ECT 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	-	•
For calendar year 2017, or fiscal year beginning		, 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Name and title of officer WILLIAM S. REESE

CHIEF EXECUTIVE OFFICER

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

b Balance Due (Form 8868, line 3c) ______5b __

- 1a Form 990 check here X
- 2a Form 990-EZ check here 3a Form 1120-POL check here
- 4a Form 990-PF check here
- 5a Form 8868 check here

Part II

- b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ b Total revenue, if any (Form 990-EZ, line 9) ______ 2b b Total tax (Form 1120-POL, line 22) ______ 3b _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
- **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

X | authorize RSM US LLP

to enter my PIN

21202 Enter five numbers, but

ERO firm name

do not enter all zeros as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return

is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen,

Officer's signature

Part III

Certification and Authentication

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

27021999999

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

** PUBLIC DISCLOSURE COPY **

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.

Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2017 calendar year, or tax year beginning	and ending			
В	Check if applicab	C Name of organization		D Employer ider	ntificatio	on number
	Addre	INTERNATIONAL YOUTH FOUNDATION				
	Name	e Doing business as		38	3-29353	397
	Initial return Final return	1 EAST PRATT STREET	E Telephone nur 410	mber -951-1	500	
	termir			G Gross receipts \$		23,387,364.
	Amen	ded DALETWORK WE 01000		H(a) Is this a grou	up returr	
$\overline{\Box}$	Applic			for subordina		
	pendi			H(b) Are all subordina		
1	Tax-ex	empt status: X 501(c)(3)	i)(1) or 527	1		(see instructions)
		te: WWW.IYFNET.ORG		H(c) Group exem		•
		forganization; X Corporation Trust Association Other	L Year	of formation: 1990		ate of legal domicile; IL
	art I	Summary	1.00.000			
-	1	Briefly describe the organization's mission or most significant activities: A G	LOBAL NGO PR	EPARING YOUNG		
Governance		PEOPLE TO BE HEALTHY PRODUCTIVE AND ENGAGED CITIZENS.				
'n	2	Check this box if the organization discontinued its operations or di	isposed of more	than 25% of its net	assets.	
Ver	3		•		3	14
ලි	4	Number of independent voting members of the governing body (Part VI, line			4	13
න් ග	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	81
itie	6	Total number of volunteers (estimate if necessary)			6	13
Activities &	7 a				7a	0.
Ā	b	Net unrelated business taxable income from Form 990 F, Imp 31 In III		TO THE	7b	0.
				Phor Year		Current Year
41	8	Contributions and grants (Part VIII, line 1h)	13,213,38	34.	16,961,960.	
ng	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		1,609,24	12.	2,072,372.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	299,36	8.	711,985.	
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,62	37.	41,625.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	NATHER CONTROL	15,142,62	21.	19,787,942.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	.,	5,650,76	53.	3,217,962.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		10,756,53	31.	11,224,147.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)		310	100	
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,119,77	74.	7,753,682.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	the property of the same of th	23,527,06	8.	22,195,791.
