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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For th	e 2013 calendar year, or tax year beginning and	dending	_		
В	Check if applicab	C Name of organization		D Employer identific	cation number	
	Addre	es INTERNATIONAL YOUTH FOUNDATION				
F	Name			38-293	5397	
	Initial return	No. 1 (1) Color (1) The state of the state o	Room/suite	E Telephone number		
F	Termi		500	410-95		
F	ated Amer	ded Ou	500	G Gross receipts \$	29,974,450.	
F	return			H(a) Is this a group re		
	ltion pendi			for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
_	Taylov	empt status: x 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. (see instructions)	
			01 321	H(c) Group exemption		
		te: www.lyfnet.org forganization: x Corporation Trust Association Other	I Voor		State of legal domicile: IL	
-	art I		L TEAT	oriorination. 1990 N	N State of legal doffliche. 1L	
ce	1	Briefly describe the organization's mission or most significant activities: A GLOS	BAL NGO PE	REPARING YOUNG		
Jan		PEOPLE TO BE HEALTHY PRODUCTIVE AND ENGAGED CITIZENS.		+b 050/ -fitt		
Governance	2	Check this box if the organization discontinued its operations or dispositive for the governing body (Part VI. line 1c)		 sonovinauro entro reconstre, perso contra contra escencial accompanie. 		
S	3	Number of voting members of the governing body (Part VI, line 1a)			15	
oŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14	
ţie	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			104	
Activities &	6	Total number of volunteers (estimate if necessary)			14	
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	D	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
ne		Contributions and grants (Port VIII line 1b) PUBLIC INSPEC		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		42,287,468.	23,057,261.	
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		583,787.	678,476.	
Re			STRUCK TO THE STRUCK STRUCK	555,497.	762,363.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,534.	9,599.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		43,442,286.	24,507,699.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,312,745.	9,358,291.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,796,463.	13,087,801.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	48,000.	
쫎	b	Total fundraising expenses (Part IX, column (D), line 25)	,			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,426,154.	12,057,522.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,535,362.	34,551,614.	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		16,906,924.	-10,043,915.	
ts o		T		ginning of Current Year	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		56,025,016.	46,746,231.	
let /	21	Total liabilities (Part X, line 26)		1,652,219.	1,725,290.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		54,372,797.	45,020,941.	
			sa and atatam	anta and to the best of m	u kanada and baliat it in	
		alties of perjury, I declare that I have examined this return, including accompanying schedul		10	y knowledge and bellet, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	mich preparer	nas any knowledge.		
٠.		Signature of officer PUBLIC INSPE		I Date		
Sig		COPY - RETAIL	N FOR	Duto		
He	re	WILLIAM S. REESE, PRESIDENT/CEO Type or print name and title YOUR REGO	RDS		· · · · · · · · · · · · · · · · · · ·	
		,	TI	Date Check	PTIN	
Pai	ч	Print/Type preparer's name Preparer's signature		V 3 0 2014 self-employe		
	u parer	WILLIAM E. TURCO, CPA				
		Firm's name MCGLADREY LLP		Firm's EIN	42-0714325	
USE	Only	Firm's address > 9737 WASHINGTONIAN BLVD., #400		Dhone no	1 \ 006 2522	
NAC	v tha !	GAITHERSBURG, MD 20878-7340 RS discuss this return with the preparer shown above? (see instructions)		1 Ellolle 110. (30	1) 296-3600 x Yes No	
IVIA	v me l	no discuss this return with the preparer Shown above? (see instructions)			IX I TES I INO	

38-2935397

Form 990 (2013) INTERNATIONAL YOUT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_ X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Х	
• • •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	N		
_	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	-114		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11ď		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15_	_X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
.5	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>x</u>
d	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) 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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>x</u>
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 so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X
34				
٥-	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	. х	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	200		
96	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	0.7		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		X
30	Note. All Form 990 filers are required to complete Schedule O	38	u.	
	Note: Fall Form 556 meta are required to complete conedule C	100	<u> </u>	Ь

Form **990** (2013)

Form 990 (2013)

INTERNATIONAL YOUTH FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			х
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		100	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	F 200		
	(gambling) winnings to prize winners?	10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	x	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			:.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1.00 000	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	11		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		i.	
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. •	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	. :		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2013)
			JJU	(ZUIJ)

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

	Check if Schedule O contains a response or note to any line in this Part VI		,,,,,,,	х				
<u>Sec</u>	tion 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			: :				
	If there are material differences in voting rights among members of the governing body, or if the governing	:		(
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1				
	officer, director, trustee, or key employee?	2		х				
3	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		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_х				
6	Did the organization have members or stockholders?	6		Х				
7a			-					
	more members of the governing body?	7a		х				
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		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а		8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	x					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		44					
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		i					
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		_x_				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	x Own website Another's website x Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	icial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	·					
	SAMANTHA BARBEE - 410-951-1500							
	32 SOUTH STREET, NO. 500, BALTIMORE, MD 21202							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	kod	not c , unle cer ar	ss pe	itior more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUGLAS BECKER	0.20	-							_	_
CHAIRMAN		x		х				0.	0.	0.
(2) QUEEN RANIA AL-ABDULLAH	0.20	┤								
DIRECTOR	0.00	Х						0.	0,	0.
(3) DINA BUCHBINDER AURON	0.20	١,,								0
DIRECTOR		X						0.	0.	0.
(4) OLIVIER FLEUROT	0.20	x						0.	0.	0
DIRECTOR (5) ENRIQUE V. IGLESIAS	0.20					-		U.		0.
DIRECTOR	0.20	x						0.	0.	0.
(6) EVELYN BERG IOSCHPE	0,20		-	-				,		<u> </u>
DIRECTOR	0.20	x						0.	0.	0.
(7) RICK LITTLE	0.20							Ţ.	•	٠.
DIRECTOR		x						0.	0.	0.
(8) JOSEPH MATALON	0,20			-					-	
DIRECTOR		x						0.	0.	0.
(9) NAADIYA MOOSAJEE	0.20									
DIRECTOR		x				<u> </u>	_	0,	0.	0.
(10) CHRISTOPHER J. NASSETTA	0.20									
DIRECTOR		х		<u> </u>				0.	0.	0.
(11) JOHN STUDZINSKI	0.20						1			
DIRECTOR		x						0.	. 0.	0.
(12) VELI SUNDBACK	0,20						1			
DIRECTOR		x	<u> </u>		_			0.	0.	0.
(13) PETER WOICKE	0.20		1							
DIRECTOR		x						0.	0.	0.
(14) CONNIE WONG	0.20	ļ								
DIRECTOR		X	 		<u> </u>	ļ	<u> </u>	0.	0.	0.
(15) WILLIAM REESE	39.90	1								
PRESIDENT/CEO	0.10	$\overline{}$	\vdash	Х	ļ	<u> </u>		318,711.	0.	42,435.
(16) SAMANTHA BARBEE	39.90	1								
CHIEF FINANCIAL OFFICER	0.10		-	X		<u> </u>	-	185,401.	0.	23,010.
(17) PETER SHIRAS	40.00	-								
EXECUTIVE VP. BUSINESS DEVELOPMENT						X		219 797	0.	25 933.

