

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

INTERNATIONAL YOUTH FOUNDATION
841 EAST FORT AVE 105
BALTIMORE, MD 21230

PREPARED BY:

BAKER TILLY ADVISORY GROUP, LP
66 HUDSON BLVD E
SUITE 2200
NEW YORK, NY 10001

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE

TAX RETURN FILING INSTRUCTIONS
CHANGE OF ADDRESS

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

INTERNATIONAL YOUTH FOUNDATION
841 EAST FORT AVE 105
BALTIMORE, MD 21230

PREPARED BY:

BAKER TILLY ADVISORY GROUP, LP
66 HUDSON BLVD E
SUITE 2200
NEW YORK, NY 10001

MAIL TAX RETURN TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

FORM 8822-B IS ATTACHED AS A PDF AND WILL BE FILED WITH THE FEDERAL RETURN.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

INTERNATIONAL YOUTH FOUNDATION

EIN or SSN

38-2935397

Name and title of officer or person subject to tax **YVONNA STEVENS
CFO & EVP**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>19,420,484.</u>
2a Form 990-EZ check here ...	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **BAKER TILLY ADVISORY GROUP, LP** to enter my PIN **11747**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 11/13/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13084314190

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature PATRICK YU, CPA

Date 11/13/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Form **8822-B**
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Change of Address or Responsible Party - Business

▶ Please type or print.
▶ See instructions. ▶ Do not attach this form to your return.
▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects.

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name	4b Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

841 EAST FORT AVE
BALTIMORE 21230

Foreign country name	Foreign province/county	Foreign postal code
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7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------


8 New responsible party's name

CHRISTINA SASS

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here ▶  _____

Signature of owner, officer, or representative

11/13/24
Date

CFO & EVP

Title

AMENDED

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: INTERNATIONAL YOUTH FOUNDATION
D Employer identification number: 38-2935397
E Telephone number: (410) 951-1500
G Gross receipts \$: 25,688,395.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.IYFGLOBAL.ORG
K Form of organization:
L Year of formation: 1990
M State of legal domicile: IL

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: YVONNA STEVENS, CFO & EVP
Date:
Print/Type preparer's name: PATRICK YU, CPA
Preparer's signature: PATRICK YU, CPA
Date: 11/14/24
Check if self-employed:
PTIN: P00675982
Firm's name: BAKER TILLY ADVISORY GROUP, LP
Firm's EIN: 39-0859910
Firm's address: 66 HUDSON BLVD E, SUITE 2200 NEW YORK, NY 10001
Phone no.: 212.697.6900

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IYF IS A GLOBAL NGO THAT PREPARES YOUNG PEOPLE TO BE HEALTHY, PRODUCTIVE AND ENGAGED CITIZENS.

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

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

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

4a (Code:) (Expenses \$ 5,094,261. including grants of \$ 1,203,542.) (Revenue \$ 97,999.) INITIATIVES IN SUB-SAHARAN AFRICA: SINCE IYF'S FOUNDING IN 1990, WE'VE HELPED MORE THAN TWO MILLION SUB-SAHARAN AFRICAN YOUTH TURN THEIR TALENT AND ENTHUSIASM INTO JOBS AND CAREERS IN GROWTH SECTORS SUCH AS SERVICE INDUSTRIES, AGRICULTURE, AND CONSTRUCTION. IN 2022 IYF OPERATED 17 PROGRAMS IN 5 COUNTRIES IN SUB-SAHARAN AFRICA (ETHIOPIA, SOUTH AFRICA, ZIMBABWE, KENYA, NIGERIA) REACHING OVER 44,000 YOUNG PEOPLE. IYF'S BENEFICIARIES INCLUDED ORPHANS AND VULNERABLE CHILDREN, OPPORTUNITY YOUTH, STUDENTS FROM LOW-INCOME FAMILIES, AND YOUTH WITH DISABILITY. THESE PROGRAMS IMPROVED ALIGNMENT BETWEEN TECHNICAL VOCATIONAL TRAINING SKILLS COURSES AND INDUSTRY NEEDS, IMPROVED BENEFICIARIES' PATHWAYS TO MEANINGFUL LIVELIHOODS, INCLUDING PROVIDING HIGH QUALITY DIGITAL TRAINING TO SECURE JOBS AND LEARNERSHIPS, CREATED

4b (Code:) (Expenses \$ 4,647,750. including grants of \$ 313,810.) (Revenue \$ 132,413.) INITIATIVES IN THE US AND GLOBAL PROGRAMS: IYF INITIATIVES REACH YOUNG PEOPLE IN RURAL AND URBAN AREAS OF THE UNITED STATES, AND SEVERAL PROJECTS WITH GLOBAL REACH. THE LARGEST PROJECT IYF IS IMPLEMENTING IN THE US AND GLOBAL IS THE YOUTH OPPORTUNITY (YO) INITIATIVE IN CHICAGO WITH FUNDING FROM THE MCDONALD'S CORPORATION. THE GOAL OF THE PARTNERSHIP IS TO REDUCE BARRIERS AND INCREASE OPPORTUNITIES FOR EMPLOYMENT AMONG YOUNG PEOPLE AGES 16-24. IYF PARTNERS WITH LOCAL, COMMUNITY-BASED ORGANIZATIONS TO PROVIDE PRE-EMPLOYMENT TRAINING, WHICH INCLUDES CRITICAL LIFE SKILLS LIKE EFFECTIVE COMMUNICATION, TEAMWORK, MANAGING STRESS, AND HANDLING CONFLICT. THE YO INITIATIVE INCREASES OPPORTUNITIES FOR YOUTH THROUGH 1) LIFE SKILLS TRAINING, 2) CONNECTION TO JOBS, 3) YOUTH VOICES, AND 4) COMMUNITY ENGAGEMENT. AS OF 2022,

4c (Code:) (Expenses \$ 2,837,496. including grants of \$) (Revenue \$ 594,361.) INITIATIVES IN LATIN AMERICA AND THE CARIBBEAN: IN 2022, IYF OPERATED 26 PROGRAMS IN SIX COUNTRIES IN LATIN AMERICA AND THE CARIBBEAN (BRAZIL, COLOMBIA, HAITI, MEXICO, PANAMA, PERU) REACHING OVER 193,000 YOUNG PEOPLE. IYF'S BENEFICIARIES INCLUDED YOUTH LEADERS, STUDENTS FROM LOW-INCOME FAMILIES, OPPORTUNITY YOUTH, YOUTH WITH DISABILITIES, AND INCARCERATED YOUTH. IYF'S PROGRAMMING INCREASED THEIR INCOMES AND EMPLOYMENT LEVELS, DECREASED DROP-OUT RATES, DEVELOPED CRITICAL SKILLS FOR WORK AND LIFE AND INCREASED THEIR INFLUENCE OVER KEY DECISIONS THAT IMPACT THEIR LIVES AND FUTURE. WE'VE WORKED WITH MORE THAN 70 IMPLEMENTING PARTNERS IN LATIN AMERICA AND THE CARIBBEAN TO HELP LOCAL ORGANIZATIONS HARNESS A PASSION FOR SUSTAINABLE YOUTH DEVELOPMENT PROJECTS THAT MEASURABLY CHANGE THE LIVES OF UNDERSERVED YOUTH. WE'RE

4d Other program services (Describe on Schedule O.) (Expenses \$ 841,736. including grants of \$) (Revenue \$ 548,412.)

