** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

<u>A</u>	For th	e 2019 calendar year, or tax year beginning	and	ending		
В	Check if applicab	C Name of organization			D Employer identifi	cation number
	Addre	ss INTERNATIONAL YOUTH FOUNDATION				
F	Name				38-2935397	
	Initial	Number and street (or P.O. box if mail is not de	E Telephone numbe			
	Final	1 F DDAMM CMDFFM	(410) 951-15			
	⊥returr termii ated		7IP or foreign postal code		G Gross receipts \$	24,798,308.
	Amer		Zii di lelelgii peetal eede		H(a) Is this a group re	
	Appli	·	N REICHLE			? Yes X No
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	
Τ.	Tax-ex	empt status: X 501(c)(3) 501(c) (◄ (insert no.)	or 527		list. (see instructions)
		te: WWW.IYFNET.ORG	(moore not) 10 m (a)(1)	0 027	H(c) Group exemption	,
			ssociation Other	1 Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	M State of legal domicile: IL
	art I	Summary		= 100	or formation.	otato or logar dominio.
	1	Briefly describe the organization's mission or most	significant activities: A GLOB	AL NGO PR	REPARING YOUNG	
Governance		PEOPLE TO BE HEALTHY PRODUCTIVE AND E				
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as:	sets.
Ver	3	Number of voting members of the governing body			3	13
		Number of independent voting members of the go				12
ფ	5	Total number of individuals employed in calendar y				82
itie	6	Total number of volunteers (estimate if necessary)				12
Activities &	7 a	Total unrelated business revenue from Part VIII, co				0.
ď	b	Net unrelated business taxable income from Form				0.
			·		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)			14,312,691.	17,557,971.
Revenue	9				2,292,835.	1,577,775.
eve	10	Investment income (Part VIII, column (A), lines 3, 4			1,148,549.	513,203.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal			17,754,075.	19,648,949.
	13	Grants and similar amounts paid (Part IX, column (3,648,224.	2,562,565.
	14	Benefits paid to or for members (Part IX, column (A			0.	0.
Ø	15	Salaries, other compensation, employee benefits (l			12,039,129.	10,939,299.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)		0.	0.
ē	. b	Total fundraising expenses (Part IX, column (D), lin		315.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d	11f-24e)		7,074,263.	7,781,076.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		22,761,616.	21,282,940.
	19	Revenue less expenses. Subtract line 18 from line	12		-5,007,541.	-1,633,991.
Net Assets or	9			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			25,831,858.	24,768,636.
t As	21	Total liabilities (Part X, line 26)			6,959,587.	6,086,824.
	22	Net assets or fund balances. Subtract line 21 from	line 20		18,872,271.	18,681,812.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return,				/ knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer			l Date	
Sig		•			Date	
Hei	e	YVONNA STEVENS, CFO Type or print name and title				
		, , ,	D		Date Check [PTIN
Da!	4	Print/Type preparer's name WILLIAM E TURCO, CPA	Preparer's signature		1 /1 5 / 0 0 if	
Pai			Way /	$\omega\omega^{\perp}$	1	42-0714325
	parer Only	Firm's name RSM US LLP Firm's address 9801 WASHINGTONIAN BLVD,	STE 500		Firm's EIN ▶	47 0114272
USE	Unity	Firm's address 9801 WASHINGTONIAN BLVD, GAITHERSBURG, MD 20878	51E 500		Phone no.301	-296-3600
Ma	v the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		I FIIOHE HO. 501	X Yes No

Pai	rt 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?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	l
	revenue, if any, for each program service reported.	
4a	4.120.404	857.
	VIA: PATHWAYS TO WORK:	
	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. VIA FACILITATES	
	SUSTAINABLE CHANGES AND REFINEMENTS IN THE TECHNICAL AND VOCATIONAL	
	EDUCATION AND TRAINING (TVET) AND ENTREPRENEURSHIP SYSTEMS IN BOTH	
	COUNTRIES. THE GOAL IS THAT COLLECTIVE BEHAVIORS OF TVET SYSTEM ACTORS,	
	INCLUDING GOVERNMENT, EMPLOYERS, CIVIL SOCIETY, AND YOUTH, ARE MORE	
	RESPONSIVE TO THE NEEDS OF YOUNG PEOPLE AND INDUSTRY. SPECIFICALLY THE	
	PROGRAM INTEGRATES LIFE SKILLS PROGRAMMING AND CAREER SUPPORT SERVICES,	
	WHICH HAVE BEEN CLEARLY IDENTIFIED AS WORKFORCE AND INDUSTRY GAPS, INTO	
	TECHNICAL OFFERINGS FOR MORE THAN 21,000 YOUNG PEOPLE. THE VIA LEGACY	
4b	2.202.202	423.
1.0	INITIATIVES IN LATIN AMERICA AND THE CARIBBEAN:	
	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, JOVENES A BORDO IS A THREE-YEAR INITIATIVE	
	DESIGNED TO IMPROVE TRANSITIONS FROM SCHOOL TO THE WORKFORCE FOR UPPER	
	SECONDARY AND TECHNICAL EDUCATION STUDENTS IN QUINTANA ROO AND BAJA	
	CALIFORNIA SUR. ADELANTE (BUILDING THE TALENT PIPELINE IN SOUTHERN	
	PERU) AIMS TO BRING YOUNG PEOPLE INTO MARKET-RELEVANT POST-SECONDARY	
	TECHNICAL EDUCATION AND PROVIDE THEM WITH THE FOUNDATIONAL SKILLS TO BE	
	SUCCESSFUL IN THE WORLD OF WORK.	
40	(Code:) (Expenses \$ 2,336,556. including grants of \$ 165,000.) (Revenue \$ 154,	008.
	GLOBAL INITIATIVES:	
	IN 2019 THE INTERNATIONAL YOUTH FOUNDATION HAD FOUR MAJOR GLOBAL	
	INITIATIVES THAT SOUGHT TO ENHANCE YOUTH EMPLOYABILITY.	
	- PASSPORT TO SUCCESS RESPONDS TO THE NEEDS OF YOUTH, EMPLOYERS,	
	YOUTH-SERVING ORGANIZATIONS, AND OTHER KEY STAKEHOLDERS BY INCREASING	
	THE LIFE SKILLS OF YOUNG JOBSEEKERS. THE CURRICULUM HAS BEEN TRANSLATED	
	INTO 20 LANGUAGES AND IMPLEMENTED IN MORE THAN 50 COUNTRIES.	
	- IN PARTNERSHIP WITH THE CATERPILLAR FOUNDATION, EQUIPYOUTH PREPARES	
	YOUNG PEOPLE WITH MARKET-RELEVANT LIFE AND TECHNICAL SKILLS TRAINING,	
	INTERNSHIPS, ON-THE-JOB LEARNING, AND JOB PLACEMENT SUPPORT AND	
	SERVICES. IN 2019, EQUIPYOUTH WAS ACTIVE IN ISRAEL, MEXICO, PALESTINE,	
	AND PERU.	
4u	Other program services (Describe on Schedule O.) (Expenses \$ 7,544,186. including grants of \$ 1,632,478.) (Revenue \$ 1,094,487.)	
	(Expenses \$ 7,544,186. including grants of \$ 1,632,478.) (Revenue \$ 1,094,487.) Total program service expenses ▶ 17,326,236.	

Form 990 (2019) INTERNATIONAL YOUTH FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
^	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	admodale gereament our fait it, column y y, mo is it ites, collipiete ochequiet, raits i and it	_		1

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Form 990 (2019) INTERNATIONAL YOUTH FOUNDATION 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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ī	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		-
21	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</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
_				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		x
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ A
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		l x
00	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		.,,	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l .,	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da:	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2019) INTERNATIONAL YOUTH FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_	77	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE 0			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4047(aV1) non-exempt charitable trusts. Is the examination filing Form 900 in liquid Form 10412	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	F	990	(0040

Form 990 (2019) INTERNATIONAL YOUTH FOUNDATION 38-2935397 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 1b belo to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u>C</u>	<u> </u>					X
Sec	tion A. Governing Body and Management					
		1 1	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers alterative to the state of the s			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		х
6	Did the organization have members or stockholders?		[6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect or					
7 4	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			ı a		
b				76		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		
8		-		0-	х	
	The governing body?			8a		
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					٠,,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				ı
			ı		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the for	n?	11a	Х	
	Describe in 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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\slash\hspace{-0.6em}If^{\slash\hspace{-0.6em}I}$	Yes," describe				
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, IL, MD, NY, VA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section FO	1(0)(2)	Only	availa	hlc
10		na 330-1 (Gection 30	1 (0)(0)8	orny)	avalla	DIE
	for public inspection. Indicate how you made these available. Check all that apply.	0 / / / 0				
40	• •	n on Schedule O)		£:	_:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and	tinano	cial	
	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 boundary of the person who possesses the organization of the person of the	oks and records				
	YVONNA STEVENS - (410) 951-1500					
	1 E PRATT STREET, NO. 701, BALTIMORE, MD 21202					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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 instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average			Pos heck	more	than o		Reportable	Reportable	Estimated
	hours per			ss per				compensation	compensation	amount of
	week (list any	<u> </u>					Ĺ	from the	from related organizations	other compensation
	hours for	ndividual trustee or director				9		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	ll trus	nal tri		loyee	om pe				and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
74.	line)	pul	lus	0#0	Ke	e Hig	For			
(1) DOUGLAS BECKER	0.20									
CHAIRMAN		Х		Х		_		0.	0.	0.
(2) UMRAN BEBA	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(3) JOSEPH MATALON	0.20									
DIRECTOR		Х						0.	0.	0.
(4) DISSA SYAKINA AHDANISA	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(5) ABDULAZIZ AL-KHAYYAL	0.20									
DIRECTOR		Х						0.	0.	0.
(6) KATIE FALLON	0.20	-						_	_	_
DIRECTOR		Х				_		0.	0.	0.
(7) HEATHER HIGGINBOTTOM	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(8) EMANUEL JIMENEZ	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(9) ALEJANDRO MAZA AYALA	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(10) SHELDON SMITH	0.20	-						_	_	_
DIRECTOR		Х						0.	0.	0.
(11) FAITH NAFULA WAFULA	0.20	-								
DIRECTOR		Х						0.	0.	0.
(12) PETER WOIKE	0.20	-								
DIRECTOR		Х						0.	0.	0.
(13) SUSAN REICHLE	40.00	-								
PRESIDENT & CHIEF EXECUTIVE OFFICER	0.10	Х		Х				299,251.	0.	27,000.
(14) YVONNA STEVENS	40.00	1								
CFO/EVP	0.10			Х				163,994.	0.	34,515.
(15) PETER SHIRAS	40.00	-								
EXECUTIVE VP						Х		235,958.	0.	28,984.
(16) JONATHAN MUDD	40.00	-								
EXECUTIVE VP						Х		177,183.	0.	44,730.
(17) SHEERIN VESIN	40.00	1								
DIRECTOR						Х		159,865.	0.	14,464.