332007 10-29-13

Form 990 (2013) INTERNATIONA									38-2935397	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employed	es (continued)	
(A)	(B)			(e Pos	C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) AWAIS SUFI	40.00									-
EXECUTIVE VP PROGRAMS						Х		202,989,	0,	37,424.
(19) JIM PEIRCE	40.00									
VP STRATEGIC PLANNING & OUTREACH				_	_	Х		163,556.	0.	21,406.
(20) SUSAN PEZZULLO	40,00							154.000		20 600
DIRECTOR, LATIN AMERICA & CARIBBEAN (21) KATHERINE CARPENTER	40,00					х		154,060.	0.	32,629.
VP_ BUSINESS DEVELOPMENT	40.00					x		130,529.	0.	22.934.
1b Sub-total		L	·				<u> </u>	1.375.043.	0.	205,771.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)	-							1,375,043.	0.	205,771.
Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportable	15
										Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										3 X
										3 X
T I OF ALTY INDIVIDUAL HOLEG OF HITE TA, IS THE ST	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization									and the state of the state of

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ______ 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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JORDANIAN HOSPITALITY & TOURISM CO		
TOUNES, 4TH CIRCLE, AMMAN, JORDAN	HOSPITALITY TRAINING	909,576.
AUTOMOTIVE TECHNOLOGY & INDUSTRIAL AUTOMATI		
P.O. BOX 430261, AMMAN, JORDAN	AUTOMOTIVE TRAINING	278 799.
LUMINUS TRAINING & CONSULTANCY		
P.O. BOX 183334, AMMAN, JORDAN	VOCATIONAL TRAINING	248,888.
ZAHA CULTURAL CENTER		
KHALDA STREET, AMMAN, JORDAN	YOUTH CENTERS	219,249,
AL-ASALAH ELECTRO MECHANICS CO, 2ND ST,		
BLDG #179 PO BOX 144241, AMMAN, JORDAN	HVAC TECHNICAL TRAINING	219,118.
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	6	

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	<u> </u>	Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
				Thore to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts ts	1 a	Federated campaigns	1a	10,817.				
Contributions, Giffs, Grants and Other Similar Amounts		Membership dues						
ا ا		Fundraising events				"" " " " " " " " " " " " " " " " " " "	, . .	
if ts		Related organizations						And the second second
2,8		Government grants (contributi		12 541 055				
Siz				13,741,277.				
ë ë	T	All other contributions, gifts, grant	· I I			* 1		
문항		similar amounts not included above	· · · · · · · · · · · · · · · · · · ·	9,305,167.				
gu		Noncash contributions included in lines						
Oe	<u>n</u>	Total. Add lines 1a-1f			23,057,261.			
				Business Code				
ice	2 a	CONTRACT REVENUE		900099	678,458.	678,458.		
e C	b	PUBLICATION SALES		900099	18.	18.		
Program Service Revenue	C							
e a	d	I						
5 F	е							
₫	f	All other program service reve	nue		•			
	g	Total. Add lines 2a-2f		>	678 476.			
	3	Investment income (including						
		other similar amounts)		>	210,059.			210,059.
	4	Income from investment of tax						·
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses			•			
		Rental income or (loss)						in the state of the state of
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	6,019,055	1 ''		the state of		
	.	Less: cost or other basis	0,019,033	•				
1	D	and sales expenses	F 400 751					
ļ	_							
		Gain or (loss)						
		Net gain or (loss)			552,304.			552 304.
ne	8 а	Gross income from fundraising	•			•		
Ş.		including \$	of					
Re		contributions reported on line	•			•	•	
Other Revenue		Part IV, line 18		1	:		.:	
₹		Less: direct expenses				1,		
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19			. 1			*
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less				1 1		
		and allowances		L .				
		Less: cost of goods sold						
	<u>C</u>	Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code			<u></u>	
	11 a	GRANT REFUNDS		900099	7,929.	7,929.		
	b	OTHER INCOME	<u>-</u>	900099	1,670.			1,670.
	C							
		All other revenue						
		Total. Add lines 11a-11d			9,599.	the state of the s		
33200	<u>12</u>	Total revenue. See instructions.			24,507,699.	686,405.	0.	
10-29	13							Form 990 (2013)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>	gonora: on ponedo	
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	9,358,291.	9,358,291.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	569,558.	61,395.	508,163,	
6	Compensation not included above, to disqualified			İ	
	persons (as defined under section 4958(f)(1)) and		:		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,062,597.	7,942,533.	1,398,003.	722,061
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	597,941.	414,427.	122,447.	61,067
9	Other employee benefits	1,339,061.	1,069,602,	189,418.	80,041
10	Payroll taxes	518,644.	340,171.	128,815.	49,658
11	Fees for services (non-employees):				
а	Management				
	Legal	31,587.	11,914.	19,673.	
	Accounting	70,034.	12,046.	57,988.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	48,000.			48,000
f	Investment management fees	33,783.		33,783.	
g	, -				
	column (A) amount, list line 11g expenses on Sch 0.)	6,368,680.	6,227,622.	95,611.	45,447
12	Advertising and promotion				
13	Office expenses	1,051,317.	771,561.	272,201.	7,555
14	Information technology	152,075.	35,706.	116,369.	
15	Royalties				
16	Occupancy	841,547.	323,866.	517,681.	
17	Travel	2,297,072.	2,034,989.	113,064.	149,019
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	400 700	404.000	77.140	
19	Conferences, conventions, and meetings	698,709.	624,377.	66,419.	7,913
20	Interest Payments to offiliates				
21	Payments to affiliates	E 245		E 24E	
22		5,245.		5,245.	
23	Other expenses. Itemize expenses not covered	23,155.		23,155.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	· · _ · _ · _ · _ · _ · _ · _ · _	283,296.	267,269.	16.027.	
b		77,681.	426.	77,255.	
c		71,414.	71,414.	77,200,	
d		28,435.	4,605.	9,909.	13,921
	All other expenses	23,492.	20,613.	1,645.	1,234
25	Total functional expenses. Add lines 1 through 24e	34,551,614.	29,592,827.	3,772,871.	1,185,916
26	Joint costs. Complete this line only if the organization		22,024,021,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,100,510
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	†			

Form 990 (2013)
Part X Balance Sheet

		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
		Oneskii Gontadio G Gontanio a 160ponto G 1160		Ty III S II S II S I S I S I S I S I S I	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			217.	1	137.
	2	Savings and temporary cash investments			12,736,766.	2	8,343,513,
	3	Pledges and grants receivable, net			33,408,114.	3	27,513,945.
	4	Accounts receivable, net			51,500.	4	42,788.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
ets		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).	r		6		
Assets	7	Notes and loans receivable, net			471,934.	7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	······		225,308.	9	416,153.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			<u> </u>		to the first of the second
	b	Less: accumulated depreciation			29,861.	10c	60,042.
	11	Investments - publicly traded securities			8,205,593.	11	9,520,263.
	12	Investments - other securities. See Part IV, line 1	232,547.	12	213,058.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	663,176.	15	636,332.		
	16	Total assets. Add lines 1 through 15 (must equa	56,025,016.	16	46 746 231.		
	17	Accounts payable and accrued expenses	1,141,624.	17	1,609,759.		
	18	Grants payable	216,573.	18	91,008.		
	19	Deferred revenue			94,022.	19	24,523.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee			'	<u>.</u>	
iab		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		,		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	200,000.	24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D		· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			1,652,219	26	1,725,290,
		Organizations that follow SFAS 117 (ASC 958		ck here 🕨 🗓 and			
ses		complete lines 27 through 29, and lines 33 an					
au	27	Unrestricted net assets			11,248,690.	27	12,370,194.
Bal	28	Temporarily restricted net assets			42,158,773.	28	31,502,413.
밀	29				965,334.	29	1,148,334.
Ŧ		Organizations that do not follow SFAS 117 (A					
ō		and complete lines 30 through 34.	and the second s				
Set	30	Capital stock or trust principal, or current funds		30			
Asi	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	-
	33	Total net assets or fund balances			54,372,797.	33	45,020,941.
	34	Total liabilities and net assets/fund balances			<u>56,025,016.</u>	34	46,746,231.