4e Total program service expenses 13,421,243.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

		Yes	No
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 on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, DC, IL, NY, VA, MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
YVONNA STEVENS, CFO & EVP - 410.951.1500
840 E. FORT AVE., #105, BALTIMORE, MD 21230-5117

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN G. REICHLÉ PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00 0.00	X		X				313,332.	0.	12,153.
(2) YVONNA STEVENS CFO & EVP	40.00 0.00			X				190,236.	0.	27,967.
(3) PETER SHIRAS EXECUTIVE VP	40.00 0.00					X		160,771.	0.	33,767.
(4) ANNA SCHOWENGERDT EXECUTIVE VP	40.00 0.00					X		155,820.	0.	17,038.
(5) PIA CAMPBELL DIRECTOR	40.00 0.00					X		138,433.	0.	9,737.
(6) LINDA FOGARTY DIRECTOR	40.00 0.00					X		123,408.	0.	14,702.
(7) COLIN HAGANS DIRECTOR	40.00 0.00					X		114,547.	0.	7,876.
(8) DOUGLAS L. BECKER CHAIRMAN	0.20 0.00	X		X				0.	0.	0.
(9) UMRAN BEBA VICE CHAIR	0.20 0.00	X		X				0.	0.	0.
(10) JOSEPH M. MATALON VICE CHAIR	0.20 0.00	X		X				0.	0.	0.
(11) DIDIER ACOUETÉY DIRECTOR	0.20 0.00	X						0.	0.	0.
(12) DISSA SYAKINA AHDANISA DIRECTOR (UNTIL 12/22)	0.20 0.00	X						0.	0.	0.
(13) ABDULAZIZ AL-KHAYYAL DIRECTOR	0.20 0.00	X						0.	0.	0.
(14) KATIE FALLON DIRECTOR	0.20 0.00	X						0.	0.	0.
(15) ANUSHKA GUPTA DIRECTOR (UNTIL 6/22)	0.20 0.00	X						0.	0.	0.
(16) HEATHER HIGGINBOTTOM DIRECTOR (UNTIL 8/22)	0.20 0.00	X						0.	0.	0.
(17) EMANUEL JIMENEZ DIRECTOR	0.20 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONZEL A. LEGGETT DIRECTOR	0.20 0.00	X						0.	0.	0.
(19) ALEJANDRO MAZA DIRECTOR	0.20 0.00	X						0.	0.	0.
(20) CONSTANCE ELIZABETH SWANIKER DIRECTOR	0.20 0.00	X						0.	0.	0.
(21) STEVEN TOM DIRECTOR	0.20 0.00	X						0.	0.	0.
(22) FAITH NAFULA WAFULA DIRECTOR (UNTIL 12/22)	0.20 0.00	X						0.	0.	0.
(23) ANDREA GONZALEZ-NEGRON DIRECTOR (AS OF 1/22)	0.20 0.00	X						0.	0.	0.
(24) CHARLES KIE DIRECTOR (AS OF 1/22)	0.20 0.00	X						0.	0.	0.
(25) MELANIE TRAN DIRECTOR (AS OF 1/22)	0.20 0.00	X						0.	0.	0.
(26) SUSAN YESHAR DIRECTOR (AS OF 1/22)	0.20 0.00	X						0.	0.	0.
1b Subtotal								1,196,547.	0.	123,240.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,196,547.	0.	123,240.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYSTEM SOURCE 339 CLUBHOUSE ROAD, HUNT VALLEY, MD 21031	OUTSOURCED IT SERVICES	139,534.
ADVANCENET TECHNOLOGY SERVICES 1090 TEXAN TRAIL, GRAPEVINE, TX 76051	SOFTWARE LICENSING & SUPPORT	109,588.
BAKER TILLY US, LLP PO BOX 7398, MADISON, WI 53707-7398	AUDIT AND TAX SERVICES	102,950.

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 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,744,242.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,398,321.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 24,000.				
	h Total. Add lines 1a-1f			17,142,563.			
Program Service Revenue	2 a CONTRACT REVENUE	Business Code					
		541900	1,350,185.	1,350,185.			
	b LICENSING FEE	541900	23,000.	23,000.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,373,185.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		258,340.			258,340.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	366,146.			
			(ii) Personal				
	b Less: rental expenses	6b	446,836.				
	c Rental income or (loss)	6c	-80,690.				
	d Net rental income or (loss)			-80,690.		-80,690.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,508,476.	11,700.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,821,075.	0.			
	c Gain or (loss)	7c	687,401.	11,700.			
	d Net gain or (loss)			699,101.		699,101.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a INCOME TAX REFUND	Business Code	900099	15,711.		15,711.	
	b IFYUSA INCOME	900099	12,076.			12,076.	
	c OTHER INCOME	900099	198.			198.	
	d All other revenue						
	e Total. Add lines 11a-11d			27,985.			
12 Total revenue. See instructions			19,420,484.	1,373,185.	0.	904,736.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	745,338.	745,338.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	772,014.	772,014.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	543,688.	171,017.	372,671.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,247,056.	5,106,534.	1,140,522.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	433,787.	345,251.	88,536.	
9 Other employee benefits	1,160,546.	910,825.	249,721.	
10 Payroll taxes	334,986.	261,020.	73,966.	
11 Fees for services (nonemployees):				
a Management				
b Legal	31,997.	23,382.	8,615.	
c Accounting	113,301.	30,151.	83,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	47,926.		47,926.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,838,544.	3,421,583.	416,961.	
12 Advertising and promotion				
13 Office expenses	380,482.	359,813.	20,669.	
14 Information technology	434,106.	299,601.	133,738.	767.
15 Royalties				
16 Occupancy	141,240.	99,683.	41,557.	
17 Travel	611,522.	525,388.	86,134.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	240,649.	224,346.	16,303.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	729.		729.	
23 Insurance	52,473.	53.	52,420.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	60,022.	60,022.		
b PARTICIPANT SUPPORT	50,603.	50,532.	71.	
c DUES & SUBSCRIPTIONS	34,228.	7,890.	26,338.	
d JOB POSTINGS	15,703.	555.	15,148.	
e All other expenses	6,245.	6,245.		
25 Total functional expenses. Add lines 1 through 24e	16,297,185.	13,421,243.	2,875,175.	767.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,550.	1	7,133.
	2 Savings and temporary cash investments	7,739,719.	2	6,875,250.
	3 Pledges and grants receivable, net	6,091,052.	3	7,825,969.
	4 Accounts receivable, net	227,694.	4	2,101,990.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	222,314.	9	424,453.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 218,642.		
	b Less: accumulated depreciation	10b 195,801.	31,592.	10c 22,841.
	11 Investments - publicly traded securities	17,269,988.	11	14,595,550.
	12 Investments - other securities. See Part IV, line 11	15,956.	12	970.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	124,693.	15	1,791,362.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,725,558.	16	33,645,518.	
Liabilities	17 Accounts payable and accrued expenses	887,662.	17	1,276,757.
	18 Grants payable	37,512.	18	697.
	19 Deferred revenue	156,830.	19	545,154.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	396,222.	25	1,969,797.
	26 Total liabilities. Add lines 17 through 25	1,478,226.	26	3,792,405.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,739,089.	27	13,606,676.
	28 Net assets with donor restrictions	14,508,243.	28	16,246,437.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,247,332.	32	29,853,113.
33 Total liabilities and net assets/fund balances	31,725,558.	33	33,645,518.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,420,484.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,297,185.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,123,299.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,247,332.
5	Net unrealized gains (losses) on investments	5	-3,487,819.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-29,699.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	29,853,113.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14312691.	17557971.	10930290.	16377318.	17142563.	76320833.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14312691.	17557971.	10930290.	16377318.	17142563.	76320833.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						30552187.
6 Public support. Subtract line 5 from line 4.						45768646.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	14312691.	17557971.	10930290.	16377318.	17142563.	76320833.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	249,182.	277,945.	158,567.	161,265.	624,486.	1471445.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			118,390.	2,392.	27,985.	148,767.
11 Total support. Add lines 7 through 10						77941045.
12 Gross receipts from related activities, etc. (see instructions)					12	13,834,323.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	58.72 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	61.52 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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