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Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employees	(continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	an	nount	of
	week	offi	cer ar	nd a d	irecto	r/trus	ee)	from	from related		other	
	(list any	ctor						the	organizations	com	pensa	tion
	hours for	dire				8		organization	(W-2/1099-MISC)	fr	rom the	Э
	related	tee o	trustee			nsat		(W-2/1099-MISC)		org	janizati	on
	organizations	trus	la tr		oyee	e e				and	d relate	ed
	below	ndividual trustee or director	Institutional t	ъ	ey employee	Highest compensated employee	Jer			orga	anizatio	วทร
	line)	Indiv	Instii	Officer	Key 6	High	Former					
(18) EDITH WESTFALL	40.00											
DIRECTOR						Х		143,683.	0.		44,	423.
(19) ASHOK REGMI	40.00											
DIRECTOR						Х		135,068.	0.		13,	647.
		-								İ		
		1										
		1										
		1										
		1								İ		
1b Subtotal							>	1,315,002.	0.		207,	763.
c Total from continuation sheets to Part V	II, Section A						>	0.	0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,315,002.	0.		207,	763.
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,00	0 of reportable			
compensation from the organization												18
									1		Yes	No
3 Did the organization list any former officer			•	•	•		•					v
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the s	•		-					•	-		х	
and related organizations greater than \$15										4	Λ	
5 Did any person listed on line 1a receive or	•				•			a organization or individua	al for services	5		Х
rendered to the organization? If "Voc " cor	molata Sahaduli	$\sim 1 f_{i}$	oroi	ich i	2010	on					ı I	Δ

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GAMETHEORY, INC		
266 MAIN STREET, BURLINGTON, VT 05401	SOFTWARE APP DEVELOPMENT	566,110.
RSMUS, LLP, 100 INTERNATIONAL DRIVE,		
#1400, BALTIMORE, MD 21202	SOFTWARE APP DEVELOPMENT	143,152.
SYSTEM SOURCE		
388 CLUBHOUSE RD, HUNT VALLEY, MD 21031	IT SUPPORT	142,128.
COURSERA, INC.		
381 E. EVELYN AVE, MOUNTAIN VIEW, CA 94041	LICENSE FEE	140,000.
INFOR (US) INC, 13560 MORRIS RD, #4100,	ACCOUNTING SYSTEM	
ALPHARETTA, GA 30004	CONFIGURATION	129,588.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization ▶	to those listed above) who received more than	000

Form 990 (2019) INTERNATION

Part VIII Statement of Revenue

		Check if Schedule O	ontain	s a response	or note to anv lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a	10,938.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
جَ جَ		Fundraising events							
ffs,		Related organizations							
ية إق					1,637,676.				
Sir		Government grants (contri			1,037,070.				
utio	т	All other contributions, gifts,			15 000 357				
^듩		similar amounts not included			15,909,357. 32,482.				
out	_	Noncash contributions included in I			32,402.	17 557 071			
O g	n	Total. Add lines 1a-1f			O. d.	17,557,971.			
		COMMD A CM DEVIENUE			Business Code	1 250 010	1 250 010		
<u>ice</u>	2 a				541900	1,350,910.	1,350,910.		
er <	b	b LICENSING FEE 541900		226,865.	226,865.				
n S	С								
ran 3ev	d								
Program Service Revenue	е								
۵	f	All other program service							
	g	Total. Add lines 2a-2f				1,577,775.			
	3	Investment income (include							
		other similar amounts)				277,945.			277,945.
	4	Income from investment o	f tax-ex	kempt bond p	roceeds				
	5	Royalties							
			l ∟	(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)			_				
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	5,384,617.					
	b	Less: cost or other basis							
e		and sales expenses	7b	5,149,359.					
Revenue	С	Gain or (loss)	7c	235,258.					
Bè	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·		235,258.			235,258.
her		Gross income from fundraisir							
₹		including \$		of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a					
	b	Less: direct expenses							
		Net income or (loss) from			>				
		Gross income from gamin							
		Part IV, line 19	-	9a					
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances		I .					
	b	Less: cost of goods sold							
		Net income or (loss) from			•				
				, , ,	Business Code				
Snc	11 a								
ne The	b								
Miscellaneous Revenue	c								
Sci	q	All other revenue							
Σ	ب م	Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction				19,648,949.	1,577,775.	0.	513,203.
	_								

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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 respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		·	- '	
	and domestic governments. See Part IV, line 21	1,410,011.	1,410,011.		
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	1,152,554.	1,152,554.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	531,953.	161,224.	370,729.	
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	7,740,012.	6,262,226.	820,447.	657,339
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	517,314.	441,608.	37,834.	37,872
9	Other employee benefits	1,697,346.	1,391,303.	190,133.	115,910
10	Payroll taxes	452,674.	367,778.	54,273.	30,623
11	Fees for services (nonemployees):				
а	Management				
b	Legal	48,833.	36,165.	12,668.	
С	Accounting	142,732.	63,836.	78,896.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	47,022.		47,022.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	3,198,092.	2,712,588.	469,071.	16,433
12	Advertising and promotion				
13	Office expenses	631,416.	587,488.	39,342.	4,586
14	Information technology	596,677.	364,354.	216,312.	16,011
15	Royalties				
16	Occupancy	845,678.	375,353.	470,325.	
17	Travel	1,605,860.	1,492,390.	28,094.	85,376
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	334,086.	319,804.	11,836.	2,446
	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,771.		32,771.	
	Insurance	71,648.	13,519.	58,129.	
	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 0.)				
	PARTICIPANT SUPPORT	125,420.	125,420.		
u	MEMBERSHIP DUES/SUBSCRI	50,323.	2,853.	47,470.	
~	INCOME TAX	11,162.	11,162.	,	
•	STAFF EVENTS	7,166.	7,166.		
_	All other expenses	32,190.	27,434.	2,037.	2,719
	Total functional expenses. Add lines 1 through 24e	21,282,940.	17,326,236.	2,987,389.	969,315
	Joint costs. Complete this line only if the organization	, .,,	, , , , , , , , ,	, , , , , , ,	, , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019) Part X Balance Sheet

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			519.	1	1,173.
	2	Savings and temporary cash investments			11,347,410.	2	8,882,660.
	3	Pledges and grants receivable, net			2,938,393.	3	2,521,469.
	4	Accounts receivable, net	622,381.	4	198,994.		
	5	Loans and other receivables from any curren			, , , , , ,	7	
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disqu					
"		under section 4958(f)(1)), and persons descri	•	,		6	
	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ass	9	Duran side as an area and defermed also assess			229,123.	9	402,514.
		Land, buildings, and equipment: cost or other		I	, -		<u>, </u>
	104	basis. Complete Part VI of Schedule D	1	218,642.			
	b				115,893.	10c	83,121.
	11	Investments - publicly traded securities	10,475,662.	11	9,406,470.		
	12	Investments - other securities. See Part IV, lin	35,038.	12	3,201,682.		
	13	Investments - program-related. See Part IV, li	, -	13	, , .		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	67,439.	15	70,553.		
	16	Total assets. Add lines 1 through 15 (must e	25,831,858.	16	24,768,636.		
	17	Accounts payable and accrued expenses			1,429,706.	17	1,475,086.
	18	Grants payable	691,645.	18	188,598.		
	19	Deferred revenue	4,438,913.	19	4,022,181.		
	20	Tax-exempt bond liabilities		·	20	· · ·	
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of				22	
<u>:</u>	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D		, .	399,323.	25	400,959.
	26	Total liabilities. Add lines 17 through 25			6,959,587.	26	6,086,824.
		Organizations that follow FASB ASC 958,	check he	e ▶ X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	11,095,586.	27	12,114,379.		
Bal	28	Net assets with donor restrictions	7,776,685.	28	6,567,433.		
nd		Organizations that do not follow FASB AS					
Ī		and complete lines 29 through 33.					
Ď	29	Capital stock or trust principal, or current fur	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			18,872,271.	32	18,681,812.
~	33	Total liabilities and net assets/fund balances			25,831,858.	33	24,768,636.