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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organizati	on							Employer	· identificati	on nu	mber
	<u> </u>		NAL YOUTH FOUNDATI							8-2935397		
Part I	1	• • • • • • • • • • • • • • • • • • • •	ity Status (All organiz					tructions.	<u> </u>			
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1								the hospital ped in public description gross red from gross after June 3 purposes of the box on-functional persons other section 509	ribed inceipts invest so, 197 of one of that	from ment from from from from from from from from		
			n described in (i) above?									<u> </u>
			person described in (i)							11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
	of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la	sted in your	organizat	arganization in col. I		ls the ion in col. ized in the S.?	(vii) Amount of monet support		netary
			(see instructions))	Yes	No	Yes	No	Yes	No			
	<u>-</u> -											
Total												
	Denemicante Da	dustion Ast Notice	eae the Instructions f	ior.	1		1	Cabadi	do A /Eav	m 000 or 00		0042

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Form 990 or 990-EZ.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,869,929,	29,212,527.	26,942,235.	42,287,468.	23,057,260.	143,369,419.
2	Tax revenues levied for the organ-		, ,				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21,869,929.	29,212,527.	26,942,235.	42,287,468.	23,057,260,	143,369,419.
5	The portion of total contributions						, ,
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			* 1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						18,540,781.
6	Public support. Subtract line 5 from line 4.	i i i ji jan.					124 828 638
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	21,869,929.	29,212,527.	26,942,235.	42,287,468.	23,057,260.	143 369 419
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	i					
	and income from similar sources	264,689.	195,293.	199,079.	198,972.	210,059.	1,068,092.
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 IV.)	5,748.	305 200.	572,207.	15,535.	9 599.	908 289
11	Total support. Add lines 7 through 10						145,345,800.
12	Gross receipts from related activities,	· ·			***************************************	12	1,849,223.
13	•	_			-		
	organization, check this box and stor	here					>
	ction C. Computation of Publ		_				
	Public support percentage for 2013 (I					14	85.88 %
	Public support percentage from 2012					15	81.42 %
16a	33 1/3% support test - 2013. If the c	_				•	
_	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the	_		•		,	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		, —
4-	organization meets the "facts-and-circ		-			***************************************	
<u> 18</u>	Private foundation. If the organization	in did not check a	pox on line 13, 16	a, 160, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	ciow, picase com	pioto r dit iliy				
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t) 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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support			,			
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			:			
	Total support. (Add lines 9, 10c, 11, and 12.)		<u></u>	1.6.11.22.2		554(1/5)	
14	First five years. If the Form 990 is for	_			•	•	ation,
Se	check this box and stop here ction C. Computation of Publ	ic Support Pa	rcentage		***************************************		
	Public support percentage for 2013 (I			column (fl)		15	0/4
	Public support percentage from 2012					16	<u>%</u>
	ction D. Computation of Inves					1 10 1	- 70
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2013. If the						
•	more than 33 1/3%, check this box a						
ŧ	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

ednie V	(Form 990 or 990-EZ) 2013 INTERNATIONAL YOUTH FOUNDATION	38-2935397 Pa
art IV	Supplemental Information. Provide the explanations required by	Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		•
		• •
	· · · · · · · · · · · · · · · · · · ·	
		•
		·
		·
		·
		·
		·

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization	Employer identification number				
TNT	ERNATIONAL YOUTH FOUNDATION	38-2935397			
Organization type (check o					
Filers of:					
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in meter Parts I and II.	oney or property) from any one			
Special Rules					
509(a)(1) and 170(l	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts 1, II, and III.				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					
but it must answer "No" on	aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), it it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-FF) (2013)

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>967,626.</u>	Person x Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$744,085.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$12,329,183.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>637,327</u> ,	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,807,908 <u>,</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$1,457,096.	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number INTERNATIONAL YOUTH FOUNDATION 38-2935397 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll Noncash 971.431. (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution Person 8 Payroll Noncash 546 520 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll Noncash 2 100 000 (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

INTERNATIONAL YOUTH FOUNDATION	38-2935397
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is neede	d.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		

Name or orga	nization		Employer Identification number
Part III	ONAL YOUTH FOUNDATION Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	.c., contributions of \$1,000 or less for t	38~2935397 (7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$\frac{38 - 2935397}{5} = \frac{3}{5} =
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferente	(e) Transfer of gift	
	Transferee's name, address, a	na ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	INTERNATIONAL YOUTH FOUNDATION	38-2935397
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	.=
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	d funds
•	are the organization's property, subject to the organization's exclusive legal control?	,
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	
Ū	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of	
	impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pal	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	it iv, mio 7.
•		orically important land area
	Protection of natural habitat	
		ed historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d		
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	organization during the tax
	year >	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements dur	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for
Bas	conservation easements.	Ot
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	· ·
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ic service, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

60,042

60 042.

280,839

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

340,881

Complete if the experience are word "Ven"	to Form 900 Port N/ Po-	11h Con Form 000	Dort V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	, , , , , , , , , , , , , , , , , , , ,	(-)	·	
(2) Closely-held equity interests			· •	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				··· · · · · · · · · · · · · · · · · ·
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11c. See Form 990	. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			·····	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	***			
Part IX Other Assets.			· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d. See Form 990	. Part X. line 15.	
	Description			(b) Book value
(1)				
(2)				- · · · -
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				,
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See For	m 990, Part X, line 25	•
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			7	
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			100
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions under		-		· —

332053 09-25-13 Schedule D (Form 990) 2013

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	- · · · · · · · · · · · · · · · · · · ·	,	-
1	Total revenue, gains, and other support per audited financial statements		1	25,183,040.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	690,578.		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	26 476		
е	Add lines 2a through 2d		2e	717,054.
3	Subtract line 2e from line 1		3	24,465,986.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	33,783.		
b	Other (Describe in Part XIII.)	7,929,	<u>.</u>	
c	Add lines 4a and 4b		4c	41,712.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	24,507,698,
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements V		Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	34,634,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments 2b		: 1	
c	Other losses 2c			
ď	Other (Describe in Part XIII.)	117 049.		
-	A 1 1 1		2e	117 040
е 3			3	117,049.
-	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3	34,517,831.
4	I I	22 702		
a	Investment expenses not included on Form 990, Part VIII, line 7b	33,783.		
b	Other (Describe in Part XIII.)		50 to 20 min	
-	Add lines 4a and 4b		4c	33,783.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	34,551,614.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		4; Part X,	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.		
PART	Y, LINE 4:			
EXPI	ANATION: THE IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS	3		
AS V	WELL AS PERMANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE			
INVE	STED IN PERPETUITY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FO	₹		
USE	TO SUPPORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.			
PART	X, LINE 2:			
EXPI	ANATION: IYF AND RFY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER			
			•	
SECT	TION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), ACCORDINGLY, NO			
	,			
PROV	VISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING COMBINED			
-1101	Mai Actions and Public and at and Uncollished Complined			
RTM2	ANCIAL STATEMENTS. IYF AND RFY ARE NOT CONSIDERED PRIVATE FOUNDATIONS			
T. TIAY	BOARD DIMINISTRATE, ITE AND ALL AND NOT CONSIDERED PAIVALE FOUNDATIONS			