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

OTHER INCOME

2020 AMOUNT: \$ 932.

2021 AMOUNT: \$ 2,392.

2022 AMOUNT: \$ 198.

INCOME TAX REFUND

2020 AMOUNT: \$ 88,358.

2022 AMOUNT: \$ 15,711.

BCPS SUMMER SKILLS

2020 AMOUNT: \$ 29,100.

IFYUSA INCOME

2022 AMOUNT: \$ 12,076.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICROSOFT PHILANTHROPIES 1 MICROSOFT WAY REDMOND, WA 98052	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCDONALD'S 1035 WEST RANDOLPH ST. CHICAGO, IL 60607	\$ 1,999,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ORANGE COUNTY COMMUNITY FDN 4041 MACARTHUR BLVD., STE 510 NEWPORT BEACH, CA 92660	\$ 615,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CONRAD N. HILTON FOUNDATION 30440 AGOURA RD. AGOURA HILLS, CA 91301	\$ 502,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US AGENCY FOR INTERNATIONAL DEVELOPMENT 1300 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20523	\$ 391,522.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE OF THE UK GOVERNMENT ABERCROMBIE HOUSE EAGLESHAM ROAD EAST KILBRIDE, UNITED KINGDOM G75 8EA	\$ 1,352,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BECALOS AV. VASCO DE QUIROGA NUM. 2000, EDIFICIO C1 PISO 4 MEXICO CITY, MEXICO C.P. 01210	\$ 1,690,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MERCY CORPS 1111 19TH ST NW #650 WASHINGTON, DC 20036	\$ 721,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TIDES FOUNDATION 1012 TORNEY AVE. SAN FRANCISCO, CA 94129	\$ 4,153,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DAI EUROPE LTD 3RD FLOOR BLOCK C WESTIDE, LONDON ROAD APSLEY, UNITED KINGDOM HP3 9TD	\$ 958,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CARE INTERNATIONAL 1899 L STREET NW, STE. 500 WASHINGTON, DC 20036	\$ 640,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	AMREF HEALTH AFRICA LANGATA RD NAIROBI, KENYA	\$ 962,917.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	OAK FOUNDATION CASE POSTALE 118, 58, AVENUE LOUIS CASAI GENEVA, SWITZERLAND 1216	\$ 2,000,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: INTERNATIONAL YOUTH FOUNDATION; Employer identification number: 38-2935397

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of 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 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 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,141,639.	5,997,537.	6,091,405.	5,109,877.	5,150,206.
b Contributions	1,000.	3,231.	4,272.	36,510.	328,509.
c Net investment earnings, gains, and losses	-476,452.	386,164.	258,043.	1,143,354.	-228,838.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	302,013.	245,293.	356,183.	198,336.	140,000.
g End of year balance	5,364,174.	6,141,639.	5,997,537.	6,091,405.	5,109,877.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 60.0000 %
 - b Permanent endowment 32.0000 %
 - c Term endowment 8.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		54,139.	33,155.	20,984.
d Equipment		164,503.	162,646.	1,857.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,841.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	56,668.
(2) SECURITY DEPOSITS	55,374.
(3) LESSOR INITIAL DIRECT COST	67,792.
(4) RIGHT-OF-USE ASSETS	1,611,528.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,791,362.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	99,858.
(3) OPERATING LEASE LIABILITIES	1,869,939.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,969,797.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	16,325,876.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,487,819.	
b	Donated services and use of facilities	2b	24,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-29,699.	
e	Add lines 2a through 2d	2e	-3,493,518.	
3	Subtract line 2e from line 1	3	19,819,394.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,926.	
b	Other (Describe in Part XIII.)	4b	-446,836.	
c	Add lines 4a and 4b	4c	-398,910.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,420,484.	

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

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

1	Total expenses and losses per audited financial statements		1	16,720,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	24,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	446,836.	
e	Add lines 2a through 2d	2e	470,836.	
3	Subtract line 2e from line 1	3	16,249,259.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,926.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	47,926.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	16,297,185.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS AS WELL AS PERMANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTED IN PERPETUITY. THE INCOME OF THE RESTRICTED PORTION OF THE ENDOWMENT WILL BE RELEASED UPON APPROPRIATION FOR USE TO SUPPORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED IYF'S TAX POSITIONS AND HAS CONCLUDED THAT IYF HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOREIGN CURRENCY TRANSLATION -29,699.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -446,836.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 446,836.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	0	0	GRANTS		362,576.
SUB-SAHARAN AFRICA	0	0	GRANTS		210,017.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS		102,603.
NORTH AMERICA	0	0	GRANTS		96,818.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	31,638.
NORTH AMERICA	1	25	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	1,759,795.
SOUTH AMERICA	1	3	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	101,204.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	1,967.
3 a Subtotal	2	28			2,666,618.
b Total from continuation sheets to Part I	6	27			4,932,693.
c Totals (add lines 3a and 3b)	8	55			7,599,311.

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Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	102,331.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	123,370.
SOUTH ASIA	0	0	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	42,703.
MIDDLE EAST AND NORTH AFRICA	2	3	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	608,574.
SUB-SAHARAN AFRICA	4	24	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	4,055,715.
Totals	6	27			4,932,693.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	YOUTH DEVELOPMENT PROGRAMS	208,465.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	YOUTH DEVELOPMENT PROGRAMS	44,512.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	YOUTH DEVELOPMENT PROGRAMS	7,421.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	YOUTH DEVELOPMENT PROGRAMS	7,432.	WIRE TRANSFER	0.		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	YOUTH DEVELOPMENT PROGRAMS	94,746.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	YOUTH DEVELOPMENT PROGRAMS	42,330.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	YOUTH DEVELOPMENT PROGRAMS	32,500.	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	YOUTH DEVELOPMENT PROGRAMS	19,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **11**

3 Enter total number of other organizations or entities **3**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 - CANADA AND MEXICO, BUT NOT THE UNITED STATES	YOUTH DEVELOPMENT PROGRAMS	43,500.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	YOUTH DEVELOPMENT PROGRAMS	35,850.	WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	YOUTH DEVELOPMENT PROGRAMS	102,603.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	YOUTH DEVELOPMENT PROGRAMS	34,181.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	YOUTH DEVELOPMENT PROGRAMS	97,656.	WIRE TRANSFER	0.		