Form **990** (2019)

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Pa	TEXT RECONCILIATION OF NET ASSETS				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	,648,	949.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	,282,	940.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	633,	991.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	872,	271.
5	Net unrealized gains (losses) on investments	5	1,	,465,	465.
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		-21,	933.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18	,681,	812.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** INTERNATIONAL YOUTH FOUNDATION 38-2935397 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20,496,294.	13,213,384.	16,961,960.	14,312,691.	17,557,971.	82,542,300.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,496,294.	13,213,384.	16,961,960.	14,312,691.	17,557,971.	82,542,300.
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)						29,854,390.
	Public support. Subtract line 5 from line 4.						52,687,910.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	20,496,294.	13,213,384.	16,961,960.	14,312,691.	17,557,971.	82,542,300.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	207,000.	178,595.	201,142.	249,182.	277,945.	1,113,864.
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.)	5,197.	20,627.	41,625.			67,449.
11	Total support. Add lines 7 through 10						83,723,613.
12	Gross receipts from related activities,	•				12	10,536,517.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	. —
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				- L (5)			62 93 24
16a							
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18	•			•	,		
Sec 14 15 16a b	organization, check this box and stop organization, check this box and stop organization. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018 33 1/3% support test - 2019. If the costop here. The organization qualifies 33 1/3% support test - 2018. If the costop here. The organization qualifies and stop here. The organization qualifies and stop here. The organization qualifies and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstances" private foundation. If the organization private foundation.	c Support Per ine 6, column (f) directions 6, column (f) directions 6, column (f) directions 6, column (d) as a publicly support of as a publicly	centage vided by line 11, co II, line 14 t check the box or orted organization t check a box on li supported organiza anization did not co ces" test, check thi cion qualifies as a p anization did not co mstances" test, ch	ne 13, and line 1 ne 13 or 16a, and tion heck a box on line s box and stop houblicly supported heck a box and eck this box and aualifies as a public	line 15 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a ere. Explain in Pai organization e 13, 16a, 16b, or 1 stop here. Explain ly supported organ	ore, check this box or more, check this and line 14 is 10% or t VI how the organ 7a, and line 15 is 1 in Part VI how the	62.93 % 75.68 % x and x and x s box or more, ization 10% or

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL YOUTH FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	now, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018		•			16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•			•	•	. \square
00	line 18 is not more than 33 1/3%, chec		•	•		-	
20	Private foundation. If the organization	n did not check a	pox on line 14 19	a or typ check th	us nox and see ins	STRUCTIONS	

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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Pa	rt IV Supporting Organizations (continued)			<u>-</u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion 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	<u> </u>		
· a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	١	
2	Activities Test. Answer (a) and (b) below.	.ruotiorio,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιv	Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - [Current Year			
1	Amoun	ts paid to supported organizations to accomplish exer			
2	Amoun				
	organiz	ations, in excess of income from activity			
3	Admini	strative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amoun	ts paid to acquire exempt-use assets			
5	Qualifie	ed set-aside amounts (prior IRS approval required)			
6	Other o	listributions (describe in Part VI). See instructions.			
7	Total a	nnual distributions. Add lines 1 through 6.			
8	Distribu	utions to attentive supported organizations to which th	e organization is responsive		
	(provide	e details in Part VI). See instructions.			
9	Distribu	utable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E - D	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribu	utable amount for 2019 from Section C, line 6			
2	Underd	listributions, if any, for years prior to 2019 (reason-			
	able ca	use required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 2	014			
b	From 2	015			
С	From 2	016			
d	From 2	017			
е	From 2	018			
f	Total o	f lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryo	ver from 2014 not applied (see instructions)			
j	Remair	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribu	utions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	I to 2019 distributable amount			
С	Remair	nder. Subtract lines 4a and 4b from 4.			
5	Remair	ning underdistributions for years prior to 2019, if			
	any. Su	obtract lines 3g and 4a from line 2. For result greater			
	than ze	ro, explain in Part VI. See instructions.			
6	Remair	ning underdistributions for 2019. Subtract lines 3h			
	and 4b	from line 1. For result greater than zero, explain in			
	Part VI	. See instructions.			
7	Excess	distributions carryover to 2020. Add lines 3j			
	and 4c.				
8	Breakd	own of line 7:			
а	Excess	from 2015			
b	Excess	from 2016			
С	Excess	from 2017			
d	Excess	from 2018			
е	Excess	from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part IV, S line 1; Pa Section	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, art 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, D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. tructions.)
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPONSORSHIP INCO	ме
2015 AMOUNT: \$	5,197.
2016 AMOUNT: \$	20,627.
2017 AMOUNT: \$	41,625.

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

II	38-2935397					
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
• •	Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule					
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's	•				
Special Rules						
sections 509(a)(1 any one contribu	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 or 990-EZ), 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.					
year, total contrib	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, II, and III.					
year, contributior is checked, enter purpose. Don't c	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					
but it must answer "No" o	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), it it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$\$ 549,548.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 4,567,403.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Nume, address, and Zii + +	\$ 2,652,145.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ 2,867,000.	Person X Payroll

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$689,874.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$531,578.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$890,277.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$386,063.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$1,823,866.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

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

Name of o	organization			Employer identification number
INTERNAT	FIONAL YOUTH FOUNDATION			38-2935397
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	through (e) and the following line charitable, etc., contributions of \$1,00	e entry. For organization), or (10) that total more than \$1,000 for the year ns er this info. once.) \$
(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, a	nd ZIP + 4	Relationsh	nip 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, a	nd ZIP + 4	Relationsh	nip 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, a	nd ZIP + 4	Relationsh	nip 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, a	nd ZIP + 4	Relationsh	nip 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

Pai	t I Organizations Maintaining Donor Advised	d Funds or Othe	r Similar Funds	or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor ad	vised funds	(b) Fur	nds and other accounts
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 v	writing that the asset	s held in donor advis	sed funds	
	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	r any other purpose	conferring	
D :	impermissible private benefit?				
Pai	301110101111111111111111111111111111111			Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreated	tion or education)		-	important land area
	Protection of natural habitat		Preservation o	of a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	tribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			I	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a			I	
	listed in the National Register			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year ▶				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
_	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	s, and enforcing con	servation ease	ements during the year
-		War and a facilitation of the same of the			An also be a the consen
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and	a enforcing conserva	ation easemen	its during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	o action the require	anto of anotion 170	/b\/4\/D\/;\	
8					Yes No
0	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	lote to the organizati	on s ililaliciai statem	ienis mai desi	Stibes tile
Pai	t III Organizations Maintaining Collections of	Art. Historical	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	•	,		
	If the organization elected, as permitted under FASB ASC 95		revenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	*	,		-
b	If the organization elected, as permitted under FASB ASC 95				works of
-	art, historical treasures, or other similar assets held for public	•			
	provide the following amounts relating to these items:	on mondon, oddodno	,, ., ., ., ., ., ., ., ., ., ., ., ., .		25 551 155,
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
					\$
2	If the organization received or held works of art, historical trea				
_	the following amounts required to be reported under FASB A			J, P. 0 1 10	
а	Revenue included on Form 990, Part VIII, line 1			•	\$
	Assets included in Form 990, Part X				

Pai	rt III ∣ Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar As	ssets _{(con}	tinued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make s	significant use o	of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	mpt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?		Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" or	n Form 990, Pa	rt IV, line 9,	or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	or other assets not	included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII							
		•	· ·			Amou	nt	
С	Beginning balance				1c			
d								
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.				•		\square	
Pai		f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Fo	ur years	back
1a	Beginning of year balance	5,109,877.	5,150,206.		4,537,	121.	1,409,	160.
b	Contributions	36,510.	328,509.	31,750.	34,	000.	201,	000.
С	Net investment earnings, gains, and losses	1,143,354.	-228,838.	799,946.	-52,	611.	-73,	039.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	198,336.	140,000.	80,000.	120,	000.		
f	Administrative expenses							
g	End of year balance	6,091,405.	5,109,877.	5,150,206.	4,398,	510.	1,537,	121.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:	•	•		
а	Board designated or quasi-endowment	64.21	%	,				
b	Permanent endowment > 28.02	%	_					
С	Term endowment > 7.77	 %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held an	d administered for the	he organization	1		
	by:	-			_		Yes	No
	(i) Unrelated organizations					3a(i		Х
	(ii) Related organizations)	Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulated	(d) Bo	ok value	<u>——</u>
		basis (investr			epreciation			
1a	Land							
b	Buildings							
С	F4 120 10 046						36,	093.
d	Equipment			164,503.	117,475		47,	028.
	Other							
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X. column (R) line 10	Oc.)			83,	121.
	2 (Solathir (a) Music	coo, rare	<u> </u>			· · · · · · ·		0040

Schedule D (Form 990) 2019 INTERNATIONAL YOU	TH FOUNDATION	3	8-2935397	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests	13,556.	END-OF-YEAR MARKET VALUE		
(3) Other				
(A) 133560.273-BROWN ADVISORY				
(B) INTERMEDIATE INCOME - BIAIX	1,439,780.	END-OF-YEAR MARKET VALUE		
(C) 62020.063-BROWN ADVISORY SUSTAINABLE				
(D) GROWTH - BAFWX	1,748,346.	END-OF-YEAR MARKET VALUE		
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,201,682.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	/alue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(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"		1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book v	alue
(2)				
(3)				
(4)				
(5)			-	
(6)			-	
(8)				
<u>(9)</u>				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>	>	<u>l</u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	i.	
1. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(b) Book v	alue
(1) Federal income taxes				
(2) DEFERRED RENT			3	30,406.
(3) DEFERRED COMPENSATION				70,553.
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

400,959.