	1	Revenue less expenses. Subtract line 18 from line 12		-8,384,44	17.	-2,407,849
100		***************************************	Ве	ginning of Current Ye		End of Year
sets	20	Total assets (Part X, line 16)		29,103,06	56.	27,984,349.
ASS	21	Total liabilities (Part X, line 26)		2,607,37	17.	3,217,663.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	Level Address value	26,495,68	39.	24,766,686.
Pa	art II	Signature Block		=		
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying sche	edules and stateme	ents, and to the best o	f my kno	wledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information				
			ISPECTION			
Sig	n		ETAIN FOR	Date		
Her	e		RECORDS			
		Type or print name and title				
		Print/Type preparer's name Préparer suprature		Date	-	PTIN
Paid	i	WILLIAM E TURCO, CPA	AL	JG 0 6 2018	mployed	P00369217
Prep	oarer	Firm's name RSM US LLP		Firm's EIN		42-0714325
Use	Only	Firm's address > 9737 WASHINGTONIAN BLVD, #400				
_		GAITHERSBURG, MD 20878		Phone no.	301-29	
May	the II	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
J	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,727,948. including grants of \$423,057.) (Revenue \$\$
	INITIATIVES IN THE MIDDLE EAST AND NORTH AFRICA:
	WE WORK WITH YOUTH IN NORTH AFRICA AND THE MIDDLE EAST TO STRENGTHEN
	EMPLOYABILITY, CAREER GUIDANCE, AND SOCIAL ENTREPRENEURSHIP. IN
	MOROCCO, I:GROW CONTINUES TO REINFORCE THE TECHNICAL AND ORGANIZATIONAL
	STRENGTH OF THE AGRICULTURAL INDUSTRY IN MOROCCO. I:PROGRESS WORKS WITH
	SCHOOLS USING A MODEL DEVELOPED UNDER IYF'S PARS INITIATIVE TO INCREASE
	STUDENT RETENTION AND ENGAGEMENT. IN JORDAN, MOPIC IS A 30-MONTH
	PROGRAM FOCUSED ON SURVEYING AND GATHERING DATA ON 22,400 LOW-INCOME
	HOUSEHOLDS IN THREE TARGETED GOVERNORATES (IRBID, ZARQA, AND MA'AN) TO
	SUBSEQUENTLY REFER THEM TO POVERTY ALLEVIATION SUPPORT SERVICES. THE
	SYRIAN REFUGEE EMPLOYABILITY PROGRAM INITIATIVE MARKS IYF'S FIRST TIME
-	WORKING TO SUPPORT REFUGEES AND ALIGNS WITH OUR UNWAVERING DEDICATION
4b	(Code:) (Expenses \$3,091,675. including grants of \$349,937.) (Revenue \$
	VIA: PATHWAYS TO WORK:
	VIA: PATHWAYS TO WORK IS A FIVE-YEAR INITIATIVE THAT IMPROVES ECONOMIC
	OPPORTUNITIES FOR UNDERSERVED YOUTH IN TANZANIA AND MOZAMBIQUE BY
	DRIVING SUSTAINABLE CHANGES IN THE TECHNICAL AND VOCATIONAL EDUCATION
	AND TRAINING (TVET) AND ENTREPRENEURSHIP SYSTEMS, WITH A HOLISTIC
	APPROACH TO BOLSTERING YOUNG PEOPLE'S SUCCESS IN MIXED LIVELIHOODS, VIA
	RESPONDS TO THE NEEDS AND VISION OF YOUNG PEOPLE IN THESE COUNTRIES TO
	FIND MORE THAN ONE WAY OF MAKING A LIVING. THE INITIATIVE WILL DIRECTLY
	BENEFIT 30,000 ECONOMICALLY DISADVANTAGED YOUTH BY HELPING THEM SECURE
	EMPLOYMENT OR START AND GROW ENTERPRISES. VIA'S LEGACY WILL BE THE SYSTEMIC CHANGES MADE AT THE INSTITUTIONAL LEVEL AND ACROSS THE ARRAY
	OF YOUTH TRAINING AND SUPPORT SERVICE PROVIDERS, ENSURING YOUNG PEOPLE
7	
4c	(Code:) (Expenses \$2,292,619. including grants of \$235,668.) (Revenue \$81,075.) GLOBAL INITIATIVES:
	THE INTERNATIONAL YOUTH FOUNDATION HAS FOUR MAJOR GLOBAL INITIATIVES
	THAT SEEK 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 2017, EQUIPYOUTH WAS ACTIVE IN BRAZIL, INDONESIA, ISRAEL,
	MEXICO, AND PALESTINE.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 8,914,411. including grants of \$ 2,209,300.) (Revenue \$ 707,275.) Total program service expenses \$ 18,026,653.