Part IV Foreign Forms

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

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. See instructions.

PART I, LINE 2:

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 CAN 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 APPLICABLE U.S. EXECUTIVE ORDERS, EXCLUDED PARTY LISTS 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. GRANTEES QUALIFYING AS LOW RISK NORMALLY REPORT BOTH PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR. GRANTEES NOT QUALIFYING AS LOW RISK MAY BE ASKED TO REPORT MONTHLY AND SPECIAL CONDITIONS MAY BE APPLIED (E.G. REQUIREMENT OF A SEPARATE BANK ACCOUNT FOR IYF GRANT FUNDS).

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 PRESIDENT & CEO AND CFO & EVP FINANCE.

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. See instructions.

FUNDS ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP DURING THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER THREE-MONTH EXPENDITURE PROJECTIONS, A PERCENTAGE OF THE PROJECT BUDGET OR COMPLETION OF AN ESTABLISHED MILESTONE. ALL FUNDS DISBURSED FOR THE REMAINDER OF THE GRANT ARE DETERMINED BY A SCHEDULE AND CONTINGENT UPON ALL DELIVERABLES DELINEATED IN THE GRANT AGREEMENT. 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 OCCASIONAL SITE VISITS DURING WHICH PROGRAM PROGRESS IS ASSESSED AND MEASURED.

FINANCIAL REPORTS ARE COLLECTED ON A REGULAR BASIS (AS DETAILED ABOVE) AND PROGRESS AGAINST BUDGET IS ASSESSED. FINANCIAL REPORTS ARE REVIEWED FOR BOTH DONOR COMPLIANCE AND PROGRAM DELIVERY.

UPON COMPLETION OF THE PROJECT, IYF PERFORMS CLOSEOUT WHICH INVOLVES GRANTEES SUBMITTING FINAL REPORTS ALONG WITH COPIES OF ALL MATERIALS DEVELOPED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **INTERNATIONAL YOUTH FOUNDATION** Employer identification number **38-2935397**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALTERNATIVE SCHOOLS NETWORK 1807 W. SUNNYSIDE CHICAGO, IL 60640	23-7375976	501(C)(3)	125,000.	0.			YOUTH DEVELOPMENT PROGRAMS
CENTRAL STATES SER 3948 W. 26TH STREET, SUITE 213 CHICAGO, IL 60623	36-1211270	501(C)(3)	112,500.	0.			YOUTH DEVELOPMENT PROGRAMS
LATIN AMERICAN YOUTH CENTER 2102 W MONROE STREET CHICAGO, IL 60612	36-2166997	501(C)(3)	12,500.	0.			YOUTH DEVELOPMENT PROGRAMS
LAYC CAREER ACADEMY PUBLIC CHARTERED SCHOOL - 5100 HARRISON ST. - CHICAGO, IL 60644	23-7022085	501(C)(3)	37,500.	0.			YOUTH DEVELOPMENT PROGRAMS
PHALANX FAMILY SERVICES 3948 W. 26TH STREET, STE 213 CHICAGO, IL 60623	36-1211270	501(C)(3)	112,500.	0.			YOUTH DEVELOPMENT PROGRAMS
SKILLS FOR CHICAGOLAND'S FUTURE 711 THIRD AVE NEW YORK, NY 10017-4014	13-1656634	501(C)(3)	162,500.	0.			YOUTH DEVELOPMENT PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 13.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEXT STEP PUBLIC CHARTER SCHOOL - 1419 COLUMBIA ROAD NW - WASHINGTON, DC 20009	52-1023074	501(C)(3)	75,000.	0.			YOUTH DEVELOPMENT PROGRAMS
MARTHA O'BRYAN CENTER 711 SOUTH 7TH STREET NASHVILLE, TN 37206	62-0477728	501(C)(3)	45,911.	0.			YOUTH DEVELOPMENT PROGRAMS
ONE STOP CAREER CENTER OF PR, INC. 839 CALLE ANASCO, STE 5 SAN JUAN, PR 00925	66-0593598	501(C)(3)	16,927.	0.			YOUTH DEVELOPMENT PROGRAMS
HEART OF LOS ANGELES YOUTH INC 2701 WILSHIRE BLVD, SUITE 100 LOS ANGELES, CA 90057	95-4397418	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT PROGRAMS
COMMUNITY YOUTH CENTER OF SAN FRANCISCO - 1038 POST STREET - SAN FRANCISCO, CA 94109	94-1728818	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT PROGRAMS
GIRLS INC. OF NEW YORK CITY 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	13-4028433	501(C)(3)	12,500.	0.			YOUTH DEVELOPMENT PROGRAMS
NEW YORK EDGE INC. 58-12 QUEENS BOULEVARD WOODSIDE, NY 11377	11-3112635	501(C)(3)	12,500.	0.			YOUTH DEVELOPMENT PROGRAMS

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

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

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

PART I, LINE 2:

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 CAN DELIVER ON THE PROGRAM. ANY ASSESSED PROGRAM WEAKNESSES ARE NOTED AND APPROPRIATE PLANS ARE MADE TO ADDRESS THESE DURING THE PROJECT IMPLEMENTATION PHASE.

Part IV Supplemental Information

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 APPLICABLE U.S. EXECUTIVE ORDERS, EXCLUDED PARTY LISTS 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. GRANTEES QUALIFYING AS LOW RISK NORMALLY REPORT BOTH PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR. GRANTEES NOT QUALIFYING AS LOW RISK MAY BE ASKED TO REPORT MONTHLY SPECIAL CONDITIONS MAY BE APPLIED (E.G. REQUIREMENT OF A SEPARATE BANK ACCOUNT FOR IYF GRANT FUNDS).

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 PRESIDENT & CEO AND CFO & EVP FINANCE.

FUNDS ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP DURING THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER THREE-MONTH EXPENDITURE PROJECTIONS, A PERCENTAGE OF THE PROJECT BUDGET OR COMPLETION OF AN ESTABLISHED MILESTONE. ALL FUNDS DISBURSED FOR THE REMAINDER OF THE GRANT ARE DETERMINED BY A SCHEDULE AND CONTINGENT UPON ALL DELIVERABLES DELINEATED IN THE GRANT AGREEMENT.

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 OCCASIONAL SITE VISITS DURING WHICH PROGRAM PROGRESS IS ASSESSED AND MEASURED.

Part IV Supplemental Information

FINANCIAL REPORTS ARE COLLECTED ON A REGULAR BASIS (AS DETAILED ABOVE) AND PROGRESS AGAINST BUDGET IS ASSESSED. FINANCIAL REPORTS ARE REVIEWED FOR BOTH DONOR COMPLIANCE AND PROGRAM DELIVERY.