(9)

38-2935397

i ai	Reconciliation of Revenue per Audited Financial Statemer 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	21,295,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,465,465.		
b	Donated services and use of facilities	2b	250,000.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1	-21,933.		
е	Add lines 2a through 2d			2e	1,693,532.
3	Subtract line 2e from line 1			3	19,601,927.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,022.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	47,022.
5				5	19,648,949.
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	21,485,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	250,000.		
b	Prior year adjustments	1 1			
С	Other losses	1 1			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	250,000.
3	Subtract line 2e from line 1			3	21,235,918.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,022.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	47,022.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	21,282,940.
Par	t XIII Supplemental Information.				· · · · · ·
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional V, LINE 4:			, r art A, ii	nc 2, 1 art XI,
THE	IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS AS WE	LL AS			
PERM	ANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTED	IN			
PERP	ETUITY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR USE	ΨO			
SUPP	ORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.				
PART	X, LINE 2:				
IYF	IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVIS	SIONS OF			
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION,	IYF			
QUAL	IFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS BEEN CLAS	SSIFIED			
AS A	N ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME, WHICH	I IS NOT			
RELA	TED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT	TO TO			

Schedule D (Form 990) 2019 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 5
Part XIII Supplemental Information (continued)		
FEDERAL AND STATE CORPORATE INCOME TAXES. IYF HAD NO UNRELATED BUSINESS		
INCOME FOR THE YEAR ENDED DECEMBER 31, 2019.		
MANAGEMENT HAS EVALUATED IYF'S TAX POSITIONS AND HAS CONCLUDED THAT IYF		
HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE		
FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. IYF		
FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTIONS. GENERALLY, IYF IS NO		
LONGER SUBJECT TO U.S. FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS		
BY TAX AUTHORITIES FOR YEARS BEFORE 2016.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
GAIN OR (LOSS) FOREIGN CURRENCY -21,933.		

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 Open to Public Inspection

Name of the organization

Form 990, Part IV, line 14b.

Employer identification number

INTERNATIONAL YOUTH FOUNDATION 38-2935397 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region MIDDLE EAST AND YOUTH DEVELOPMENT NORTH AFRICA 14 PROGRAM SERVICES PROGRAMS 678,300. RUSSTA AND VOUTH DEVELOPMENT PROGRAMS NEIGHBORING STATES 6 PROGRAM SERVICES 255,255. 1 YOUTH DEVELOPMENT PROGRAMS NORTH AMERICA 2 20 PROGRAM SERVICES 1,542,415. YOUTH DEVELOPMENT PROGRAMS SUB-SAHARAN AFRICA PROGRAM SERVICES 4 63 3,378,947. EAST ASIA AND THE PACIFIC 0 0 GRANTS 145,000. MIDDLE EAST AND NORTH AFRICA 0 0 GRANTS 34,680. 0 NORTH AMERICA 0 GRANTS 234,065. RUSSIA AND NEIGHBORING STATES GRANTS 0 0 87,461. 10 103 6,356,123. 3 a Subtotal **b** Total from continuation 0 0 651,348. sheets to Part I Totals (add lines 3a 10 103 7,007,471.

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

Schedule F (Form 990) 2019

and 3b)

Schedule F (Form 990) Part I Continuation	INTERNATIONA		IDATION I- (Schedule F (Form 990), Part I, line 3)	38-2935397	Page 1
(a) Region	(b) Number of offices in the 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
SOUTH AMERICA	0	0	GRANTS		163,925.
SUB-SAHARAN AFRICA	0	0	GRANTS		487,423.
Totals	•				651,348.

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)
		EAST ASIA AND THE						
		PACIFIC		145,000.	WIRE TRANSFER	0.		
		MIDDLE EAST AND						
		NORTH AFRICA		34,680.	WIRE TRANSFER	0.		
		NORTH AMERICA		194,065.	WIRE TRANSFER	0.		
				,				
		RUSSIA AND						
		NEIGHBORING						
		STATES		35,871.	WIRE TRANSFER	0.		
		RUSSIA AND						
		NEIGHBORING						
		STATES		51,590.	WIRE TRANSFER	0.		
		SOUTH AMERICA		163,925.	WIRE TRANSFER	0.		
				,				
		GUD GAUARAN						
		SUB-SAHARAN		E0 00E	MIDE MDANGEED			
		AFRICA		50,385.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA		12,191.	WIRE TRANSFER	0.		

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

Schedule F (Form 990) INTERNATIONAL YOUTH FOUNDATION 38-2935397 Page 2

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN						
			AFRICA		60,326.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA		279 657.	WIRE TRANSFER	0.		
					212,7531				
			SUB-SAHARAN						
			AFRICA		32,855.	WIRE TRANSFER	0.		
			SUB-SAHARAN						
			AFRICA		22,778.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA		8,630.	WIRE TRANSFER	0.		

INTERNATIONAL YOUTH FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS NORTH AMERICA 20 40,000. WIRE TRANSFER 0.

Schedule F (Form 990) 2019 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	X 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	X 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	X 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	X 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	X 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)	X Yes	☐ No

Schedule F (Form 990) 2019

Page 5

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 IS ABLE TO DELIVER ON THE

ANY ASSESSED PROGRAM WEAKNESSES ARE NOTED AND APPROPRIATE PLANS

ARE MADE TO ADDRESS THESE DURING THE PROJECT IMPLEMENTATION PHASE.

FIDUCIARY DUE DILIGENCE INCLUDES A REVIEW OF THE GRANTEE'S ORGANIZATIONAL

DOCUMENTS AND AUDITED FINANCIAL STATEMENTS, AS WELL AS A PRE-AWARD

QUESTIONNAIRE WHICH ASSESSES INSTITUTIONAL CAPACITY. ADDITIONALLY, THE

BOARD AND KEY STAFF ARE VETTED AGAINST SEVERAL LISTS TO COMPLY WITH

PATRIOT ACT AND DEBARMENT RULES. THE DUE DILIGENCE REVIEW RESULTS IN A

DOCUMENTED RISK ASSESSMENT AND RECOMMENDED MONITORING PLAN, WHICH ARE

THEN USED TO DETERMINE REPORTING FREQUENCY. LOW RISK GRANTEES NORMALLY

REPORT BOTH PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR. HIGH RISK

GRANTEES MAY BE ASKED TO REPORT ON A MONTHLY BASIS.

ONCE A GRANTEE SUBMITS A FINAL PROPOSAL AND BUDGET. THE GRANT PROGRAM IS

APPROVED BY THE APPROPRIATE PROGRAM STAFF AS WELL AS FINANCE STAFF. THE

BOARD OF DIRECTORS HAS DELEGATED FINAL AUTHORIZATION OF ALL GRANTS TO THE

HOWEVER, THE BOARD OF DIRECTORS DOES REVIEW AND RATIFY ALL GRANT CEO.

OBLIGATIONS, AMENDMENTS AND DE-OBLIGATIONS.

FUNDS ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP

DURING THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER

THREE-MONTH EXPENDITURE PROJECTIONS OR THE PROJECT BUDGET. ALL FUNDS

INTERNATIONAL YOUTH FOUNDATION 38-2935397 Schedule F (Form 990) 2019 Page 5 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. DISBURSED FOR THE REMAINDER OF THE GRANT ARE DETERMINED BY A SCHEDULE LAID OUT IN THE GRANT AGREEMENT. IN ORDER FOR FUNDS TO BE DISBURSED, ALL PROGRAM AND FINANCIAL DELIVERABLES MUST BE MET. BEYOND REGULAR PROGRAM REPORTS, IYF RELIES ON REGULAR COMMUNICATION WITH GRANTEES TO ENSURE SUCCESS OF PROGRAMS. THIS COMMUNICATION TAKES THE FORM OF ELECTRONIC COMMUNICATIONS AS WELL AS REGULAR SITE VISITS DURING WHICH PROGRAM PROGRESS IS ASSESSED AND MEASURED. FINANCIAL REPORTS ARE COLLECTED ON A REGULAR BASIS (AS DETAILED ABOVE) AND PROGRESS AGAINST BUDGET IS ASSESSED. FINANCIAL REPORTS ARE REVIEWED FOR BOTH DONOR COMPLIANCE AND PROGRAM DELIVERY. UPON COMPLETION OF THE PROJECT, GRANTEES SUBMIT FINAL REPORTS ALONG WITH COPIES OF ALL MATERIALS DEVELOPED.

SCHEDULE 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 **2019**

Open to Public Inspection

Name of the organization							Employer identification number
	AL YOUTH FOUNDA'	TION					38-2935397
Part I General Information on Grants							
Does the organization maintain record		-			-		
criteria used to award the grants or as	ssistance?						Yes No
2 Describe in Part IV the organization's Part II Grants and Other Assistance						/	N/ Pro Od (ou our
Granto and Other Addictance					anization answered "Y	res" on Form 990, Part	iv, line 21, for any
recipient that received more that 1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(B) EIIV	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
AFTER SCHOOL MATTERS							
66 EAST RANDOLPH STREET							YOUTH DEVELOPMENT
CHICAGO, IL 60601	36-4409182	501(C)(3)	287,461.	0.			PROGRAMS
			,				
ALTERNATIVE SCHOOLS NETWORK							
1807 W. SUNNYSIDE							YOUTH DEVELOPMENT
CHICAGO, IL 60640	23-7375976	501(C)(3)	106,400.	0.			PROGRAMS
D							
BUILD, INC. 5100 W. HARRISON STREET							YOUTH DEVELOPMENT
CHICAGO, IL 60644	23-7022085	501(C)(3)	42,750.	0.			PROGRAMS
	25 7022005	501(0/(3/	42,750.	٠.			LINGRAMS
CENTRAL STATES SER							
3948 W. 26TH STREET, STE 213							YOUTH DEVELOPMENT
CHICAGO, IL 60623	36-1211270	501(C)(3)	108,375.	0.			PROGRAMS
COMMUNITIES IN SCHOOLS OF THE							
PERMIAN BASIN, INC 415 W WALL							YOUTH DEVELOPMENT
ST STE 2203 - MIDLAND, TX 79701	75-2821486	501(C)(3)	32,846.	0.			PROGRAMS
LATIN AMERICAN YOUTH CENTER							NOTHIL DEVELOPMENT
1419 COLUMBIA ROAD NW	52-1023074	E01/G\/3\	19 024	0.			YOUTH DEVELOPMENT PROGRAMS
WASHINGTON, DC 20009		1	18,934.				17
2 Enter total number of section 501(c)(3							
3 Enter total number of other organizati	ons iistea in the line	ı tabie					