Form 990 (2017) INTERNATIONAL YOU 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			2000
	If "Yes," complete Schedule D, Part IV	9	_	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	х	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Α	
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		11,0	
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		l v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	X
14a		14a	Λ	_
a	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			
		14b	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	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	"		
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			
	complete Schedule G. Part III	19		Х
		_	000	(0047)

Form 990 (2017) INTERNATIONAL YOUTH FOUNDAT
Part IV Checklist of Required Schedules (continued)

	A A A A A A A A A A A A A A A A A A A		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		·=
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to 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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,,
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ls the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		-
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1144		
	instructions for applicable filing thresholds, conditions, and exceptions):		L.V.	10000
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С				x
	director, trustee, or direct or indirect owner? If "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		_
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
Ų I	If "Yes," complete Schedule N, Part I	31		Х
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			
	Part V, line 1	34	Х	
35a	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		Х
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			v
00	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?	00	X	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

38-2935397

DOM: Y	Check if Schedule O contains a response or note to any line in this Part V	14000000000	neritie	X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a 3	4	- 4	
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b	0		To the
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 5 6		0.00
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	77.	100	
	filed for the calendar year ending with or within the year covered by this return 2a 8	1	277 E	1350
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	19 1		V
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	_
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O		35.5	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	200		
5a	, , , , , , , , , , , , , , , , , , , ,	5a		Х
b		5b	_	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a	-	Х
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).	7.	U.S.	Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		-	_^
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		+
С	to file Form 8282?	70		X
d		7c		
e	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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
q q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			594
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	184		14.0
а	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?	9b		
10	Section 501(c)(7) organizations. Enter:	17.5		
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		ħ.	188
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		137	
11	Section 501(c)(12) organizations. Enter:	1300		
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		N K	11000
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	- 12		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		MILL	+
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	1115	
	Note. See the instructions for additional information the organization must report on Schedule O.	2		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	0.73		. Its
_	organization is licensed to issue qualified health plans 13b	- 151		
c 14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017)

INTERNATIONAL YOUTH FOUNDATION

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

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		-	
	TI 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			100
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b13			Links.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7 (n n	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7651		
а	The governing body?	8a	Х	_
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 reached at the			
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		e e di	47	105.00
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	Deg.		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	-
b	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).	19,53		1 - 2
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a	_	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	14	1.00	0 1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, DC, TL, MD, NY, VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	Э	
	for public inspection, Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MIKE PEJCIC - 410-951-1500			
	1 EAST 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.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c	Pos heck ss per	more rson i	than s	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer	Key employee	Key employee Highest compensated employee Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DOUGLAS BECKER	0.20									
CHAIRMAN		Х		Х				0,.	0	0 *:
(2) ABDULAZIZ F. AL-KHAYYAL	0,20									
DIRECTOR		Х						0.	0.	0
(3) KHALIDA BROHI	0.20									
DIRECTOR		Х						0.	0.	0.
(4) OLIVIER FLEUROT	0.20									
DIRECTOR		Х						0.	0.	0.
(5) EMMANUEL JIMENEZ	0.20									
DIRECTOR		Х						0,.	0.	0.
(6) EVELYN BERG IOSCHPE	0.20									
DIRECTOR		Х						0,.	0.	0
(7) RICK LITTLE	0.20									
DIRECTOR		Х						õ.	0.	0.
(8) JOSEPH MATALON	0.20									
DIRECTOR		Х						0.	0,	0.
(9) PEGGY MATIVO	0,20									
DIRECTOR		Х						0.	0.	0.
(10) CHRIS NASSETTA	0.20									
DIRECTOR		Х						0	0	0 👀
(11) PETER WOICKE	0.20									
DIRECTOR		Х						0.	0.	0 :
(12) UMRAN BEBA	0.20									
DIRECTOR		Х						0.	0.	0.
(13) CONNIE WONG	0.20									
DIRECTOR		Х						0	0	0 🔩
(14) WILLIAM REESE	39, 90									
CHIEF EXECUTIVE OFFICER	0.10	Х		Х				320,189.	0	46,618.
(15) SUSAN REICHLE	40.00									
PRESIDENT AND CHIEF OPERATING OFFICE				Х				157,106.	0.	15,479.
(16) MIKE PEJCIC	39.90									
CHIEF FINANCIAL OFFICER	0.10			Х				190,809.	0.	46,999.
(17) PETER SHIRAS	40.00									
EXECUTIVE VP, BUSINESS DEVELOPMENT						Х		222,928.	0.	30,100.
III										Form 990 (2017)