UPON COMPLETION OF THE PROJECT, IYF PERFORMS CLOSEOUT WHICH INVOLVES GRANTEES SUBMITTING FINAL REPORTS ALONG WITH COPIES OF ALL MATERIALS DEVELOPED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN G. REICHLÉ PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	311,189.	0.	2,143.	9,600.	2,553.	325,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) YVONNA STEVENS CFO & EVP	(i)	189,875.	0.	361.	5,501.	22,466.	218,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER SHIRAS EXECUTIVE VP	(i)	154,953.	0.	5,818.	7,253.	26,514.	194,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANNA SCHOWENGERDT EXECUTIVE VP	(i)	154,937.	0.	883.	5,916.	11,122.	172,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

SUSAN REICHLER - 457(B) - \$900

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

AMENDED STATEMENT

THE ORGANIZATION IS AMENDING ITS FORM 990 TO CORRECT FINANCIAL AND
SUPPLEMENTAL INFORMATION PREVIOUSLY REPORTED SINCE INFORMATION WAS NOT
AVAILABLE AT THE TIME OF FILING. ALL SCHEDULES AND PARTS OF THE RETURN
HAS BEEN AMENDED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MORE YOUTH-INCLUSIVE AND YOUTH-RESPONSIVE ORGANIZATIONS AND IMPROVED
PEDAGOGICAL PRACTICES IN TRAINING CENTERS. IN PARTNERSHIP WITH
MASTERCARD FOUNDATION, VIA: PATHWAYS TO WORK APPLIES A SYSTEMS APPROACH
TO IMPROVE ECONOMIC OPPORTUNITIES FOR UNDERSERVED YOUNG PEOPLE IN
MOZAMBIQUE AND TANZANIA. IN SOUTH AFRICA, IYF MANAGES HIGH GEAR, AN
EXCITING INITIATIVE THAT IS ADVANCING SOUTH AFRICA'S PUBLIC TECHNICAL
AND VOCATIONAL EDUCATION AND TRAINING (TVET) COLLEGE SYSTEM. HIGH GEAR
DRAWS ON INDUSTRY KNOWLEDGE AND SKILLS IMPERATIVES-ALONG WITH IYF
CURRICULA ENHANCEMENT TOOLS-TO STRENGTHEN THE MARKET RELEVANCE OF
SELECT PUBLIC TVET COLLEGE COURSES. THROUGH IMPROVED LEARNER RETENTION
AND COMPLETION RATES, THE SKILLS FOR LIFE PROJECT IN SOUTH AFRICA SEEKS
TO SUPPORT THE COUNTRY'S TVET COLLEGE SYSTEM TO BETTER PREPARE YOUNG
WOMEN AND MEN WITH THE LIFE SKILLS AND INDUSTRY-RELEVANT TECHNICAL
COMPETENCIES NEEDED FOR ACADEMIC AND WORKFORCE SUCCESS. IYF LEADS
SPECIFIC COMPONENTS OF THE KEFETA PROJECT IN ETHIOPIA AND THE TAKUNDA
PROJECT IN ZIMBABWE. IN ETHIOPIA, THE KEFETA INITIATIVE WILL SERVE A
TARGET OF 2M YOUTH ACROSS 18 ETHIOPIAN CITIES. THE GOAL OF THE TAKUNDA
ACTIVITY IS ACHIEVING SUSTAINABLE, EQUITABLE, AND RESILIENT FOOD,

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

Schedule O (Form 990) 2022

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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NUTRITION, AND INCOME SECURITY FOR OVER 300,000 YOUTH. THROUGH THESE PROJECTS, IYF OVERSEES THE COMPONENTS INCLUDING 1) YOUTH ENGAGEMENT, INCLUSION AND EMPOWERMENT, 2) INVESTING IN HIGHER EDUCATION ALLIANCES AND YOUTH HUBS AND BUILDING AN EDUCATIONAL FOUNDATION, AND 3) LINKING THE PRIVATE SECTOR FOR YOUTH EMPLOYMENT AND ENTREPRENEURSHIP.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IYF'S YO PROGRAM IMPACT INCLUDED SERVING OVER 13,000 YOUNG PEOPLE, OF WHICH 87% SELF-IDENTIFIED AS EITHER BLACK OR LATINX, 56% FEMALE, AND 67% OF PARTICIPANTS HAVE SINCE BEEN HIRED OR ARE IN EDUCATION. THE YO PROGRAM IS EXPANDING PROGRAM SITES ACROSS THE US AND PUERTO RICO AND URUGUAY. IN ADDITION, IN THIS REGION, IYF HAS ADDRESSED THE CONCERNS YOUNG PEOPLE HAVE ABOUT MENTAL HEALTH AND WELL-BEING THROUGH OUR PROGRAMS FOR YEARS. IN FACT, YOUNG PEOPLE CRAFTED AND ADVISED SOME OF OUR EARLIEST SOLUTIONS SUCH AS BUILDING IN CRISIS SUPPORT SERVICES IN HIGH SCHOOLS, PROVIDING FREE BI-LINGUAL THERAPY, OFFERING FREE YOGA CLASSES, AND ACKNOWLEDGING THE DIFFERING MENTAL HEALTH NEEDS BY GENDER. IN PUERTO RICO, OUR DO GOOD INITIATIVE IS A THREE-YEAR PROGRAM WHICH THE YOUNG PEOPLE CO-DESIGNED AND INCORPORATES A TAILORED MIX OF LIFE SKILLS, SERVICE LEARNING, COLLEGE ACCESS SUPPORT, AND INDIVIDUALIZED COACHING TO REINFORCE THOSE EXPERIENCES AND SUPPORT PARTICIPANTS IN THEIR NEXT EDUCATION AND/OR CAREER STEPS. IYF PARTNERED WITH THREE COMMUNITY-BASED ORGANIZATIONS IN PUERTO RICO ON THIS PROJECT, WHICH HAS IMPACTED OVER 2,300 YOUNG PEOPLE. AS PART OF IYF'S BHP-FUNDED LEAPS PROGRAM, WE EQUIPPED AND INSPIRED A GROUP OF HIGH SCHOOL STUDENTS IN NORTHERN LOUISIANA CALLED THE TEEN ADVISORY COMMITTEE (TAC) TO STEP UP AND TACKLE MENTAL HEALTH AT THE POLICY LEVEL, MAKING REAL, LASTING CHANGE IN THEIR OWN COMMUNITY. BY PARTNERING WITH A LOCAL