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAYC CAREER ACADEMY PUBLIC							
CHARTERED SCHOOL - 3224 16TH							YOUTH DEVELOPMENT
STREET NW - WASHINGTON, DC 20010	45-4928100	501(C)(3)	27,846.	0.			PROGRAMS
MARTHA O'BRYAN CENTER							
711 SOUTH 7TH STREET							YOUTH DEVELOPMENT
NASHVILLE, TN 37206	62-0477728	501(C)(3)	171,765.	0.			PROGRAMS
MD 4-H FDN							
8020 GREENMEAD DRIVE							YOUTH DEVELOPMENT
COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	38,236.	0.			PROGRAMS
ODESSA COLLEGE							
201 W. UNIVERSITY							YOUTH DEVELOPMENT
ODESSA, TX 79764	75-6002907		25,642.	0.			PROGRAMS
PHALANX FAMILY SERVICES							
1201 W 115TH ST							YOUTH DEVELOPMENT
CHICAGO, IL 60643	36-4468891	501(C)(3)	160,425.	0.			PROGRAMS
RED RIVER							
1922 ALONZO STREET							YOUTH DEVELOPMENT
COUSHATTA, LA 71019	72-6001146		35,420.	0.			PROGRAMS
SASHA BRUCE YOUTHWORKS, INC.							
741 8TH STREET. SE							YOUTH DEVELOPMENT
WASHINGTON, DC 20003	52-1006486	501(C)(3)	18,500.	0.			PROGRAMS
			·				
SKILLS FOR CHICAGOLAND'S FUTURE							
191 N WACKER DRIVE SUITE 1150							YOUTH DEVELOPMENT
CHICAGO, IL 60606	45-1287418	501(C)(3)	172,613.	0.			PROGRAMS
STEP FORWARD, NLA							
401 EDWARDS ST STE 105							YOUTH DEVELOPMENT
SHREVEPORT, LA 71101-5508	81-3564548	501(C)(3)	38,498.	0.			PROGRAMS

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	ı uğ
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXAS 4-H YOUTH DEVELOPMENT OUNDATION - 1470 WILLIAM D FITCH KWY - COLLEGE STATION, TX 77845	74-6091147	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT PROGRAMS
THE NEXT STEP PUBLIC CHARTER SCHOOL - 3047 15TH STREET, NW - WASHINGTON, DC 20009	52-2103442	501(C)(3)	32,863.	0.			YOUTH DEVELOPMENT PROGRAMS
INIVERSITY OF HOUSTON-VICTORIA 0000 GULF FWY BLDG 1 RM 109 IOUSTON, TX 77204-0907	74-6001399	501(C)(3)	23,100.	0.			YOUTH DEVELOPMENT PROGRAMS
WORKFORCE SOLUTIONS GOLDEN CRESCENT - PO BOX 1936 - VICTORIA, TX 77902	74-2877832	501(C)(3)	58,337.	0.			YOUTH DEVELOPMENT
							0-1

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
IYF'S GRANT MONITORING PLAN IS DETERMINED DURING TH	HE PROGRAM DE	SIGN PHASE			
WITH A COMPREHENSIVE FIDUCIARY AND PROGRAMMATIC DU	E DILIGENCE F	ROCESS. IYF			
PROGRAM STAFF WORK CLOSELY WITH ALL GRANTEES DURING	THE PROGRAM	I DESIGN			
PHASE TO ENSURE THAT THE GRANTEE IS ABLE TO DELIVE	R ON THE PROG	RAM. ANY			
ASSESSED PROGRAM WEAKNESSES ARE NOTED AND APPROPRIA	ATE PLANS ARE	MADE TO			
ADDRESS THESE DURING THE PROJECT IMPLEMENTATION PHA	ASE.				

Part IV Supplemental Information
DOCUMENTS AND AUDITED FINANCIAL STATEMENTS, AS WELL AS A PRE-AWARD
QUESTIONNAIRE WHICH ASSESSES INSTITUTIONAL CAPACITY. ADDITIONALLY, THE
BOARD AND KEY STAFF ARE VETTED AGAINST SEVERAL LISTS TO COMPLY WITH PATRIOT
ACT AND DEBARMENT RULES. THE DUE DILIGENCE REVIEW RESULTS IN A DOCUMENTED
RISK ASSESSMENT AND RECOMMENDED MONITORING PLAN, WHICH ARE THEN USED TO
DETERMINE REPORTING FREQUENCY. LOW RISK GRANTEES NORMALLY REPORT BOTH
PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR. HIGH RISK GRANTEES MAY BE
ASKED TO REPORT ON A MONTHLY BASIS.
ONCE A GRANTEE SUBMITS A FINAL PROPOSAL AND BUDGET, THE GRANT PROGRAM IS
APPROVED BY THE APPROPRIATE PROGRAM STAFF AS WELL AS FINANCE STAFF. THE
BOARD OF DIRECTORS HAS DELEGATED FINAL AUTHORIZATION OF ALL GRANTS TO THE
CEO. HOWEVER, THE BOARD OF DIRECTORS DOES REVIEW AND RATIFY ALL GRANT
OBLIGATIONS, AMENDMENTS AND DE-OBLIGATIONS.
FUNDS ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP DURING
THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER THREE-MONTH
EXPENDITURE PROJECTIONS OR THE PROJECT BUDGET. ALL FUNDS DISBURSED FOR THE
REMAINDER OF THE GRANT ARE DETERMINED BY A SCHEDULE LAID OUT IN THE GRANT
AGREEMENT. IN ORDER FOR FUNDS TO BE DISBURSED, ALL PROGRAM AND FINANCIAL
DELIVERABLES MUST BE MET.
BEYOND REGULAR PROGRAM REPORTS, IYF RELIES ON REGULAR COMMUNICATION WITH
GRANTEES TO ENSURE SUCCESS OF PROGRAMS. THIS COMMUNICATION TAKES THE FORM
OF ELECTRONIC COMMUNICATIONS AS WELL AS REGULAR SITE VISITS DURING WHICH
PROGRAM PROGRESS IS ASSESSED AND MEASURED.
FINANCIAL REPORTS ARE COLLECTED ON A REGULAR BASIS (AS DETAILED ABOVE) AND

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

INTERNATIONAL YOUTH FOUNDATION

Employer identification number 38-2935397

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following	ng to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant informa	tion regarding these items.		
	First-class or charter travel	ing allowance or residence for personal use		
	Travel for companions Paym	ents for business use of personal residence		
	Tax indemnification and gross-up payments Healt	n or social club dues or initiation fees		
	Discretionary spending account Person	nal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a writ	ten 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 e	expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the it	tems 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 m	ethods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part II	I.		
		en employment contract		
	Independent compensation consultant X Comp	pensation survey or study		
	Form 990 of other organizations X Appro	oval by the board or compensation committee		
	Device the constitution of the device of the	de with warmed to the Clien		
4	During the year, did any person listed on Form 990, Part VII, Section A, line	ra, with respect to the filing		
_	organization or a related organization:	4-		х
a		ant plan?		X
D	Participate in, or receive payment from, a supplemental nonqualified retirem			X
C	Participate in, or receive payment from, an equity-based compensation arral If "Yes" to any of lines 4a-c, list the persons and provide the applicable amo			
	ii Tes to any of lines 44°C, list the persons and provide the applicable and	unts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must com	plete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any compensation		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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 organiza	tion pay or accrue any compensation		
	contingent on the net earnings of:			
а	The organization?	6a		Х
				Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , ,			
	not described on lines 5 and 6? If "Yes," describe in Part III			Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuan	t to a contract that was subject to the		
	initial contract exception described in Regulations section 53.4958-4(a)(3)?	f "Yes," describe in Part III8		Х
9	,			
	Regulations section 53.4958-6(c)?	9		<u></u>

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

Schedule J (Form 990) 2019

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-MIS	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) SUSAN REICHLE	(i)	298,083.	0.	1,168.	27,000.	2,777.	329,028.	0.	
PRESIDENT & CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) YVONNA STEVENS	(i)	163,640.	0.	354.	15,516.	23,415.	202,925.	0.	
CFO/EVP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) PETER SHIRAS	(i)	229,671.	0.	6,287.	20,817.	10,368.	267,143.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JONATHAN MUDD	(i)	175,566.	0.	1,617.	16,354.	30,754.	224,291.	0.	
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) SHEERIN VESIN	(i)	159,572.	0.	293.	14,464.	2,553.	176,882.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) EDITH WESTFALL	(i)	142,975.	0.	708.	13,795.	34,042.	191,520.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ASHOK REGMI	(i)	134,785.	0.	283.	12,867.	9,424.	157,359.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number INTERNATIONAL YOUTH FOUNDATION 38-2935397

Par	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1	noncash contribu	tion an	nounts	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (HILTON POINTS)	Х	1	32,482	. FMV			
26	Other • ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organization	_	•					
	for which the organization completed Form 828	3, Part IV, D	Oonee Acknowledg	ement 29		Τ	1	
				=			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					00-		v
L	exempt purposes for the entire holding period?					30a		<u> </u>
	 b If "Yes," describe the arrangement in Part II. 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 							
31		•	•	•		31	Х	
32a	Does the organization hire or use third parties o	,		,,	I	222		х
h	contributions? If "Yes," describe in Part II.					32a		
	If the organization didn't report an amount in co	dumn (a) far	a type of property	for which column (a) is sh	ackad			
33	describe in Part II.	nullili (C) iOr	a type of property	ioi which column (a) is ch	cuneu,			
	מטטטווטל וווו מונוו.							