Part XIII Supplemental Information (continued)	ATION	38-2935397	Page 5
Supplemental information (community)			
ON JANUARY 1, 2009, THE ORGANIZATION ADOPTED THE ACCOUNT	FING STANDARD FOR		
UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINED	NATION OF WHETHER		
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX	RETURN SHOULD BE		.
RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE	CE, THE		
ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN	IN TAX POSITION		
ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION	WILL BE SUSTAINED		
ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHN	NICAL MERITS OF THE		
POSITION, THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL S	STATEMENTS FROM		
SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFT	T THAT HAS A		
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIM	MATE SETTLEMENT.		
THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAX	KES ALSO ADDRESSES		
DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES C	ON INCOME TAXES,		
AND ACCOUNTING IN INTERIM PERIODS.			
			····
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AN	ID CONCLUDED THAT		
THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS TH	AT REQUIRE		
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH TH	HE PROVISIONS OF		
THIS GUIDANCE, GENERALLY, THE ORGANIZATION IS NO LONGER	SUBJECT TO INCOME		
TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX	AUTHORITIES FOR		
YEARS BEFORE 2010.			
	· · · · · · · · · · · · · · · · · · ·		
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
GAIN OR (LOSS) FOREIGN CURRENCY	1,482.		
CONSOLIDATED ENTITY ACTIVITIES	24,994.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	26,476.		
			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GRANT REFUNDS	7,929.		
222055		Schedule D (For	m 990) 2013

Part XIII Supplemental Information (continued)		38-2935397	Page 5
Part XIII Supplemental Information (continued)			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED ENTITY ACTIVITIES	124,978.		
GRANT REFUNDS	-7,929.		
			·
TOTAL TO SCHEDULE D, PART XII, LINE 2D	117,049.		
			
			<u>.</u>
			
<u> </u>		•	
,			
			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

INTERNATIONAL YOUTH FOR Part I General Information		ativitiaa Ou	tside the United States. Compl	-4- 16 41	38-2935397	No all an
Form 990, Part IV		ictivities ou	iside the Officed States. Compi	ete if the organ	ization answered	Yes" on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gr			
the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	e grants or assi	stance?Lx	」Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance ou	tside the
3 Activities per Region. (TI	ne following Part	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro- describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND				YOUTH DEVEL	OPMENT	
NORTH AFRICA	4	79	PROGRAM SERVICES	PROGRAMS		7,575,028.
				YOUTH DEVEL	OPMENT	
NORTH AMERICA	2	5	PROGRAM SERVICES	PROGRAMS		406,246.
RUSSIA AND				YOUTH DEVEL	OPMENT	
NEIGHBORING STATES	1	9	PROGRAM SERVICES	PROGRAMS		205,049.
						1
				YOUTH DEVEL	.ОРМЕМТ	
SUB-SAHARAN AFRICA	3	20	PROGRAM SERVICES	PROGRAMS		900,092.
CENTRAL AMERICA AND						
THE CARIBBEAN	o	0	GRANTS			1,025,219.
* 11 11						
EAST ASIA AND THE	0	0	GRANTS			905,129,
PACIFIC	Ų	<u>_</u>	GRANTS			303,129,
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTS			110,050.
MIDDLE EAST AND						
NORTH AFRICA	0		GRANTS			2,828,057.
3 a Sub-total	10	113			· · · · · · · · · · · · · · · · · · ·	13,954,870.
b Total from continuation sheets to Part I	0	_				4,489,834,
c Totals (add lines 3a		0			•	4,409,034,
and 3b)	10	113				18,444,704.

332071 10-03-13

Schedule F (Form 990) 2013

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

Schedule F (Form 990) Part I Continuati	INTERNATIONA on of Activitie	L YOUTH FOUN S per Regio	IDATION 1. (Schedule F (Form 990), Part I, line 3)	38-293539	7 Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS		362,037.
SOUTH AMERICA	0	0	GRANTS		898,914.
SOUTH ASIA	0	n	GRANTS		506,940.
NOTE REAL		· ·	Situation		
BUB-SAHARAN AFRICA	0	0	GRANTS		2,053,517.
RUSSIA AND					
EIGHBORING STATES	0	0	GRANTS		668,426,
					
Totals	<u> </u>				4.489.834.

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

38-2935397

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH DEVELOPMENT PROGRAMS	105,106,	WIRE TRANSFER	o		
			YOUTH DEVELOPMENT PROGRAMS	130,919,	WIRE TRANSFER	.0		
		CENTRAL AMERICA AND THE CARIBBEAN	XOUTH DEVELOPMENT PROGRAMS	172,693,	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH DEVELOPMENT PROGRAMS	106,616.	WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH DEVELOPMENT PROGRAMS	111,768,	111,768,WIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH DEVELOPMENT PROGRAMS	175,098,	175,098, MIRE TRANSFER	0		
		CENTRAL AMERICA AND THE CARIBBEAN	YOUTH DEVELOPMENT PROGRAMS	198,019.	198,019, WIRE TRANSFER	0		
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	430,582,	430,582,MIRE TRANSFER	0		
2 Enter total number of	recipient organizatio	ins listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		

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

Enter total number of other organizations or entities.

ო

Schedule F (Form 990) 2013

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Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	TION		38-2935397	97		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 1		_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	129,242,	WIRE TRANSFER	0,		
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	133,048,	WIRE TRANSFER	0		
		IA AND THE	YOUTH DEVELOPMENT PROGRAMS	171,603.	603, WIRE TRANSFER	.0		
		MIDDLE RAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	21,035,	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	6,185,	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS		WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	19,000	HIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	32,263,	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	15,000,8	15,000 WIRE TRANSFER	0		

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Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	97		Page 2
Part II Continuation o	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 99)	30), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	45 375	WIRE TRANSPER	C		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	159,631.	WIRE TRANSFER	0,0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	10,843.	WIRE TRANSFER	0,		
	·							
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	15.477.	WIRE TRANSFER	0		
		MIDDLE EAST AND	YOUTH DEVELOPMENT					
		NORTH AFRICA	PROGRAMS	15,541.	WIRE TRANSFER	0		
		MIDDLE EAST AND	YOUTH DEVELOPMENT					
		NORTH AFRICA	PROGRAMS	10,434.	WIRE TRANSFER	0		
		MIDDLE EAST AND	YOUTH DEVELOPMENT					
		NOKTH AFKICA	FRUGRAMS	13,979	WIRE TRANSFER	0		
		MIDDLE EAST AND	YOUTH DEVELOPMENT					
		NORTH AFRICA	PROGRAMS	33,783.	WIRE TRANSFER	0.		
		MILDLE EAST AND NORTH AFRICA	IOUIR DEVELOFMENT PROGRAMS	25,308,	25_308, WIRE TRANSFER	0	:	

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Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	97		Page 2
Part II Continuation	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States.	Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	222,445,	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	733,524,6	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH APRICA	XOUTH DEVELOPMENT PROGRAMS	8,414,4	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	4,000,16	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	334,577.	WIRE TRANSFER	. 0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS		WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	132,376.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	17,573,4	WIRE TRANSFER	.0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	2,385.	WIRE TRANSFER	0		

Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	97		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiz	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9)	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	30,894,	30.894, WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	246,831	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	XOUTH DEVELOPMENT PROGRAMS	27,440.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	21,988.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	32,573,	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	113,504.	113,504, WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	15,076,	15,076, WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	3,000,8	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	41,205	41,205, WIRE TRANSFER	0		

Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	397		Page 2
Part II Continuation o	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	190), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	164,155.	WIRE TRANSFER	0		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	3,036,	WIRE TRANSFER	0		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	21,728,	21,728.WIRE TRANSFER	.0	·	
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	137,561,	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT: PROGRAMS	32,900,	WIRE TRANSFER	.0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	72,506.	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	2,574.	WIRE TRANSFER	0		
		RUSSIA AND WEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	101,559.	WIRE TRANSFER	0		
		RUSSIA AND WEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	130,587	130 587 WIRE TRANSFER	0		

