ACTIVITY

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

105 S CENTRAL AVENUE ST LOUIS, MO 63105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance VOTE ORG 501(C)(3) 29.146 PROGRAM ACTIVITY

1270 GROVE STREET 301 FUNDING SAN FRANCISCO, CA 94117 WASHINGTON UNIVERSITY 43-0653611 501(C)(3) 50,000 SITEMAN CANCER CTR FUNDING

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

PROGRAM ACTIVITY DEVELOP OFF ST LOUIS, MO 631052161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

PROGRAM ACTIVITY

FUNDING

WYMAN CENTER INC 600 KIWANIS DRIVE EUREKA, MO 63025	43-0653263	501(C)(3)	125,000		PROGRAM ACTIVITY FUNDING

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

501(C)(3)

43-1033862

YOUTH IN NEED

1815 BOONES LICK ROAD

ST CHARLES, MO 63301

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

YWCA METRO ST LOUIS 43-0653618 501(C)(3) 25,500 PROGRAM ACTIVITY 3820 W PINE BOULEVARD FUNDING

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

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9331	17028	849	
Schedule J (Form 990)		Comp	ensat	ion Information	OM	IB No	1545-0	0047	
		For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					2018		
_			▶ Attach	to Form 990.			to Pul		
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/ror</u>	<u>тээо</u> тог	instructions and the latest inforn	nation.		ectio		
	me of the organiza				Employer identificat	ion nu	ımber		
100	THERIDGE COMMON	ITT FOUNDATION			43-6064111				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		piate box(es) if the organization provi ection A, line 1a Complete Part III to							
		or charter travel	닏	Housing allowance or residence for p					
	_	companions	片	Payments for business use of person					
		offication and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chauf					
	Discretion	ary spending account		Personal services (e.g., maid, chauf	reur, cher)				
b		es in line 1a are checked, did the org. Il of the expenses described above? If			ent or reimbursement	1b			
2		tion require substantiation prior to rei es, officers, including the CEO/Executi			. 152	2			
	directors, truste	es, officers, including the CEO/Executi	ve Directo	r, regarding the items checked in line	: La'				
3		f any, of the following the filing organ			ne				
	_	d organization to establish compensat		•	n Part III				
	Compans:	ition committee		Written employment contract					
		ent compensation consultant	V	Compensation survey or study					
		of other organizations	✓	Approval by the board or compensa	tion committee				
4	During the year related organiza	did any person listed on Form 990, P	art VII, Se	ction A, line 1a, with respect to the fi	ling organization or a				
	_								
a L		ance payment or change-of-control pa		find retirement plan?		4a 4b		No	
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?		4c		No No				
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III								
_), 501(c)(4), and 501(c)(29) orga		-					
5		d on Form 990, Part VII, Section A, li ontingent on the revenues of	ne la, did	the organization pay or accrue any					
а	The organization	۶				5a		No	
b	Any related orga					5b		No	
_	-	5a or 5b, describe in Part III							
6		d on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne 1a, did	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga	ınızatıon? 6a or 6b, describe in Part III				6b	-	No	
7	•	6a or 6b, describe in Part III d on Form 990, Part VII, Section A, lii	ne 1 n 4.4	the organization provide any nonfine	4				
,		escribed in lines 5 and 6? If "Yes," des				7		No	
8		nts reported on Form 990, Part VII, pa itial contract exception described in R			escribe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9			
For I	Danorwork Body	ction Act Notice, see the Instructi	one for Fo	orm 990 Cat No. 5	0053T Schedule 1	(Forn	1 990)	2018	

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

			y Employees, and Hi					
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9	90, Part VII				
	ns (B		dividual must equal the to					
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MICHAEL HOWARD CEO	(i)	175,191	0	0	7,330	10,700	193,221	0
	(ii)	0	0	0	0	0	0	0

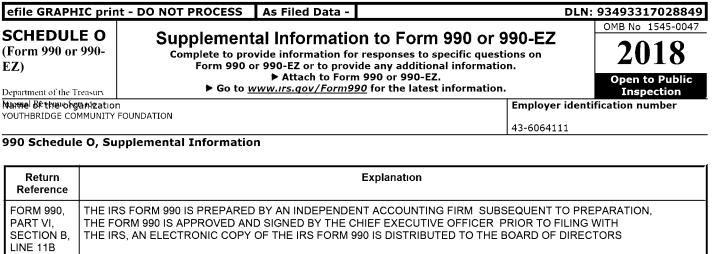
Page 3					
Part III Supplemental Inform	art III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
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