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COMMUNITY-BASED ORGANIZATIONS TO PROVIDE IN-SCHOOL RESOURCES AND ENGAGEMENT FOR AT-RISK STUDENTS IN WEST TEXAS, IYF SUPPORTED TEENS ON THE EDGE OF DROPPING OUT TO STAY IN SCHOOL AND DEAL WITH CHALLENGES IN PRODUCTIVE WAYS. THE HILTON PARTNERSHIP HAS OFFERED LIFE SKILLS TRAINING TO YOUNG TEAM MEMBERS AND OTHERS ACROSS FOUR CONTINENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 PROUD OF THE LEGACY OF IMPACT WE'RE BUILDING THROUGHOUT THE REGION, ESPECIALLY IN THE LIVES OF VULNERABLE AND HISTORICALLY UNDERSERVED POPULATIONS OF YOUNG PEOPLE, INCLUDING YOUNG WOMEN. EN TRAYECTO IS A CITI FOUNDATION-FUNDED PROGRAM WORKING WITH MARGINALIZED YOUTH, AGES 18 TO 29, IN MEXICO TO DEVELOP IN-DEMAND TECHNICAL SKILLS AND RELEVANT LIFE SKILLS THAT WILL HELP THEM SECURE DECENT JOBS IN SECTORS INCLUDING LOGISTICS, INFORMATION TECHNOLOGY (IT), AND MANUFACTURING. LIKE OTHER IYF PROGRAMS IN THE REGION, EN TRAYECTO SUPPORTS YOUNG PEOPLE FROM VULNERABLE POPULATIONS, INCLUDING YOUNG WOMEN, TOO MANY OF WHOM FACE CHALLENGES SUCH AS LOW FORMAL EMPLOYMENT RATES (ONLY 17.8% ARE FORMALLY EMPLOYED) AND HIGH RATES OF VIOLENCE (71% HAVE EXPERIENCED SOME TYPE OF VIOLENCE). THIS YEAR IN COLOMBIA, IYF HAS PARTNERED WITH MICROSOFT TO LAUNCH THE GLOBAL DIGITAL SKILLS TRAINING PROGRAM. OVER THE COURSE OF THIS THREE-YEAR PROJECT, WHICH SERVES 18,500 YOUNG PEOPLE, IYF IS INTEGRATING CORE COMPONENTS OF MICROSOFT'S DIGITAL SKILLS CURRICULUM TO COMPLEMENT EXISTING PROGRAMMING IN TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) SCHOOLS. IN COLOMBIA, IYF ENGAGES SECOND-CHANCE YOUTH, WHO ARE NOT INCLUDED OR HAVE FALLEN OUT OF THE FORMAL EDUCATIONAL, LABOR SYSTEMS OR BOTH. THIS PROGRAM EQUIPS YOUTH WITH THE BASIC DIGITAL SKILLS NEEDED TO SUCCEED IN THE WIDER SUITE OF IYF PROGRAMS AND INCREASES THEIR CHANCES OF EMPLOYMENT.

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INITIATIVES IN THE MIDDLE EAST, NORTH AFRICA, AND ASIA: WE HAVE WORKED WITH YOUTH IN NORTH AFRICA, THE MIDDLE EAST, AND ASIA TO STRENGTHEN EMPLOYABILITY, CAREER GUIDANCE, AND SOCIAL ENTREPRENEURSHIP. IYF'S BENEFICIARIES INCLUDED HISTORICALLY UNDERSERVED YOUTH. IYF'S PROGRAMMING EXPANDED THEIR CHOICES FOR PROFESSIONAL PATHS, DEVELOPED CRITICAL SKILLS FOR WORK AND LIFE, CHANGED EDUCATION SYSTEMS. PALESTINIAN YOUNG PEOPLE DESCRIBE DAUNTING ISSUES DRIVING THEIR FEELINGS OF MARGINALIZATION, INCLUDING SOCIAL ISOLATION, ECONOMIC MARGINALIZATION, VIOLENCE, AND POOR QUALITY OF LIFE, AMONG OTHER CHALLENGES. TAILORED TO THE PALESTINIAN CONTEXT, THE POSITIVE YOUTH ENGAGEMENT (PYE) PROGRAM CONTINUED IN PALESTINE IN THE WEST BANK, GAZA AND EASTERN JERUSALIM. THIS FIVE-YEAR PROGRAM WILL SUPPORT 50,000 ADOLESCENTS WITH A MENU OF ACTIVITIES, OPPORTUNITIES FOR ENGAGEMENT AND LEADERSHIP, AND RESOURCES TO PURSUE THEIR GOALS WITH HOPE FOR THE FUTURE ALONG PEACEFUL AND PRODUCTIVE PATHWAYS. PYE IS DESIGNED TO WEAKEN THE PUSH AND PULL FACTORS THAT DRIVE ADOLESCENTS TO VIOLENCE BY SUPPORTING THEIR PERSONAL WELL-BEING, HELPING THEM DEVELOP SKILLS TO LEAD THE LIVES THEY CHOOSE, AND STRENGTHENING THEIR POSITIVE INTERACTIONS WITH THE COMMUNITY NETWORKS AND INSTITUTIONS THAT SERVE THEM, INCLUDING SCHOOLS, CIVIL SOCIETY ORGANIZATIONS, AND PRIVATE BUSINESSES. IN DIRECT PARTNERSHIP WITH PALESTINIAN YOUTH, THE PROGRAM WILL REINTEGRATE OLDER ADOLESCENTS (15-19 YEARS OLD) INTO SOCIAL AND ECONOMIC LIFE BY EMPOWERING THEM TO SUCCESSFULLY PURSUE THEIR GOALS AND PREVENT YOUNGER ADOLESCENTS (10-14 YEARS OLD) FROM BECOMING ISOLATED AND DISCONNECTED FROM SOCIAL AND ECONOMIC OPPORTUNITIES. FURTHER, PYE SEEK TO PROVIDE YOUNG PEOPLE WITH ABILITIES AND SKILLS TO REFER THEM TO

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ADVANCED EDUCATIONAL OPPORTUNITIES AND/OR ACCESS TO THE LABOR MARKET AS
EMPLOYEES AND SOCIAL ENTREPRENEURS.

EXPENSES \$ 841,736. INCLUDING GRANTS OF \$ 0. REVENUE \$ 548,412.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

TANZANIA, ZIMBABWE, MOROCCO, MEXICO,

SOUTH AFRICA, ETHIOPIA

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

990 REVIEW PROCESS:

1. FORMS ARE COMPLETED BY CONTROLLER, CFO & EVP OF FINANCE AND TAX
ACCOUNTANTS

2. FORMS REVIEWED BY IYF'S ATTORNEYS.

3. DRAFT FORMS REVIEWED BY CHAIRMAN OF INVESTMENT AND AUDIT COMMITTEE

4. FINAL VERSION OF FORMS SENT TO ENTIRE BOARD PRIOR TO THE FORM 990'S
FILING

FORM 990, PART VI, SECTION B, LINE 12C:

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
ELECTRONICALLY AS CONFIDENTIAL MATERIALS BY AUTHORIZED STAFF IN IYF'S
HEADQUARTERS IN BALTIMORE.

ANY ISSUES DISCLOSED THROUGH THE FORMS ARE REVIEWED BY THE EXECUTIVE
COMMITTEE AND NECESSARY STEPS ARE TAKEN. IN PARTICULAR, SHOULD A BOARD

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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MEMBER WORK FOR OR OTHERWISE BE INVOLVED WITH A DONOR OR VENDOR OF THE 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:

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.

ANNUAL INCREASE IS DETERMINED BY THE EXECUTIVE MANAGEMENT TEAM (EMT) AND IS BASED ON MARKET TRENDS (E.G. WHAT INCREASES OTHER ORGANIZATIONS ARE PROVIDING), FINANCIAL RESULTS OF THE ORGANIZATION, AND DETERMINATION OF A MERIT INCREASE POOL TO ENSURE THAT INCREASES ARE LINKED TO PERFORMANCE RESULTS. TO DETERMINE MARKET SALARY INCREASES 2-3 SALARY SURVEYS FOR SIMILAR MARKETS ARE REVIEWED. THESE RAISES ARE DEVELOPED USING MARKET INFORMATION AND IYF FINANCIAL POSITION AS THE INFORMING FACTORS. IYF'S BOARD OF DIRECTORS APPROVES THE RATES AND RAISES ARE ALLOCATED TO EMPLOYEES BASED ON PERFORMANCE REVIEWS AND ESTABLISHED CRITERIA.