Schedule F (Form 990)	INTERNAT	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	197		Page 2
Part II Continuation of	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	34,960,	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS		WIRE TRANSFER	o		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	. 265 09	60,595, WIRE TRANSFER	°C		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	49,007.	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	. 292 99	WIRE TRANSFER	0,		
		RUSSIA AND NEIGHBORING STATES	XOUTH DEVELOPMENT PROGRAMS	935.	WIRE TRANSFER	0.0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA.	YOUTH DEVELOPMENT PROGRAMS	, 005, 9	WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	462,549,	WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	409,865,	409, 865, WIRE TRANSFER			

Schedule F (Form 990)	INTERNAS	INTERNATIONAL YOUTH FOUNDATION	ATION		38-2935397	97		Page 2
Part II Continuation o	f Grants and Other	Continuation of Grants and Other Assistance to Organizations	ttions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	YOUTH DEVELOPMENT PROGRAMS	254,790,	WIRE TRANSFER	0		
		SOUTH ASIA	YOUTH DEVELOPMENT PROGRAMS	236,528,	WIRE TRANSFER	0		
		SOUTH ASIA	YOUTH DEVELOPMENT PROGRAMS	15,622,	15,622,WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	28,019,	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	160,032,	WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	9,345,	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	325,573,	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	XOUTH DEVELOPMENT PROGRAMS	78,514.	78,514, WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	138,040.	138,040 WIRE TRANSFER	0		

Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	MIION		38-2935397	97		Page 2
Part II Continuation o	of Grants and Other	Continuation of Grants and Other Assistance to Organizations	tions or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1	(
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	YOUTH DEVELOPMENT	د د د د	daanaan adto	c		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	072	WIRE TRANSFER			
		HARAN	YOUTH DEVELOPMENT PROGRAMS	11,935	11,935,WIRE TRANSFER	0		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	77,995,8	WIRE TRANSFER	0		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	81,254,6	WIRE TRANSFER	.0		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	285.	WIRE TRANSFER	0		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	107,091.8	107,091, WIRE TRANSFER	0		
		HARAN	YOUTH DEVELOPMENT PROGRAMS	332,229,8	WIRE TRANSPER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	104,925.k	104, 925 WIRE TRANSFER	0		

05-01-13

(Form 990) INTERNATIONAL YOUTH FOUNDATION Continuation of Grants and Other Assistance to Organizations or	INTERNATIONAL YOUTH FOUNDATION nd Other Assistance to Organizations	ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States. (38-2935397 Schedule F (Form 990)	97 90), Part II, line 1		Page 2
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(n) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
SU	SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	40.500	WIRE TRANSFER	0		
SU	SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	M. 855, 439, W.	WIRE TRANSFER	0		
SU	SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	158,790.M	WIRE TRANSFER	0		
SU	SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	, 180 8, 081, W	WIRE TRANSFER	0		
SU	SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	45,000,8	45,000, WIRE TRANSFER	0		

INTERNATIONAL YOUTH FOUNDATION

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	CENTRAL AMERICA AND THE CARIBBEAN	10	25,000.8	25.000 WIRE TRANSFER	0		
ARDS FOR	EAST ASIA AND THE PACIFIC	10	40,654,6	40.654 WIRE TRANSFER	.0		
ARDS FOR	EUROPE (INCLUDING ICELAND & GREENLAND)	30	110,050.	110,050, WIRE TRANSFER	*0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	MIDDLE EAST AND NORTH AFRICA	က	228,786,	WIRE TRANSFER	0.		
ARDS FOR	NORTH AMERICA	26	35,558,	WIRE TRANSFER	0		
ARDS FOR	SOUTH AMERICA	10	20 000 1	20 000 MIRE TRANSFER	0		
						Schedu	Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
EXPLANATION: IYF'S GRANT MONITORING PLAN IS DETERMINED DURING THE PROGRAM
DESIGN PHASE WITH A COMPREHENSIVE FIDUCIARY AND PROGRAMMATIC DUE
DILIGENCE PROCESS, IYF PROGRAM STAFF WORK CLOSELY WITH ALL GRANTEES
DURING THE PROGRAM DESIGN PHASE TO ENSURE THAT THE GRANTEE IS ABLE TO
DELIVER ON THE PROGRAM, ANY ASSESSED PROGRAM WEAKNESSES ARE NOTED AND
APPROPRIATE PLANS ARE MADE TO ADDRESS THESE DURING THE PROJECT
IMPLEMENTATION PHASE.
FIDUCIARY DUE DILIGENCE INCLUDES A REVIEW OF THE GRANTEE'S ORGANIZATIONAL
DOCUMENTS AND AUDITED FINANCIAL STATEMENTS, AS WELL AS A PRE-AWARD
QUESTIONNAIRE WHICH ASSESSES INSTITUTIONAL CAPACITY. ADDITIONALLY, THE
BOARD AND KEY STAFF ARE VETTED AGAINST SEVERAL LISTS TO COMPLY WITH
PATRIOT ACT AND DEBARMENT RULES. THE DUE DILIGENCE REVIEW RESULTS IN A
DOCUMENTED RISK ASSESSMENT AND RECOMMENDED MONITORING PLAN, WHICH ARE
THEN USED TO DETERMINE REPORTING FREQUENCY. LOW RISK GRANTEES NORMALLY
REPORT BOTH PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR. HIGH RISK
GRANTEES MAY BE ASKED TO REPORT ON A MONTHLY BASIS.
ONCE A GRANTEE SUBMITS A FINAL PROPOSAL AND BUDGET, THE GRANT PROGRAM IS
APPROVED BY THE APPROPRIATE PROGRAM STAFF AS WELL AS FINANCE STAFF. THE
BOARD OF DIRECTORS HAS DELEGATED FINAL AUTHORIZATION OF ALL GRANTS TO THE
CEO, HOWEVER, THE BOARD OF DIRECTORS DOES REVIEW AND RATIFY ALL GRANT
OBLIGATIONS, AMENDMENTS AND DE-OBLIGATIONS.
FUNDS ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP
DURING THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER

332075 10-03-13

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
THREE-MONTH EXPENDITURE PROJECTIONS OR THE PROJECT BUDGET. ALL FUNDS
DISBURSED FOR THE REMAINDER OF THE GRANT ARE DETERMINED BY A SCHEDULE
DIGHTON IN AMERICAN OF THE CART AND DEFINATION DE 1 PONDOUR
LAID OUT IN THE GRANT AGREEMENT, IN ORDER FOR FUNDS TO BE DISBURSED, ALL
PROGRAM AND FINANCIAL DELIVERABLES MUST BE MET.