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

Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

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 990-EZ.

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

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Open to Public Inspection

Employer identification number Name of the organization INTERNATIONAL YOUTH FOUNDATION 38-2935397 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WILL BE IN THE SYSTEMIC CHANGES MADE AT INSTITUTIONAL LEVELS AND ACROSS AN ARRAY OF YOUTH TRAINING AND SUPPORT SERVICES STAKEHOLDERS, LEADING TO SIGNIFICANT NUMBERS OF YOUTH BENEFITING FROM THESE ADVANCES OVER TIME FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE HILTON PARTNERSHIP HAS OFFERED LIFE SKILLS TRAINING TO YOUNG TEAM MEMBERS IN HILTON PROPERTIES ACROSS FOUR CONTINENTS. (RE)CONNECTING YOUTH: EXCHANGING GLOBAL LESSONS SHARED INNOVATIVE GLOBAL APPROACHES FOR INCREASING YOUTH CONNECTION AND RESILIENCE WITH PRACTITIONERS, POLICYMAKERS, AND FUNDERS IN THE UNITED STATES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTH OPPORTUNITY: DRIVEN BY THE KNOWLEDGE THAT TOO MANY YOUNG PEOPLE FACE BARRIERS TO EMPLOYMENT AND SUCCESS, IYF AND MCDONALD'S CORPORATION JOINED FORCES UNDER THE YOUTH OPPORTUNITY INITIATIVE, PART OF MCDONALD'S SCALE FOR GOOD. THIS PARTNERSHIP IS WORKING TO EQUIP YOUNG MEN AND WOMEN WITH THE SKILLS TO SECURE A FIRST JOB AND TO POSITION THEM FOR CAREER ADVANCEMENT. YOUTH OPPORTUNITY UTILIZES IYF'S PASSPORT TO SUCCESS (PTS) CURRICULUM TO REACH YOUTH PARTICIPANTS WITH LIFE SKILLS SUCH AS TEAMWORK AND RESPONSIBILITY. WHICH EMPLOYERS ACROSS SECTORS REQUIRE BUT STRUGGLE TO FIND. IN 2019, IYF AND MCDONALD'S EXPANDED THE PILOT INTO

WASHINGTON, DC, METRO AREA, WHERE TRUSTED COMMUNITY-BASED ORGANIZATIONS

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397					
PAIR RELEVANT SKILLS TRAINING PROGRAMS WITH A SPECIALIZED VERSION OF						
PTS.						
EXPENSES \$ 2,147,828. INCLUDING GRANTS OF \$ 1,014,402. REVENUE \$ 0.						
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. YOUTH SPEAK IS A YOUTH ENGAGEMENT PROJECT THAT						
COMPLEMENTED THE VIA: PATHWAYS TO WORK PROGRAM TO DEEPEN IYF'S						
UNDERSTANDING OF VIA PARTICIPANTS IN TANZANIA AND PROVIDE YOUTH WITH						
MEANINGFUL PLATFORMS TO ENGAGE WITH EACH OTHER AND THE PROGRAM, AS WELL						
AS CONTRIBUTE TO ITS FUTURE SUCCESS. 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.						
EXPENSES \$ 1,922,033. INCLUDING GRANTS OF \$ 60,326. REVENUE \$ 156,562.						
LEAPS:						
LEAPS CREATED PARTNERSHIPS WITH LOCAL ORGANIZATIONS IN WEST TEXAS,	_					
SOUTH TEXAS, AND NORTHWEST LOUISIANA TO EQUIP THE AREA'S YOUNG	_					
PEOPLE-AGES 11 TO 24 WITH THE SKILLS NEEDED TO SUCCEED IN SCHOOL, WORK,	_					
AND LIFE AND TO BECOME MORE ENGAGED MEMBERS OF THEIR COMMUNITIES.						
WORKING WITH AND THROUGH LOCAL YOUTH-SERVING ENTITIES SUCH AS MIDDLE						
AND HIGH SCHOOLS, COMMUNITY COLLEGES, AND LOCAL NON-PROFITS, LEAPS						
FACILITATED THE EXPANSION OF EXISTING PROGRAMMING AND THE DEVELOPMENT	_					
OF SERVICES TO MAKE PROGRAMS MORE ACCESSIBLE TO YOUTH. LOCALLY TAILORED						

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
PROGRAMMING MIGHT HAVE INCLUDED SOFT SKILL TRAINING, CAREER EXPOSURE	
AND PLANNING, AND ENRICHMENT PROGRAMS. BY ENGAGING AND SUPPORTING	_
COMMUNITY MEMBERS AND ORGANIZATIONS TO TARGET GAPS AND NEEDS THEY	
IDENTIFY AS CRITICAL, AND STRENGTHENING THE CAPACITY AND RESOURCES OF	
LOCAL ORGANIZATIONS, THE INITIATIVE ENSURED THAT YOUNG MEN AND WOMEN	
WILL REAP THE BENEFITS OF LEAPS FAR INTO THE FUTURE.	
EXPENSES \$ 1,148,740. INCLUDING GRANTS OF \$ 223,844. REVENUE \$ 0.	
INITIATIVES IN THE MIDDLE EAST AND NORTH AFRICA:	
WE HAVE WORKED WITH YOUTH IN NORTH AFRICA AND THE MIDDLE EAST TO	_
STRENGTHEN EMPLOYABILITY, CAREER GUIDANCE, AND SOCIAL ENTREPRENEURSHIP.	
USING OUR PASSPORT TO SUCCESS CURRICULUM AND KEY PARTNERSHIPS, WE HAVE	
CONTINUED TO REACH YOUNG PEOPLE ACROSS THE REGION WITH VITAL LIFE	
SKILLS TRAINING.	
EXPENSES \$ 950,922. INCLUDING GRANTS OF \$ 34,680. REVENUE \$ 784,248.	
YOUTHACTIONNET:	
YOUTHACTIONNET WORKS TO STRENGTHEN AND EXPAND THE IMPACT OF YOUTH-LED	
SOCIAL VENTURES AROUND THE GLOBE. IT HAS CREATED ONE OF THE WORLD'S	_
LARGEST NETWORKS OF YOUNG SOCIAL ENTREPRENEURS COMPRISING 1,700 YOUNG	
LEADERS ACROSS 90 COUNTRIES. TO IDENTIFY AND SUPPORT THE EFFORTS OF	
ACCOMPLISHED YOUNG CHANGE-MAKERS, YOUTHACTIONNET OPERATES FELLOWSHIP	
PROGRAMS. AT THE LOCAL LEVEL, YOUTHACTIONNET MAINTAINS A NETWORK OF	
NATIONAL AND REGIONAL YOUTH LEADERSHIP INSTITUTES THAT PROVIDE SUPPORTS	_
AND SERVICES TO EMERGING LEADERS, WHILE DEVELOPING THE YOUTH LEADERSHIP	
SECTOR IN THEIR RESPECTIVE COUNTRIES.	
EXPENSES \$ 557,667. INCLUDING GRANTS OF \$ 40,000. REVENUE \$ 0.	

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
INITIATIVES IN EURASIA:	
WE EMPOWER YOUNG PEOPLE IN EURASIA WITH THE INFORMATION, SKILLS, AND	
MENTORING TO SUCCEED AS EMPLOYEES, ENTREPRENEURS, LEADERS, AND	
COMMUNITY MEMBERS. IN THE ATYRAU REGION OF KAZAKHSTAN, THE	
COMMUNITY-DRIVEN ZANGAR INITIATIVE HAD TWO KEY STRATEGIES: FIRST,	
CREATING AN ENVIRONMENT SUPPORTIVE OF YOUTH LEARNING AND PROFESSIONAL	
SKILL-BUILDING AND SECOND, EXPANDING PROGRAMMING FOR LIFE SKILLS AND	
SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS (STEM) EDUCATION.	
ZANGAR PARTICIPANTS ALSO DEEPEN COMPLEMENTARY LIFE SKILLS THROUGH IYF'S	
PASSPORT TO SUCCESS CURRICULUM.	
EXPENSES \$ 458,157. INCLUDING GRANTS OF \$ 87,461. REVENUE \$ 60,112.	
	_
USA PROGRAMS:	
IYF INITIATIVES REACH YOUNG PEOPLE IN RURAL AND URBAN AREAS OF THE	
UNITED STATES. THE DO GOOD: NASHVILLE INITIATIVE IS A THREE-YEAR	
PROGRAM THAT EQUIPS VULNERABLE NASHVILLE YOUTH, AGES 14 TO 18, WITH THE	
SKILLS, SUPPORT, AND OPPORTUNITIES THEY NEED TO THRIVE IN SCHOOL, WORK,	
AND LIFE. IYF'S PASSPORT TO SUCCESS (PTS) CURRICULUM REACHES YOUTH	
PARTICIPANTS IN KANSAS CITY AND BALTIMORE WITH LIFE SKILLS SUCH AS	
TEAMWORK AND RESPONSIBILITY. (RE)CONNECTING YOUTH: EXCHANGING GLOBAL	
LESSONS SHARED INNOVATIVE GLOBAL APPROACHES FOR INCREASING YOUTH	
CONNECTION AND RESILIENCE WITH PRACTITIONERS, POLICYMAKERS, AND FUNDERS	
IN THE UNITED STATES.	
EXPENSES \$ 358,839. INCLUDING GRANTS OF \$ 171,765. REVENUE \$ 93,565.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
JORDAN, TANZANIA, ZIMBABWE, TUNISIA,	
MOROCCO, MEXICO, KAZAKHSTAN, OTHER COUNTRY,	