	990 (2017) INTERNATIONA	L YOUTH FOU	NDA	TIO	IN					38-293539	/	P	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	Hi	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			((C)			(D)	(E)		(F)	
Name and title		Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation from	Reportable compensation from related	an	stimate nount other	of
	2	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org and	pensa om th anizat d relat anizati	ation e tion ted
(18)	RITU SHARMA	40.00											
	ONAL DIRECT, EURASIA						X		170,276.	0		25,	550
(19)	PETULA NASH	40.00											
COUN	TRY DIRECTOR, TANZANIA						Х		163,871.	0.		12,	350.
	LAURA ROSEN	40.00											
	CTOR, CORPORATE PARTNERSHIPS		_			_	Х		133,935.	0,		23,	734.
	ASHOK REGMI CCTOR, SOCIAL INNOVATION	40.00					x		136,322.	0.			092.
	0.1.1.1					<u> </u>	<u></u>		1,495,436.	0 -		213	922.
	Sub-total Total from continuation sheets to Part \								1,433,430.	0.		210,	0.
									1,495,436.	0.		213	922.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable								,	23				
_	compensation from the organization					_						Yes	No
3	Did the organization list any former office	r, director, or tru	ıste	e, ke	y er	nplo	yee.	or	highest compensated er	nployee on	AT 6		1
-	line 1a? If "Yes," complete Schedule J for										3		х
4	For any individual listed on line 1a, is the s										A C. V	- 45	
	and related organizations greater than \$15										4	Х	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	hill o	ts"v	1
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	AC V	1445	
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
_	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
Can	stion P. Indonendant Contractors			

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
NEW DIMENSION CONSULTING		
3 ANZAC DRIVE, HARARE, ZIMBABWE	EVALUATION	121,754.
MARKETSHARE ASSOCIATES , 1031 33RD STREET,		*
SUITE 174, DENVER , CO 80203	MARKET SYSTEMS ANALYSIS	117,070.
PR PARTNERS SC, CALLE EJERCITO NACIONAL		
#1112 INTERIOR 601, MEXICO CITY, MEX	PR / COMMUNICATIONS	111,616.
CREATIVE TRANSFORMATIONS CC , 28 ROCCO DE		
VILLIERS ST, JOHANNESBURG, SOUTH AFRICA	STRATEGIC PLANNING	109,930.
KIPOINT SOLUTIONS SA DE CV, CALLE 9		
ORIENTE 3 INTERIOR 2, MEXICO CITY, MEXICO	SOFTWARE DESIGN	109,603.
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization > 7	e listed above) who received more than	- 000

INTERNATIONAL YOUTH FOUNDATION 38-2935397 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business revenue revenue 47,569. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 3,318,036, e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 13,596,355, 97,587. g Noncash contributions included in lines 1a-1f: \$ 16,961,960. h Total. Add lines 1a-1f Business Code 2 a CONTRACT REVENUE 900099 2,020,839. 2,020,839, Program Service b LICENSING FEE 900099 51,533. 51,533. f All other program service revenue 2,072,372. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 201,142. 201,142. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 4,110,265. assets other than inventory b Less: cost or other basis and sales expenses 3,599,178. 244. 511,087. -244. c Gain or (loss) 510,843, 510.843. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 41,625. 41,625.

41,625.

2,072,372.

19,787,942.

753,610.