Schodula 1 (Form 000) 2010

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349331	.7028	8849
	EDULE M			loncash Contri	hutions	(OMB No 1	.545-0	047
(Form 990)		1	toricasii Contri	butions		20	10		
	▶Complete if the		organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	10	
		► Attach to Form	990.						
Depar	ment of the Treasury	▶Go to <u>www.irs.q</u>	ov/Form9	<u>90</u> for the latest informat	ion.		Open to		
Internal Revenue Service Inspection Employer identification									
YOUT	e of the organizat HBRIDGE COMMUNI	ION TY FOUNDATION				Employer identif	ication n	umbe	r
						43-6064111			
Pa	rt I Types	of Property		<u> </u>		1			
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Makin ad a	(d) f determi		
			applicable		amounts reported on	noncash cont			ts
					Form 990, Part VIII, line				
1	Art—Works of art	+			1g				
	Art—Historical tre								
3	Art—Fractional in								
4	Books and public	ations							
5	Clothing and hou	ısehold							
_	_								
	Cars and other v					1			
7	Boats and planes					+			
	Intellectual prope Securities—Public	•	<u> </u>	8	4 705 06	9 FAIR MARKET VAI	HE		
	Securities—Fubili	•	-	8	4,703,00	PIAIR MARKET VAL	-OL		
	Securities—Partr	•							
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi structures .								
14	Qualified conserv								
	contribution—Of								
	Real estate—Res								
	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19 20	Food inventory Drugs and medic					+			
21	Taxidermy .	.ai supplies .				+			
	Historical artifact	ts							
	Scientific specim								
	Archeological art								
	Other ▶ (
26	Other ▶ (
27	Other ▶ (•							
28	Other ▶ ()							
29		,	_	ation during the tax year for		29			
	for which the org	janization completed	FORM 8283	3, Part IV, Donee Acknowled	gement	29		V	N
30-2	During the year	did the organization	receive b	y contribution any property r	enorted in Part I lines 1 th	rough 28 that it		Yes	No
30a				e of the initial contribution, a			ot		
	purposes for the	e entire holding perio	od?				30a		No
ь	If "Ves " describ	e the arrangement II	n Part II				304		110
		_						.,	\ \
31	_	-		olicy that requires the reviev	,		31	Yes	
32a		zation hire or use thi		or related organizations to so	olicit, process, or sell nonce	ish	32a		l
L	If "Yes," describ						324		No_
	•		amount in	column (c) for a type of pro	nerty for which column (a)	is chacked			
	describe in Part		amount III	column (c) for a type of pro	percy for winch column (a)	is checked,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadul	e M (Form	000)	(2018)

Schedule M (Form 990) (2018)						
Part II Supplemental Information.						
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting I, column (b), the number of contributions, the number of items received, or a combination of both. Also corthis part for any additional information.						
Return Reference	Explanation					
Schedule M (Form 990) (2018						



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WHENEVER A BOARD MEMBER INDENTIFIES A POTENTIAL CONFLICT OF INTEREST, EITHER IN THEIR OWN CASE OR IN THE CASE OF ANOTHER BOARD MEMBER, THE SITUATION MUST BE BROUGHT TO THE ATTENTIO N 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

Return

	Reference	·
ĺ	FORM 990,	THE CEO'S COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE AFTER COMPETITIVE ANALYSI
	PART VI,	S (FOR SIMILAR POSITIONS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS) AND IN CONSIDERATION WIT
	SECTION B,	HEXPERIENCE AND SUBMITTED TO THE BOARD FOR APPROVAL THE ORGANIZATION DOES NOT HAVE ANY O
	LINE 15	THER OFFICERS OR KEY EMPLOYEES THE ORGANIZATION HAS NOT REPORTED ANY EMPLOYEES FOR 2018,
ì		AS THEY HAVE ENTERED INTO AN EMPLOYMENT AGREEMENT WITH A THIRD PARTY SERVICE PROVIDER, SIM
		PLOY, INC PAYMENTS MADE BY THE ORGANIZATION TO SIMPLOY TO SUPPORT THE SALARIES. WAGES AND

BENEFITS FOR THOSE INDIVIDUALS THAT ARE ADMINISTERING THE DAY TO DAY ACTIVITIES OF YOUTHB

RIDGE ARE REPORTED ON LINE 11 G OF PART IX AS CONTRACT SERVICE FEES

Explanation

Return Explanation

Reference

LINE 19

FORM 990, PART VI, SECTION C,

Return Explanation

FORM 990,	CONTRACT SERVICE FEES PROGRAM SERVICE EXPENSES 241,591 MANAGEMENT AND GENERAL EXPENSES 1
PART IX,	87,062 FUNDRAISING EXPENSES 138,855 TOTAL EXPENSES 567,508
LINE 11G	

Return Explanation
Reference

LINE 9

FORM 990, CHANGE IN VALUE OF PERPETUAL TRUSTS -349,433
PART XI.