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
MOZAMBIQUE, SOUTH AFRICA	·
FORM 990, PART VI, SECTION B, LINE 11B:	
990 REVIEW PROCESS	
1. FORMS ARE COMPLETED BY CONTROLLER, CFO 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 BEFORE 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 AS	
CONFIDENTIAL MATERIALS BY EXECUTIVE STAFF IN IYF'S OFFICE IN BALTIMORE.	
ANY ISSUES DISCLOSED THROUGH THE FORMS ARE REVIEWED BY THE EXECUTIVE	
COMMITTEE AND NECESSARY STEPS ARE TAKEN. IN PARTICULAR, SHOULD A BOARD	
MEMBER WORK FOR OR OTHERWISE BE INVOLVED WITH A DONOR OR VENDOR OF THE	
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.	
PODM 000 DADW UT CROWTON D IINE 15.	
FORM 990, PART VI, SECTION B, LINE 15:	
IYF DOES NOT TREAT COMPENSATION FOR OFFICERS OR OTHER KEY EMPLOYEES	

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
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 INCREASES ARE DETERMINED BY THE EXECUTIVE MANAGEMENT TEAM (EMT) AND	
APPROVED BY THE BOARD OF DIRECTORS. THEY ARE BASED ON MARKET TRENDS (I.E.	
WHAT INCREASES OTHER ORGANIZATIONS ARE PROVIDING) AS WELL AS THE	
AVAILABILITY OF FUNDING WHILE CONTINUING TO RECOGNIZE STAFF FOR THEIR	
EFFORTS AND VALUABLE CONTRIBUTIONS TO IYF. TO DETERMINE MARKET SALARY	
INCREASES, 2-3 SALARY SURVEYS FOR SIMILAR MARKETS ARE REVIEWED. RAISES ARE	
DEVELOPED USING MARKET INFORMATION AND IYF FINANCIAL POSITION AS THE	
INFORMING FACTORS.	
THE CEO RAISE IS HANDLED DIRECTLY BY THE BOARD. THE CEO PERFORMANCE REVIEW	
IS CONDUCTED BY THE CHAIRMAN OF THE BOARD WHO THEN DETERMINES THE	
PERCENTAGE RAISE GIVEN. SINCE 2005, WHEN USING THE MERIT POOL, THE PRACTICE	
HAS BEEN TO GIVE THE CEO THE AVERAGE PERCENTAGE RAISE GIVEN TO THE STAFF.	
WHEN STAFF HAVE 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.	

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	2,703,933.	
MANAGEMENT AND GENERAL EXPENSES	469,071.	
FUNDRAISING EXPENSES	16,433.	
TOTAL EXPENSES	3,189,437.	
CONTRACT:		
PROGRAM SERVICE EXPENSES	8,655.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	8,655.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,198,092.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FOREIGN CURRENCY GAIN (LOSS)	-21,933.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INTERNATIONAL YOUTH	INTERNATIONAL YOUTH FOUNDATION										
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
(a)	(b)	(c)	(d)	(e)		(1	f)				
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity Legal domicile (state or Total income End-of-year foreign country)					assets Direct controlling entity				
INTERNATIONAL YOUTH FOUNDATION INC,											
S.A.R.L.A.U 98-1271105, 9, RUE RIYAD,					INTE	ERNATIONA	T YOUI	ŀН			
APPT.8, HASSAN, MOROCCO	YOUTH DEVELOPMENT PROGRAMS	MOROCCO	266	,566. 16	6,363. FOUN	B. FOUNDATION, INC.					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more relate	ed tax-exem	npt				
(a)	(b)	(c)	(d)	(e)	(f))	Sootier (g) 512(b)(13)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct cor entit	U	Section 512(b)(1 controlled entity?				
				501(c)(3))	<u> </u>		Yes	No			
RESOURCES FOR YOUTH INC - 52-2085268						ļ					
32 SOUTH ST STE 500			1		INTERNATIO	ONAL	I	I			

MARYLAND

501(C)(3)

LINE 12A, I

SUPPORTING ORGANIZATION

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

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YOUTH FOUNDATION

32 SOUTH ST, STE 500 BALTIMORE, MD 21202

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?		
		couritry)						Yes	No		
	-										

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	X			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
d	Loans or loan guarantees to or for related organization(s)				1d	Х			
е	Loans or loan guarantees by related organization(s)				1e	Х			
f	Dividends from related organization(s)				1f	Х			
g	Sale of assets to related organization(s)				1g	Х			
h	Purchase of assets from related organization(s)				1h	Х			
i	Exchange of assets with related organization(s)				1i	Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х			
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)									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х			
0	Sharing of paid employees with related organization(s)				10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)				1s	Х			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	lationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved/				
		type (a-s)							
1)									
2)									
3)									
4\									
4)									
5 ۱									
5)									
6)									
	3 09-10-19	1	<u> </u>	Schedule	R (Form	990) 2019			
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Schedule R (Form 990) 2019 INTERNATIONAL YOUTH FOUNDATION 38-2935397 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
 ▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2020

1	Unrelated business taxable income expected in the tax y	ear				1	
2	Tax on the amount on line 1. See instructions for tax or	omputat	ion			2	
3	Alternative minimum tax for trusts. See instructions					3	
4	Total. Add lines 2 and 3		4				
5	Estimated tax credits. See instructions		5				
6	Subtract line 5 from line 4		6				
7	Other taxes. See instructions		7				
8	Total. Add lines 6 and 7		8				
9	Credit for federal tax paid on fuels. See instructions	9					
b	Subtract line 9 from line 8. Note: If less than \$500, the destimated tax payments. Private foundations, see instructions zero or the tax shown on the 2019 return. See instructions zero or the tax year was for less than 12 months, skip than denter the amount from line 10a on line 10c	the amount					
	from line 10a on line 10c					10c	
11	Installment due dates. See instructions	11	(a)	(b)	(c)		(d)
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12					
13	2019 Overpayment. See instructions	13					
14	Payment due (Subtract line 13 from line 12)	14					

.HA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2020)

Form 990-1			nization bus				ax neturn	l	OIVIB NO. 1545-0047
		•	nd proxy tax unde	er sec	tion 6033(e))			2040
	For cale	ndar year 2019 or other tax yea			, and ending			_ ·	2019
Department of the Treasury Internal Revenue Service	 	•	.irs.gov/Form990T for in rs on this form as it may						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	1 -		Check box if name cl				(7(7	Emp	loyer identification number bloyees' trust, see uctions.)
B Exempt under section	Print	INTERNATIONAL YO	UTH FOUNDATION						38-2935397
X 501(c)(3)	I F	Number, street, and roon	n or suite no. If a P.O. box	, see in	structions.				elated business activity code instructions.)
408(e) 220(e)	· ·	1 E PRATT STREET						-	
408A530(a) 529(a)		City or town, state or pro BALTIMORE, MD 2:	vince, country, and ZIP or 1202	foreign	postal code			9000	00
C Book value of all assets at end of year		F Group exemption num		>					
15,361	Other trust								
H Enter the number of the	organizati	on's unrelated trades or b	ousinesses.	1	Des	scribe th	ne only (or first) un	related	t
trade or business here	► INCOM	ME FROM PARTNERSH	IP INVESTMENT		. If only	y one, c	omplete Parts I-V.	If mor	e than one,
describe the first in the b	lank spac	e at the end of the previo	us sentence, complete Pa	rts I and					
business, then complete		·							
I During the tax year, was	the corpo	ration a subsidiary in an	affiliated group or a paren	t-subsid	diary controlled gro	oup?	 [Y	es X No
		fying number of the parer	nt corporation. 🕨						
J The books are in care of					T	elephor	ne number 🕨 🤇	410)	951-1500
Part I Unrelate	d Trade	e or Business Inc	ome		(A) Income		(B) Expenses	3	(C) Net
1a Gross receipts or sale	es								
b Less returns and allo	wances		c Balance	1c					
2 Cost of goods sold (S	Schedule <i>A</i>	A, line 7)		2					
		m line 1c		3					
		Schedule D)		4a					
		rt II, line 17) (attach Forn		4b		_			
		s		4c					
		nip or an S corporation (a	· ·	5					
6 Rent income (Schedu				6					
		e (Schedule E)		7					
		d rents from a controlled	•	8					
			rganization (Schedule G)	9					
		ne (Schedule I)		10					
		J)		11 12					
		; attach schedule) h 12		13		0.			
			e (See instructions fo		tions on deduction				
			ith the unrelated busin			0113.)			
14 Compensation of off	ficers, dire	ectors, and trustees (Sche	edule K)					14	
								15	
								16	
								17	
								18	
								19	
			e on return					21b	
								22	
								23	
24 Employee benefit pr	•							24	
25 Excess exempt expe	11262 (2011) 0010 (2014)	edule I)						25 26	
26 Excess readership c27 Other deductions (a)	uaia (JUIII Hach echa	odule o)						27	
28 Total deductions. A	dd linae 1	4 through 27						28	0.
29 Unrelated business									0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018								29	
	-							30	0.
31 Unrelated business	taxable inc	come. Subtract line 30 fro	om line 29		<u></u>			31	0.