THE CEO RAISE IS HANDLED DIRECTLY BY THE BOARD. THE CEO PERFORMANCE REVIEW

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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IS CONDUCTED BY THE CHAIRMAN OF THE BOARD WHO THEN DETERMINES THE PERCENTAGE RAISE GIVEN. ANY CHANGES TO OFFICER COMPENSATION WOULD BE DONE BY BOARD RESOLUTION AND RATIFIED IN THE BOARD MINUTES. SINCE 2005, WHEN USING THE MERIT POOL, THE PRACTICE HAS BEEN TO GIVE THE CEO THE AVERAGE PERCENTAGE RAISE GIVEN TO THE STAFF. WHEN STAFF HAS RECEIVED INFLATIONARY RAISES ONLY, THE CEO HAS NOT RECEIVED A RAISE.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS AND THE 990 TAX FORMS ARE POSTED ON THE ORGANIZATION'S WEBSITE AND ARE MADE AVAILABLE UPON REQUEST. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

FOREIGN CURRENCY TRANSLATION	-29,699.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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Open to Public Inspection

Name of the organization **INTERNATIONAL YOUTH FOUNDATION** Employer identification number **38-2935397**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INTERNATIONAL YOUTH FOUNDATION INC S.A.R.L.A.U. - 98-1271105, 9 RUE RIYAD APPT8, HASSAN, MOROCCO	YOUTH DEVELOPMENT PROGRAMS	MOROCCO	0.	6,713.	INTERNATIONAL YOUTH FOUNDATION INC.

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

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

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

Schedule R (Form 990) 2022

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- 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)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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.

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB INTERNATIONAL YOUTH FOUNDATION INC 9, RUE RIYARD, APPT. 8 HASSAN RABAT MOROCCO	b(1) U.S. identifying number, if any 98-1271105	b(2) Reference ID number (see instructions)
c For FDE, country(ies) under whose laws organized and entity type under local tax law MOROCCO LIMITED	d Date(s) of organization 01 28 14	e Effective date as FDE 01/28/14
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MOROCCO	h Principal business activity YOUTH EDUCATI
		i Functional currency MAD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 1

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	639.	61.
12	-864.	-82.
13		
14		

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1	0.	0.
2		0.
3		
4	Were all remittances from the FDE or FB treated as made to the direct owner?	Yes No X
5	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting	X

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1	7,732.	6,713.
2	0.	0.
3	7,732.	6,713.
Liabilities and Owner's Equity		
4	17,513.	17,513.
5	-9,781.	-10,800.
6	7,732.	6,713.

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		X
5		X

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		X
b	Enter the total amount of the base erosion payments \$		
c	Enter the total amount of the base erosion tax benefit \$		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? <i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss \$		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit \$		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year \$. See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture \$. See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-61.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	-61.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-61.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-6.
8	Enter exchange rate used for line 7		10.48000

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF MEXICO AV. UNIVERSIDAD #989, DESP. 101 MEXICO CITY MEXICO	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) IYFMS		
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE	
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MEXICO	h Principal business activity YOUTH EDUCATI	i Functional currency USD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO. 701 BALTIMORE, MD 21202
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized	
	c U.S. identifying number, if any	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 2

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	1,759,795.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	1,759,795.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	1,759,795.
11 Total deductions (exclude income tax expense)	11	1,759,795.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1 0.	0.
2 Other assets	2 0.	0.
3 Total assets	3	
Liabilities and Owner's Equity		
4 Liabilities	4 0.	0.
5 Owner's equity	5 0.	0.
6 Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes instructions like 'Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.'

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
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Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF KAZAKHSTAN BC ATYRAU PLAZA, OFFICE 805 ATRYRAU KAZAKHSTAN 060011	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IYFKZ

c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
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f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted KAZAKHSTAN	h Principal business activity YOUTH EDUCATI	i Functional currency USD
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2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 3

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	123,370.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	123,370.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	123,370.
11 Total deductions (exclude income tax expense)	11	123,370.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.			
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a)	(b)
		Beginning of annual accounting period	End of annual accounting period
1 Cash and other current assets	1	0.	0.
2 Other assets	2	0.	0.
3 Total assets	3		
Liabilities and Owner's Equity			
4 Liabilities	4	0.	0.
5 Owner's equity	5	0.	0.
6 Total liabilities and owner's equity	6		

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes questions about FDE/FB qualified business units, base erosion payments, and dual consolidated losses.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		4

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF ZIMBABWE 3RD FLOOR, KENYAN EMBASSY BUILDING HARARE ZIMBABWE	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IYFZI
c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization e Effective date as FDE
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted ZIMBABWE
	h Principal business activity YOUTH EDUCATI
	i Functional currency USD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 4

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	486,790.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	486,790.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	486,790.
11 Total deductions (exclude income tax expense)	11	486,790.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1 0.	0.
2 Other assets	2 0.	0.
3 Total assets	3	
Liabilities and Owner's Equity		
4 Liabilities	4 0.	0.
5 Owner's equity	5 0.	0.
6 Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes instructions for completing lines 7 and 8.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF TANZANIA PLOT NO. 489, ROSE GARDEN ROAD DAR ES SALAAM TANZANIA	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IYFTAN

c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
---	----------------------------------	--------------------------------

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted TANZANIA	h Principal business activity YOUTH EDUCATI	i Functional currency USD
--	---	--	--

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 5

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	1,319,756.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	1,319,756.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	1,319,756.
11 Total deductions (exclude income tax expense)	11	1,319,756.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 0.	0.
2 Other assets	2 0.	0.
3 Total assets	3	
Liabilities and Owner's Equity		
4 Liabilities	4 0.	0.
5 Owner's equity	5 0.	0.
6 Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes instructions for completing lines 7 and 8.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF MOZAMBIQUE AVENIDA PAULO SAMUEL KANKHOMBA, 106 MAPUTO MOZAMBIQUE	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions) IYFMZ

c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
---	----------------------------------	--------------------------------

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted MOZAMBIQUE	h Principal business activity YOUTH EDUCATI	i Functional currency USD
--	---	--	--

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 6

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	875,157.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	875,157.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	875,157.
11 Total deductions (exclude income tax expense)	11	875,157.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.			
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets	0.	0.
2	Other assets	0.	0.
3	Total assets		
Liabilities and Owner's Equity			
4	Liabilities	0.	0.
5	Owner's equity	0.	0.
6	Total liabilities and owner's equity		

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes instructions for completion.

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB IYF SOUTH AFRICA SPACES OFFICE NO. 36, LESLIE RD JOHANNESBURG SOUTH AFRICA 2191	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions) IYFSF
--	---

c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
---	----------------------------------	--------------------------------

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted SOUTH AFRICA	h Principal business activity YOUTH EDUCATI	i Functional currency USD
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2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different INTERNATIONAL YOUTH FOUNDATION INC 1 EAST PRATT STREET, NO 701 BALTIMORE, MD 21202
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions) c(1) U.S. identifying number, if any c(2) Reference ID number (see instructions) d Country under whose laws organized e Functional currency
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4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized c U.S. identifying number, if any d Functional currency
---------------------------	--

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

SEE STATEMENT 7

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	1,359,512.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	1,359,512.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	1,359,512.
11 Total deductions (exclude income tax expense)	11	1,359,512.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1 0.	0.
2 Other assets	2 0.	0.
3 Total assets	3	
Liabilities and Owner's Equity		
4 Liabilities	4 0.	0.
5 Owner's equity	5 0.	0.
6 Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule G Other Information (continued)

Table with columns for questions (6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z) and columns for Yes/No. Includes instructions like 'Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.'