BEYOND REGULAR PROGRAM REPORTS, IYF RELIES ON REGULAR COMMUNICATION WITH
GRANTEES TO ENSURE SUCCESS OF PROGRAMS. THIS COMMUNICATION TAKES THE
FORM OF ELECTRONIC COMMUNICATIONS AS WELL AS REGULAR SITE VISITS DURING
WHICH PROGRAM PROGRESS IS ASSESSED AND MEASURED.
FINANCIAL REPORTS ARE COLLECTED ON A REGULAR BASIS (AS DETAILED ABOVE)
AND DESCRIPTION DURCHE TO ACCEPTED. HYNANCYAL DEPONDS AND DEVILORED
AND PROGRESS AGAINST BUDGET IS ASSESSED. FINANCIAL REPORTS ARE REVIEWED
FOR BOTH DONOR COMPLIANCE AND PROGRAM DELIVERY.
UPON COMPLETION OF THE PROJECT, GRANTEES SUBMIT FINAL REPORTS ALONG WITH
COPIES OF ALL MATERIALS DEVELOPED.
,

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2013

Open To Public

Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization Employer identification number INTERNATIONAL YOUTH FOUNDATION 38-2935397 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations b Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or x Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid Did (iii) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity òrganization listed in col. (i) Yes COMMUNITY COUNSELLING SERVICE No LLC - 100 EAST PRATT CAMPAIGN FEASIBILITY STUDY ถ 48,000 -48,000 -48,000. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13 SEE PART IV FOR CONTINUATIONS

Pa	edu I rt	le G (Form 990 or 990-EZ) 2013 INTERNATION Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	l "Yes" to Form 990, Part	IV, line 18, or reported	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
en			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions	•••			
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
•	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d))	
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	ne 3, column (d))	(d) Total gaming (add col. (a) through col. (c))
Revenue a	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
Revenue	10 11 irt	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
enses Revenue	10 11 irt	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
Revenue	10 11 11 1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
enses Revenue	10 11 11 1 2	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	
enses Revenue	10 11 1rt 2 3	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or n	eported more than	col. (a) through col. (c))
enses Revenue	10 11 11 1 2 3 4 5	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ne 3, column (d)	990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming Yes%	col. (a) through col. (c))
enses Revenue	10 11 11 2 3 4 5	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ne 3, column (d)	990, Part IV, line 19, or n (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming Yes% No	col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2013

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: ___

332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 INTERNATIONAL YOUTH FOUNDATION 38	<u> 1-2935397</u>		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:	1		
	The organization's facility	400		%
				
	An outside facility			70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	•		
	Name >			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	1		
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Nome .			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of services provided			•
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?		Yes	U No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Par 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction		9b, 10	b, 15b,
<u>sch</u>	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(I)	NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO., LLC			
			•	•
<u>(I)</u>	ADDRESS OF FUNDRAISER:			
100	_EAST PRATT STREET_ SUITE 1520_ BALTIMORE_ MD 21202			
	·			

Schedule G (Form 990 or 990-EZ) INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 4
Part IV Supplemental Information (continued)		
A service of the serv		
	•	
——————————————————————————————————————	.	
		-
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	.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. See separate instructions.

INTERNATIONAL YOUTH FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

38-2935397

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

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

Schedule J (Form 990) 2013

Page 2

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

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

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

	(B) Breakdow	in of W-2 and	1/or 1099-MIS	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(j)(B)	reported as deferred in prior Form 990
(1) WILLIAM REESE (i)	309	914.	0.	8,797.	28,350	14,085	361,146,	0
PRESIDENT/CEO (ii)	. (0	0.	0	0	0	0.	0
(2) SAMANTHA BARBEE (i)	184	814.	0	587.	16,916,	6,095.	208,412.	0
CHIEF FINANCIAL OFFICER (ii)		0	0	0	0	0	0.	0.
(3) PETER SHIRAS. (i)	216	703.	0	3,094,	19,838,	6,095.	245,730.	0
EXECUTIVE VP BUSINESS DEVELOPMENT (ii)		0.	0	0	0	.0	0.	0.
(4) AWAIS SUFI	202	548.	0	441.	18,809,	18,615,	240,413,	0.
EXECUTIVE VP PROGRAMS (ii)		0	0,	0.	0	0.	0.	0
(5) JIM PEIRCE (i)	163	044.	0	512,	15 053.	6,353,	184,962.	0
VP, STRATEGIC PLANNING & OUTREACH (ii)		0	0	0	0	0	0.	0.
(6) SUSAN PEZZULLO (6)	151	988.	0	2,072,	14,014,	18,615.	186,689,	0.
DIRECTOR, LATIN AMERICA & CARIBBEAN (ii)	10	0	0	0	0	0	.0	0
(7) KATHERINE CARPENTER (i)	130	292.	0	237.	12,127,	10,807.	153,463,	0.
VP, BUSINESS DEVELOPMENT (ii)		0.	0.	0	0	0	0,	0
<u> </u>								
(ii)								
<u> </u>								
(11)								
						:		
8								
(11))							
(II)	7							
(ii)								
(ii)	1							
(<u>0</u>)								
(ii)								
(0)		_						

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 INTERNATIONAL YOUTH FOUNDATION	38-2935397 Page 3
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.	this part for any additional information.
	Schedule J (Form 990) 2013