Part	: 111	Total Unrelated Business Taxab	le Income							
32	Total o	f unrelated business taxable income computed t	rom all unrelated trades or	businesses (s	ee instructior	ıs)	3	2		0.
33		nts paid for disallowed fringes						3		
34	Charita	able contributions (see instructions for limitation	rules) STMT	2	STMT 3		. 3	4		0.
35	Total	nrelated business taxable income before pre-201	8 NOLs and specific deduc	ction. Subtract	line 34 from the	sum of lines 32 and 33	3	5		
36	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
37	Total o	f unrelated business taxable income before spec	cific deduction. Subtract lin	e 36 from line	35		. 3	7		
38	Specif	c deduction (Generally \$1,000, but see line 38 in	nstructions for exceptions)				. 3	8	1,	,000.
39	Unrela	ted business taxable income. Subtract line 38	from line 37. If line 38 is g	reater than line	e 37,					
							. 3	9		0.
Part		Tax Computation						<u> </u>		
40		zations Taxable as Corporations. Multiply line					<u> </u>	0		0.
41		Taxable at Trust Rates. See instructions for ta								
		ax rate schedule or Schedule D (Form	1041)			?	► <u> 4</u>			
42		tax. See instructions						2		
43	Alterna	ative minimum tax (trusts only)					4	3		
44	Tax or	Noncompliant Facility Income. See instruction	18							
45 Dart		Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	ever applies				. 4	5		0.
	_	-	oto ottoob Form 111C)		40.					
		n tax credit (corporations attach Form 1118; trus					\dashv			
D		credits (see instructions) Il business credit. Attach Form 3800					\dashv			
d	Cradit	for prior year minimum tax (attach Form 8801 o	r 9997)		46c 46d					
		redits. Add lines 46a through 46d					1	6e		
47								7		0.
48	Other	ct line 46e from line 45 axes. Check if from: Form 4255 I	Form 8611 Form 86	97 Form	8866	Other (attach schedule	" 4	8		
49		ax. Add lines 47 and 48 (see instructions)								0.
50		net 965 tax liability paid from Form 965-A or For						0		0.
		ents: A 2018 overpayment credited to 2019				4,04				
		estimated tax payments					_			
c	Tax de	posited with Form 8868			51c					
q	Foreig	n organizations: Tax paid or withheld at source (see instructions)		51d					
		o withholding (see instructions)								
		for small employer health insurance premiums (
		credits, adjustments, and payments:								
•			ner	Total	▶ 51g					
52		payments. Add lines 51a through 51g					5	2	4,	046.
53	Estima	ted tax penalty (see instructions). Check if Form	2220 is attached 🕨 [5	3		
54	Tax dı	e. If line 52 is less than the total of lines 49, 50,	and 53, enter amount owe			•	5	4		
55	Overp	ayment. If line 52 is larger than the total of lines	49, 50, and 53, enter amo	unt overpaid)	▶ 5	5	4,	046.
56		he amount of line 55 you want: Credited to 202				Refunded	▶ 5	6	4,	046.
Part	: VI	Statements Regarding Certain A	Activities and Othe	er Informa	tion (see	instructions)				
57	At any	time during the 2019 calendar year, did the orga	anization have an interest i	n or a signature	e or other aut	hority			Yes	No
	over a	financial account (bank, securities, or other) in a	a foreign country? If "Yes,"	the organizatio	n may have t	o file				
	FinCE	I Form 114, Report of Foreign Bank and Financia	al Accounts. If "Yes," enter t	the name of the	e foreign coul	ntry				
	here	SEE STATEMENT 1							Х	
58		the tax year, did the organization receive a distr		grantor of, or t	ransferor to,	a foreign trust?				Х
		" see instructions for other forms the organizati								
59		he amount of tax-exempt interest received or ac		\$	1 -4-4					
Sign		Inder penalties of perjury, I declare that I have examined torrect, and complete. Declaration of preparer (other than					wieage a	and beliet, it is tr	ue,	
Here	₁			CEO			-	e IRS discuss th		with
		Signature of officer	Date	Title				eparer shown bel		□ NI 4
				1100	Data	Oheret	Ь		es	No
_	_	Print/Type preparer's name	Preparer's signature	—	Date	Check		PTIN		
Paid		WILLIAM E TURCO, CPA	(,)11-	1111	11/15/20	self- employ	tu	P0036921	7	
	oarer		WW.	, , , ,	11/13/20	Firm's FIN		42-0714		
Use	Only		IAN BLVD, STE 500			Firm's EIN	_	-4-U/14		
		Firm's address GAITHERSBURG, MI	•			Phone no.	301-	296-3600		
		1 addieso Silling				i none no.				

Schedule A - Cost of Goods S	old. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fr	om Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				24) 5			
(a) From personal property (if the percent rent for personal property is more than 10% but not more than 50%)	age of n	` ´ of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connect d 2(b) (a	ttach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-	Financed	Income (see	instru	ctions)					
			,	. Gross income from		Deductions directly conne to debt-finance			
1. Description of debt-finance	ed property			or allocable to debt- financed property	(a)	Straight line depreciation	Τ̈́	(b) Other deductions	
				maneed property		(attach schedule)		(attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction column 6 x total of colum 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					Е	nter here and on page 1,	E	inter here and on page	1,
					F	Part I, line 7, column (A).	'	Part I, line 7, column (B)	
Totals)		0.			0.
Total dividends-received deductions inclu	ded in column	18	<u></u>			>			0.

Form **990-T** (2019)

Schedule F - Interest,					Controlled O					struction	
1. Name of controlled organiz	zation	2. Emidentific	cation	3. Net unr	elated income instructions)	4 . Tot	al of specified ments made	includ	rt of column 4 led in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	nizations	ı		1							
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payr made	nents	10. Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's	11 . D	eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
	•						Add colun Enter here and line 8, o		e 1, Part I,		ndd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals									0.		0
Schedule G - Investm	ent Incor	me of a S	Section	501(c)(7), (9), or (17) Org	ganization				
(see ins	structions)				Γ		0		Т		T =
1. De	scription of inco	ome			2. Amount of	income	 Deduction directly connected (attach sched 	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							(attach sched	iuie)			(coi. 3 pius coi. 4)
(2)											
(3)											
(4)											
(4)					Enter here and	on page 1					Enter here and on page 1
					Part I, line 9, co						Part I, line 9, column (B).
Totals				>		0.					0
Schedule I - Exploited (see inst	d Exempt tructions)	Activity	Incom	e, Other	Than Adv	ertisin/	g Income				
					4. Net incon	ne (loss)					_
1. Description of exploited activity	unrelated	Gross d business ne from business	directly with pr of un	oduction related ss income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross incompressing from activity is not unrelated business incompressing the stress incompression and stress incomp	hat ed	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
	page 1	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
	>	0.		0.							0
Schedule J - Advertis											
Part I Income From	Periodio	als Repo	orted o	n a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circula e income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	C							0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form **990-T** (2019)

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 1
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

JORDAN
TANZANIA
TUNISIA
OTHER COUNTRY
ZIMBABWE
MOROCCO
MEXICO
KAZAKHSTAN

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	1,410,011.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	1,410,011.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 124,860		
FOR TAX YEAR 2018 TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	124,860 1,410,011	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	1,534,871 0	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	1,534,871 0 1,534,871	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Auton	natic 6-Month Extension of Time. Only subm	it origin	al (no copies needed)						
All corp	orations required to file an income tax return other than Fore Form 7004 to request an extension of time to file income	orm 990-T	(including 1120-C filers), partnership	ps, REMICs	s, and trusts				
Type or	Name of exempt organization or other filer, see instru	Taxpaye	Taxpayer identification number (TIN)						
print	INTERNATIONAL YOUTH FOUNDATION		38-2935397						
File by the due date for filing your return. See instruction	Number, street, and room or suite no. If a P.O. box, so 1 E PRATT STREET NO. 701								
		reign add	ress, see instructions.						
Enter th	inter the Return Code for the return that this application is for (file a separate application for each return)								
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 99		02	Form 1041-A			08			
	720 (individual)	03	Form 4720 (other than individual)		09				
Form 99		04 05	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)			Form 6069 Form 8870	11					
Telep	YVONNA STEVENS books are in the care of 1 E PRATT STREET, NO. chone No. (410) 951-1500 corganization does not have an office or place of business is for a Group Return, enter the organization's four digit (1 If it is for part of the group, check this box □	in the Un Group Exe	Fax No. ited States, check this box	If this is fo	r the whole group,				
th	request an automatic 6-month extension of time until le organization named above. The extension is for the orga X calendar year2019 or tax year beginning	anization's	·	le the exen	npt organization re	turn for			
2 If	the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	neck reaso	on: Initial return	Final retur	n				
<u>ar</u>	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.		·	3a	\$	0.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069			-					
_	stimated tax payments made. Include any prior year overp			3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your pa	•				0			
	sing EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal			3c	\$	0.			

instructions.

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

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

Form 8868 (Rev. 1-2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

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filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ties-and-n	on-profits.				
Automa	atic 6-Month Extension of Time. Only subm	nit origina	al (no copies needed).				
All corpor	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer identification number (T			
print	INTERNATIONAL YOUTH FOUNDATION				38-2935397		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1 E PRATT STREET, No. 701	ee instruct	ions.				
instructions.							
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 7	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 990	0 (individual)	03	Form 4720 (other than individual) Form 5227			10	
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
	-T (trust other than above)	06	Form 8870			12	
Teleph If the o	ooks are in the care of 1 E PRATT STREET, No. none No. (410) 951-1500 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (1 If it is for part of the group, check this box	in the Uni Group Exe	Fax No. ▶ited States, check this box	If this is fo	r the whole group, c		
the ▶[▶[quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year2019 or tax year beginning ne tax year entered in line 1 is for less than 12 months, cl Change in accounting period	anization's	return for:	e the exem	npt organization retu ·	rn for	
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less				
	nonrefundable credits. See instructions.	3a	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	•				4 046	
	mated tax payments made. Include any prior year overp			3b	\$	4,046.	
	ance due. Subtract line 3b from line 3a. Include your pa	•				0	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	oit) with this Form 8868, see Form 84	453-EO an	d Form 88/9-EO for	payment	

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

Form 8868 (Rev. 1-2020)