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

Table with 8 rows for Schedule H items: 1 Current year net income (loss) per foreign books of account, 2 Total net additions, 3 Total net subtractions, 4 Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3), 5 DASTM gain (loss) (if applicable), 6 Combine lines 4 and 5, 7 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)), 8 Enter exchange rate used for line 7.

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		X
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions		4

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return INTERNATIONAL YOUTH FOUNDATION	Filer's identifying number 38-2935397
--	---

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
841 EAST FORT AVE, 105

City or town, state, and ZIP code
BALTIMORE, MD 21230

Filer's tax year beginning **JAN 1**, 20**22**, and ending **DEC 31**, 20**22**

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership
 FB of a U.S. person FB of a CFC FB of a controlled foreign partnership

Check here Initial Form 8858 Final Form 8858

1a Name and address of FDE or FB	b(1) U.S. identifying number, if any
	b(2) Reference ID number (see instructions)

c For FDE, country(ies) under whose laws organized and entity type under local tax law	d Date(s) of organization	e Effective date as FDE
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f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted	h Principal business activity	i Functional currency
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2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address	b Annual accounting period covered by the return (see instructions)
	c(1) U.S. identifying number, if any
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized e Functional currency

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use U.S. dollar approximate separate transactions method of accounting (DASTM).

If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollars
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.			
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12 (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1		
2 Other assets	2		
3 Total assets	3		
Liabilities and Owner's Equity			
4 Liabilities	4		
5 Owner's equity	5		
6 Total liabilities and owner's equity	6		

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		
3 Answer only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c		
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
<i>Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		N/A
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit ▶ \$ (_____)		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ▶ \$ _____)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture ▶ \$ _____ . See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income-see instructions) (line 1 plus line 2 minus line 3)	4	
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
8	Enter exchange rate used for line 7		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	4	

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 INTERNATIONAL YOUTH FOUNDATION	Identifying number 38-2935397
--	---

Name of FDE or FB INTERNATIONAL YOUTH FOUNDATIO	U.S. identifying number, if any 98-1271105	Reference ID number (see instructions)
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Name of tax owner	U.S. identifying number, if any
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 **INTERNATIONAL YOUTH FOUNDATION** Identifying number **38-2935397**

Name of FDE or FB **IYF KAZAKHSTAN** U.S. identifying number, if any Reference ID number (see instructions) **IYFKZ**

Name of tax owner U.S. identifying number, if any

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 **INTERNATIONAL YOUTH FOUNDATION** Identifying number **38-2935397**

Name of FDE or FB **IYF ZIMBABWE** U.S. identifying number, if any Reference ID number (see instructions) **IYFZI**

Name of tax owner U.S. identifying number, if any

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 INTERNATIONAL YOUTH FOUNDATION	Identifying number 38-2935397
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Name of FDE or FB IYF TANZANIA	U.S. identifying number, if any	Reference ID number (see instructions) IYFTAN
--	---------------------------------	---

Name of tax owner	U.S. identifying number, if any
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Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation					
(a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner					
(a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 **INTERNATIONAL YOUTH FOUNDATION** Identifying number **38-2935397**

Name of FDE or FB **IYF MOZAMBIQUE** U.S. identifying number, if any Reference ID number (see instructions) **IYFMZ**

Name of tax owner U.S. identifying number, if any

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 **INTERNATIONAL YOUTH FOUNDATION** Identifying number **38-2935397**

Name of FDE or FB **IYF SOUTH AFRICA** U.S. identifying number, if any Reference ID number (see instructions) **IYFSF**

Name of tax owner U.S. identifying number, if any

Important: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

<input type="checkbox"/> Controlled Foreign Partnership	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input checked="" type="checkbox"/> U.S. Tax Owner	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Loan guarantee fees received					
9 Other					
10 Add lines 1 through 9					
11 Purchases of inventory					
12 Purchases of tangible property other than inventory					
13 Purchases of property rights					
14 Compensation paid for certain services					
15 Commissions paid					
16 Rents, royalties, and license fees paid					
17 Interest paid					
18 Loan guarantee fees paid					
19 Add lines 11 through 18					
20 Amounts borrowed (see instructions)					
21 Amounts loaned (see instructions)					

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 1

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
TAX CLASSIFICATION			
INTERNATIONAL YOUTH FOUNDATION	100.0000%	DIRECT OWNER OF FDE	US

ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 2

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
TAX CLASSIFICATION			
INTERNATIONAL YOUTH FOUNDATION	100.0000%	100% OWNER OF IYF MEXICO	US
DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION			
IYF MEXICO			MX

ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 3

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

INTERNATIONAL YOUTH FOUNDATION	100.0000%	100% OWNER OF IYF KAZAKHSTAN	US
DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION			

IYF KAZAKHSTAN			KZ
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 4

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

INTERNATIONAL YOUTH FOUNDATION	100.0000%	100% OWNER OF IYF ZIMBABWE	US
DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A PARTNERSHIP			

IYF ZIMBABWE			KZ
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 5

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

INTERNATIONAL YOUTH FOUNDATION	100.0000%	100% OWNER OF IYF TANZANIA	US
DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION			

IYF TANZANIA			TZ
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 6

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

INTERNATIONAL YOUTH FOUNDATION	100.0000%	100% OWNER OF IYF MOZAMBIQUE	US
DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION			

IYF MOZAMBIQUE			MZ
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ATTACHMENT FOR FORM 8858, LINE 5

FORM 8858

ORGANIZATIONAL CHART

STATEMENT 7

NAME OF ENTITY IN CHAIN OF OWNERSHIP	PERCENT OF OWNERSHIP	FDE'S POSITION	COUNTRY ORGANIZED
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TAX CLASSIFICATION

INTERNATIONAL YOUTH FOUNDATION DOMESTIC ENTITY ELECTING TO BE CLASSIFIED AS A CORPORATION	100.0000%	100% OWNER OF IYF SOUTH AFRICA	US
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IYF SOUTH AFRICA			SF
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ATTACHMENT FOR FORM 8858, LINE 5

Electronic Filing PDF Attachment

Form **8822-B**
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Change of Address or Responsible Party - Business

▶ Please type or print.
▶ See instructions. ▶ Do not attach this form to your return.
▶ Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects.

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name	4b Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397

5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

841 EAST FORT AVE
BALTIMORE 21230

Foreign country name	Foreign province/county	Foreign postal code
----------------------	-------------------------	---------------------

7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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8 New responsible party's name

CHRISTINA SASS

9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FORM SS-4 TO SEE WHO MAY USE AN EIN.)

10 Signature. Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here ▶  _____

Signature of owner, officer, or representative 11/13/24
Date

CFO & EVP

▶ _____
Title