09-13-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

INTERNATIONAL YOUTH FOUNDATION	38-2935397
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
YOUTHACTIONNET:	
YOUTHACTIONNET SUPPORTS YOUNG COMMUNITY LEADERS THROUGH SKILL-BUILDING,	
AS WELL AS BY PROVIDING ACCESS TO NETWORKS, RESOURCES AND ADVOCACY	
OPPORTUNITIES, THE YOUTHACTIONNET GLOBAL FELLOWSHIP TRAINS 20 YOUNG	
SOCIAL ENTREPRENEURS ANNUALLY, PARTICIPANTS IN THE YEAR-LONG PROGRAM	
REFINE THEIR LEADERSHIP SKILLS, COLLABORATE ACROSS NATIONAL BOUNDARIES	
AND ADVOCATE FOR THEIR CAUSES AT THE GLOBAL LEVEL. YOUTHACTIONNET	
INSTITUTES OPERATE WITHIN INDIVIDUAL COUNTRIES. THESE LOCAL PROGRAMS	
SELECT YOUTH LEADERS TO PARTICIPATE IN AN INTENSIVE TRAINING INCLUDING	
A 10-12 MONTH FELLOWSHIP EXPERIENCE, ACCESS TO SMALL GRANTS, ADDITIONAL	
NETWORKING OPPORTUNITIES AND TECHNICAL SUPPORT, YOUTHACTIONNET, ORG IS A	
WEB-BASED PLATFORM THAT PROVIDES YOUNG LEADERS WITH ACCESS TO RESOURCES	
THAT STRENGTHEN LEADERSHIP SKILLS, EXPAND NETWORKS, AND ADVOCATE FOR	
THEIR CAUSES.	
EXPENSES \$ 1,711,809. INCLUDING GRANTS OF \$ 584,124. REVENUE \$ 0.	
EGYPT@WORK:	
IYF AND THE MASTERCARD FOUNDATION ARE IMPLEMENTING EGYPT@WORK, A FOUR	
YEAR INITIATIVE THAT WILL ADDRESS THE NEED FOR INCREASED YOUTH	-
EMPLOYMENT AND ENTREPRENEURSHIP IN EGYPT, THIS PROGRAM WILL BUILD	
ALLIANCES BETWEEN SECTORS AND ASSIST LOCAL ORGANIZATIONS WITH CAPACITY	
BUILDING TECHNICAL SERVICE STRENGTHENING AND ON-THE-GROUND	
IMPLEMENTATION OF THE PROGRAM. ORGANIZATIONS PARTICIPATING IN THE	
PROGRAM WILL PROVIDE 10,000 DISADVANTAGED YOUTH WITH THE SKILLS	
KNOWLEDGE AND OPPORTUNITIES NEEDED TO FIND AND MAINTAIN EMPLOYMENT OR	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page
Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
OTHER LEARNING PROGRAMS:	
IYF'S OTHER LEARNING PROGRAMS IMPROVE THE ACADEMIC PERFORMANCE,	
KNOWLEDGE AND SKILLS OF YOUTH AS THE FOUNDATION FOR LEADING A HEALTH	IY
AND PRODUCTIVE LIFE, IYF WORKS WITH PUBLIC, PRIVATE AND CIVIL SOCIE	ETY
PARTNERS TO EXPAND AND IMPROVE YOUNG PEOPLE'S ACCESS TO QUALITY AND	
RELEVANT EDUCATION, RECOGNIZING THE CRITICAL ROLE THAT TEACHERS PLAY	? IN
MOTIVATING LEARNING, IYF PROVIDES TEACHERS WITH THE BEST POSSIBLE	
TRAINING TO BUILD YOUNG PEOPLE'S CREATIVITY, SELF-ESTEEM, AND	
VOCATIONAL SKILLS. AT THE CORE OF ALL TYF EDUCATION INITIATIVES ARE	
LIFE SKILLS.	
EXPENSES \$ 260,296. INCLUDING GRANTS OF \$ 161,661. REVENUE \$ 0.	
PROGRAM DEVELOPMENT AND SUPPORT	
EXPENSES \$ 19,291. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
PHILIPPINES, JORDAN, TANZANIA, KYRGYZSTAN,	
TUNISIA, OTHER COUNTRY, ZIMBABWE	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: 1. FORMS TO BE COMPLETED BY CONTROLLER, CFO AND TAX	
ACCOUNTANTS	
	·
2. FORMS REVIEWED BY IYF'S ATTORNEYS.	
3. DRAFT FORMS REVIEWED BY REPRESENTATIVE OF INVESTMENT AND AUDIT CO)MMITTEE
A. CFO AND CONTROLLER REVIEW IN DETAIL WITH LOCALLY BASED MEMBER OF	
332212 09-04-13 53	Schedule O (Form 990 or 990-EZ) (2013
DRAFT FORMS REVIEWED BY REPRESENTATIVE OF INVESTMENT AND AUDIT CO CFO AND CONTROLLER REVIEW IN DETAIL WITH LOCALLY BASED MEMBER OF 2212 04-13 53	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
INVESTMENT AND AUDIT COMMITTEE.	
B. REPRESENTATIVE OF COMMITTEE SENDS ANY NECESSARY INFORMATION AND/OR	
COMMENTS TO REST OF THE COMMITTEE WHEN THE DRAFT IS SENT TO THE COMMITTEE.	
COMMITTED WALK IN BRANT IS SEAT TO THE COMMITTED.	
C. COMMITTEE GIVEN 72 HOURS TO REVIEW AND RETURN ANY COMMENTS TO	
REPRESENTATIVE AND/OR CFO.	
4. FINAL VERSION OF FORMS SENT TO ENTIRE BOARD BEFORE FILING	
	·
FORM 990, PART VI, SECTION B. LINE 12C:	
EXPLANATION: CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE DISTRIBUTED TO	.
STAFF AT THE BEGINNING OF EACH CALENDAR YEAR. THE BOARD RECEIVES THEM AT	
THE FIRST BOARD MEETING OF THE YEAR. THESE MUST BE COMPLETED AND COLLECTED	
WITHIN 30 DAYS. THE EXECUTIVE COMMITTEE OF IYF IS RESPONSIBLE FOR	
MONITORING COMPLIANCE WITH THE POLICY. THE COMPLETED STATEMENTS ARE	
MAINTAINED AS CONFIDENTIAL MATERIALS BY EXECUTIVE STAFF IN IYF'S OFFICE IN	
BALTIMORE.	
ANY ISSUES DISCLOSED THROUGH THE FORMS ARE REVIEWED BY THE EXECUTIVE	
COMMITTEE AND NECESSARY STEPS ARE TAKEN. IN PARTICULAR, SHOULD A BOARD	
MEMBER WORK FOR OR OTHERWISE BE INVOLVED WITH A DONOR OR VENDOR OF THE	, <u></u>
ORGANIZATION, THEY ABSTAIN FROM ALL RELATED DISCUSSION AND VOTE.	
SHOULD ANY STAFF PERSON FAIL TO REVEAL ANY CONFLICT OF INTEREST, THEY WOULD	
BE TERMINATED. SHOULD ANY BOARD MEMBER FAIL TO REVEAL ANY CONFLICT OF	
INTEREST, THEY WOULD BE RELEASED FROM THEIR SERVICE ON THE BOARD.	
FORM 990 PART VI SECTION B LINE 15:	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
EXPLANATION: IYF DOES NOT TREAT COMPENSATION FOR OFFICERS OR OTHER KEY	****
EMPLOYEES DIFFERENTLY FROM THE COMPENSATION OF OTHER STAFF.	
IT IS IYF'S PRACTICE TO TREAT COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER	
IN A SIMILAR MANNER TO THAT OF ALL STAFF COMPENSATION. IYF ESTABLISHES AND	
MAINTAINS SALARY LEVELS THAT ARE COMPETITIVE IN RELATION TO THE MARKETS	
WITHIN WHICH IT COMPETES FOR EMPLOYEES, IYF AIMS TO KEEP ALL SALARY RANGES	
COMPARABLE TO INDUSTRY STANDARDS, MARKET SALARIES ARE REVIEWED EVERY 3-5	
YEARS BY INDEPENDENT COMPENSATION CONSULTANTS. IYF GRANTS MERIT-BASED	
SALARY INCREASES ON AN ANNUAL BASIS. MERIT IS DETERMINED THROUGH AN ANNUAL	
PERFORMANCE REVIEW OF EMPLOYEE BY SUPERVISOR. THE SIZE OF THE MERIT POOL IS	·
BASED ON ANTICIPATED MARKET SALARY INCREASES AS WELL AS IYF'S FINANCIAL	
CONDITION, TO DETERMINE MARKET SALARY INCREASES 2-3 SALARY SURVEYS FOR	
SIMILAR MARKETS ARE REVIEWED. THE POOL WHICH EXCLUDES THE CEO SALARY IS	
APPROVED BY THE IYF BOARD OF DIRECTORS AND DISTRIBUTED ACROSS THE STAFF BY	
CEO BASED ON MERIT RATINGS. THE AMOUNT OF AN INDIVIDUAL'S SALARY INCREASE	
IS BASED ON MERIT SCORE AND CURRENT SALARY POSITION WITHIN PAY RANGE. THE	
CEO RAISE IS HANDLED DIRECTLY BY THE BOARD. THE CEO PERFORMANCE REVIEW IS	
CONDUCTED BY THE CHAIRMAN OF THE BOARD WHO THEN DETERMINES THE PERCENTAGE	
RAISE GIVEN. SINCE 2005 THE PRACTICE HAS BEEN TO GIVE THE CEO THE AVERAGE	
PERCENTAGE RAISE GIVEN TO THE STAFF.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AK, AL, CA, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MS, MN, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA	
RI_SC_TN_UT_VA_WA_WI_WV_AR	
FORM 990, PART VI, SECTION C, LINE 19:	,

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TOTAL STORY THE ME, DAME S, GIRENOUS IN MICH MODILS,	
FOREIGN CURRENCY GAIN (LOSS) 1	400
FOREIGN CORRENCT GAIN (LOSS)	,482,
	-
	
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<u>, , , , , , , , , , , , , , , , , , , </u>	

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990.

➤ See separate instructions.