b

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

38-2935397

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns, All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 128,666. 128,666, and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 3,089,296 3,089,296. Benefits paid to or for members _____. Compensation of current officers, directors, 5 trustees, and key employees 787,440 117,178, 670,262, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,106,683 6,424,665. 1,072,026. 609,992. Other salaries and wages 7 Pension plan accruals and contributions (include 495,950. section 401(k) and 403(b) employer contributions) 353,440, 90,227, 52,283. Other employee benefits 1,379,330 1,099,886 194.282. 85,162. 9 454.744. 296,194. 115,833. 42,717. 10 Payroll taxes Fees for services (non-employees): 11 Management 88,822 57,185 31,637. Legal b 152,247, 88,464. 63,783. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ 45,716 45,716. Other. (If line 11g amount exceeds 10% of line 25, 4,045,949 3,929,911, 103,879 12,159. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,324. 596,086, 466,891. 121,871. Office expenses 13 69,644. 93,706. 5,649. Information technology 168,999, 14 Royalties 15 392,570 708,641 316,071 16 Occupancy 1,319,613 1,173,179 41,577. 104,857. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 308,833 277,322. 29,434. 2,077. 19 20 Payments to affiliates 21 60,478 Depreciation, depletion, and amortization 60,478 22 43.304 43,304. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 72,375 MEMBERSHIP DUES/SUBSCRI 25,112. 47,137. 126. 59,951 PARTICIPANT SUPPORT 59,951. h BAD DEBT EXPENSE 21,436 408 21 028 6,718. 6,718. INCOME TAX 7,909 54,514 46,472. 133. е All other expenses Total functional expenses. Add lines 1 through 24e 22,195,791. 18,026,653. 3,246,659, 922,479. 25 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 (2017) Part X Balance Sheet

11.12.51		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	000 HED VO		578.	1	1,582.
	2	Savings and temporary cash investments			8,873,869.	2	9,149,444.
	3	Pledges and grants receivable, net Accounts receivable, net			8,606,934.	3	6,425,804.
	4				1,552,266.	4	664,343.
	5	Loans and other receivables from current and for	rmer offi	icers, directors,			
		trustees, key employees, and highest compensa	ted emp	loyees, Complete	The state of the s		
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				146,656.	9	160,816.
	10a			E TOSOS FILMOCIACO ACOLLO MACANO A USA POCADORA - S		120	
		basis. Complete Part VI of Schedule D	10a	295,188.			
	b	Less: accumulated depreciation	10b	149,769.	205,897.	10c	145,419.
	11	Investments - publicly traded securities			9,512,287.	11	11,402,023.
	12	Investments - other securities. See Part IV, line 1			75,913.	12	34,918.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			128,666.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			29,103,066.	16	27,984,349.
	17	Accounts payable and accrued expenses		1,138,654.	17	1,315,024.	
	18	Grants payable			403,906.	18	193,300.
	19	Deferred revenue			761,198.	19	1,389,706.
	20					20	
	21	Escrow or custodial account liability. Complete F	art IV o	f Schedule D		21	
ψ	22	Loans and other payables to current and former	officers,	directors, trustees,			
litie		key employees, highest compensated employee	s, and d	isqualified persons.	Same Visit of the Street	, G	
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ted thirc	parties		23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			303,619.	25	319,633.
	26	Total liabilities. Add lines 17 through 25			2,607,377.	26	3,217,663.
		Organizations that follow SFAS 117 (ASC 958)	, check	here X and			
S		complete lines 27 through 29, and lines 33 and					Part Strategy and Strategy
ü	27	Unrestricted net assets			10,331,864.	27	10,843,691.
Sala	28	Temporarily restricted net assets			14,846,791.	28	12,581,239
βE	29				1,317,034.	29	1,341,756.
F		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 🔲			till to the payment of
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
et,	32	Retained earnings, endowment, accumulated inc			06 105 600	32	04 755 555
4	33	Total net assets or fund balances			26,495,689.	33	24,766,686.
	34	Total liabilities and net assets/fund balances	*****		29,103,066.	34	27,984,349.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		********	-111	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	787,	942.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,	195,	791.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,	407,	849.
4				495,	689.
5	Net unrealized gains (losses) on investments	5		648,	064.
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 in Schedule O)	9		30,	782.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24	766,	686.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		***********	000	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			W.	- 58
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O,		1/2	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	3 4	1	10.1
	separate basis, consolidated basis, or both:			6.7	
	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		A 50		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			/ II.	223
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	-			EQU'D
	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 required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	X	

Form **990** (2017)

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

2017

Open to Public Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number 38-2935397