Open to Public Inspection

Employer identification number

38-2935397

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

INTERNATIONAL YOUTH FOUNDATION

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax exempt organizations during the tax year. Ξ End-of-year assets <u>e</u> Total income ⋾ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(g) Section 512(b)(13) controlled entity? Ñ Yes YOUTH FOUNDATION Direct controlling INTERNATIONAL entity status (if section Public charity 501(c)(3)) LINE 11A Exempt Code section 501(C)(3) € Legal domicile (state or foreign country) MARYLAND Primary activity REAL ESTATE RENTALS RESOURCES FOR YOUTH INC - 52-2085268 Name, address, and EIN of related organization 32 SOUTH ST, STE 500 BALTIMORE, MD 21202

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

Schedule R (Form 990) 2013

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INTERNATIONAL YOUTH FOUNDATION Schedule R (Form 990) 2013

Part III organization of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Page 2

38-2935397

1 0 0	1	1	!	I
(j) (k) General or Percentage managing ownership partner?				
Perco				
(j) General or managing partner? Yes No				
C Page				
UBI box edule				
de V. form in				
Code V-UBI emount in box mount in box code Cohedule Code K-1 (Form 1065) y				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
(g) Share of nd-of-yez assets				
Φ				
otal				
(f) Share of total income				
(e) Predominant income (related, unrelated, excluded from lax under sections 512-514)				
t incor related tax ul 2-514				
(e) ninant ed, uni from ins 51				
redon (relate Sluded sectio				
55 55				
trollin				
(a) t conf entity				
(d) Direct controlling entity				
(C) Legal domictle (state or foreign				
>				
(b) Primary activity				
(b)				
Prin				
_		$ \ \ \ $		
id EIN ation		$ \ \ \ $		
ss, an ganiz		$ \ \ \ $		
(a) Iddres ed org		$ \ \ \ $		
(a) Name, address, and EIN of related organization		$ \ \ \ $		
of №		$ \ \ \ $		
		$ \ \ \ $		
•			. ,	

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(0)	(Q)	(e)	(J)	(B)	(H)	ِ (3)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		0.000		2000		Yes No
							•	
				•••				

Schedule R (Form 990) 2013

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Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Vos	No.
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	X
b Gift, grant, or capital contribution to related organization(s)				qp.	×
c Giff, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				무	×
•				<u>a</u>	×
f Dividends from related organization(s)				=	×
g Sale of assets to related organization(s)				- 1g	×
h Purchase of assets from related organization(s)				#	×
i Exchange of assets with related organization(s)				¥	×
j Lease of facilities, equipment, or other assets to related organization(s)				 	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	_
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	, , , , , , , , , , , , , , , , , , ,		TE.	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			÷	×
 Sharing of paid employees with related organization(s) 				2	×
p Reimbursement paid to related organization(s) for expenses				10	×
q Reimbursement paid by related organization(s) for expenses				tq .	×
r Other transfer of cash or property to related organization(s)				=	×
s Other transfer of cash or property from related organization(s)				. 1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) RESOURCES FOR YOUTH INC	×	504,719,	FMV		
(3)					
(4)					
(5)				:	
(9)				i	
332163 09-12-13	09		Schedule	Schedule R (Form 990) 2013	0) 2013

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

17	or Percentage ownership				
(General or managing partner?				
9	Dispreport Dispresor				
3	Disproportionate allocations?				
`	Olisp tio				
3	Share of end-of-year assets				
Ę	와 <u>'</u> 트				
(9)	pathers sec. 501(c)(3) orgs.?		 	 -	
<u>.</u>	4 gate 6		 		
(E)	Predominant income patiesses. (related, unrelated, excluded from tax under section 512-514) yes. No				
(3)	micile oreign ry)				
(h)	Primary activity				
	Name, address, and EIN of entity				

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Schedule R (Form 990) 2013

<u>Schedule R</u>	(Form 990) 2013 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to guestions on Schedule R (see instructions).		
	·		
	<u> </u>		
	•		
			

Form **8868** (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box			· [X]
If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	this form).		
Do no	t complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	6 months for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an e	xtension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers /	Associated With Ce	rtain
Persor	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	n the elec	tronic filing of this f	orm,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits.		·			_
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an auton				- " '	
Partio					>	
	er corporations (including 1120-C filers), partnerships, REM. ncome tax returns.			t an exten		nber
Туре с	r Name of exempt organization or other filer, see instruc	ctions			ridentification numb	
	Manie of exempt organization of other filer, see insuce	ouons.		Citibiolo	, identification have	701 (Ziliy 0)
print	INTERNATIONAL YOUTH FOUNDAT	DT () NT			38-293539	17
File by th	B About an about and an an analysis of the B O town as		tions	Social co	curity number (SSN	
due date filing you		ee mstruc	dons.	Suciai \$6	Curity Humber (GGN	,
return. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21202						
Enter t	he Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Application Return Application Return						Return
					Code	
					07	
7-4111-0-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					08	
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
Oillio	SAMANTHA BARBEE					,1
• The	books are in the care of ▶ 32 SOUTH STREET		. 500 - BALTIMORE,	MD 2	1202	
	phone No. ► 410-951-1500	-,	Fax No.			
	e organization does not have an office or place of business	in the lin	·			
	is is for a Group Return, enter the organization's four digit (:heck this
box 🕨						
1 l	request an automatic 3-month (6 months for a corporation	required t organiza		until		
2 I	f the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return I	Final retur	n 	
3a i	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any			
	nonrefundable credits. See instructions.	,		3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	v refundable credits and			
	estimated tax payments made. Include any prior year overp			3b	s	0.
	Balance due, Subtract line 3b from line 3a, Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System).			3c	s	0.
	on. If you are going to make an electronic funds withdrawal				nd Form 8879-EO fo	
LHA 323841 12-31-13	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (R	ev. 1·2014)

Our categorial at the Yearson	Do not send to the IRS. Keep for your records.	1	
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/form	8879eo.	
Name of exempt organization			identification number
TNTERNATIONAL	YOUTH FOUNDATION	38-2	935397
Name and title of officer	100111 1 COMPANDED IN		
WILLIAM S. RE	ESE		
PRESIDENT/CEO			All
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5a	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, f a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicat	, then leave l	ine 1b, 2b, 3b, 4b, or 6b,
1a Form 990 check here	X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	24507699
2a Form 990-EZ check he		2b	
3a Form 1120-POL check		3b	
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic payment. I have selected a organization's consent to expend the selected and the selected	ler, transmitter, or electronic return originator (ERO) to send the organization's return to freceipt or reason for rejection of the transmission, (b) the reason for any delay in procepplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organistitution to debit the entry to this account. To revoke a payment, I must contact the U.S an 2 business days prior to the payment (settlement) date. I also authorize the financial or payment of taxes to receive confidential information necessary to answer inquiries an apersonal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal.	essing the re relectronic for zation's fede S. Treasury F I institutions nd resolve is:	eturn or refund, and (o) unds withdrawal (direct eral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one			
I authorize	PAG II	to enter my	y PIN[] Enter five numbers, bu
	ERO firm name		do not enter all zeros
is being filed with	on the organization's tax year 2013 electronically filed return, if I have indicated within to a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at the return's disclosure consent screen.	this return that Ithorize the a	at a copy of the return aforementioned ERO to
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2013 this return that a copy of the return is being filed with a state agency(ies) regulating character, my PIN on the return's disclosure consent screen. Date		
Onicos o dignacoro p			/ N/
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN, Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 2702192081 do not enter all zeros		
I certify that the above nur confirm that I am submittir e-file Providers for Busines	neric entry is my PIN, which is my signature on the 2013 electronically filed return for the g this return in accordance with the requirements of Pub. 4163, Modernized e-File (Me is Returns.	ne organizati F) Informatio	on indicated above. I on for Authorized IRS
ERO's signature 🕨	W('/Cu) Date ▶		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IBS Unless Requested To De	o So	-

LHA For Paperwork Reduction Act Notice, see Instructions. 323051 10-01-13

Form 8879-EO (2013)