Pa	rt l	Reason for Public (Charity Status (A	All organizations must co	mplete thi	is part.) Se	e instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch					i)(A)(i).	
2		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).						
4	H	A medical research organization					•	the hospital's name
-		city, and state:	ation operated in eer	ijanotion mitra noopna.		000410		and the spinal of that the
E		An organization operated for	or the benefit of a cal	logo or university owned	or operate	od by a go	vernmental unit describe	ad in
5	1	-		lege of university owned	or operate	ed by a go	verililental unit describe	50 III
_		section 170(b)(1)(A)(iv). (C	·			70/1-1/41/81	()	
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
7	X		-	ntial part of its support fr	om a gove	ernmental	unit or from the general p	public described in
		section 170(b)(1)(A)(vi). (C						
8	님	A community trust describe						
9	Ш	An agricultural research org					_	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	•					- '
		activities related to its exem	•	· · · · · · · · · · · · · · · · · · ·	. ,		, ,	•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	,					
11	=	An organization organized a	·	•	•			
12	Ш	An organization organized a		- ·				
		more publicly supported or	*					Check the box in
	-	lines 12a through 12d that	· · ·					
а		Type I. A supporting orga	·			-		
		the supported organization			majority o	of the airec	tors or trustees of the su	upporting
		organization. You must o						
b		Type II. A supporting org	·					_
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
	1	organization(s). You mus				Mana 1 10a - a		
С	-	Type III functionally inte	-					ea with,
		its supported organization		•				
d		Type III non-functionally						
		that is not functionally int		T				veness
		requirement (see instructi	·					
е	_	Check this box if the orga					Type I, Type II, Type III	
,	F-1-	functionally integrated, or		nally integrated supporti	ng organiz	аноп.		
1		er the number of supported o		d everylanten		********		
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(, =	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
_				above (see instructions))	100	110		
_								
40.								

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 201	7 (f) Total						
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.") 23,057,260. 12,332,807. 20,496,294. 13,213,384. 16,961	,960. 86,061,705.						
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 23,057,260. 12,332,807. 20,496,294. 13,213,384. 16,961	,960. 86,061,705.						
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly	(1-14 T)						
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
column (f)	21,706,158.						
6 Public support. Subtract line 5 from line 4.	64,355,547.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 201							
7 Amounts from line 4 23,057,260 12,332,807 20,496,294 13,213,384 16,961	960. 86,061,705.						
8 Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties,							
	,142. 988,580.						
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	102 244						
100000 (27,Data 177) 122,000 200	,625. 123,344.						
11 Total support. Add lines 7 through 10	87,173,629						
12 Gross receipts from related activities, etc. (see instructions) 12	8,425,826.						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here Section C. Computation of Public Support Percentage							
	73.82 %						
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 15	74.26 %						
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check							
stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, ch	100000000000000000000000000000000000000						
and stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how th							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	-						
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
· · · · · · · · · · · · · · · · · · ·							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the							
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI if organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	now the						

Page 3

Schedule A (Form 990 or 990-EZ) 2017 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.)

Section A. Public Support				10		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received, (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					1	
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					<u> </u>	
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				4	il.	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		(6) 2517	(0)10.0	(4)20.10	(6) 2011	(i) rotar
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business		3.5				
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.)		a first as a second that	d founds and the t	1	P FO1(a)(0)	ation
14 First five years. If the Form 990 is to	-			-		auon,
Section C. Computation of Pub		rcentage				
			- L (A)		45	
15 Public support percentage for 2017			column (T))		15	%
16 Public support percentage from 20 Section D. Computation of Investigation			*************		16	%
			20.10 (0)		47	90
17 Investment income percentage for					17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2017. If the	_					4
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2016. If the	_					p
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	nıs box and see in	structions	11000000000

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

- 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.
- 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.
- 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? |f "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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

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Page 5

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions 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):			AND ASSESSED FRANCES		
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	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	LANC B		Mis Ten Hay May		
	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	W		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	100				
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (continued)	an sounds. The
Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	11	
4	Amounts paid to acquire exempt-use assets		_	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		The state of the	
2	Underdistributions, if any, for years prior to 2017 (reason-			
-	able cause required- explain in Part VI). See instructions.	te charter (1985) is sold		
3	Excess distributions carryover, if any, to 2017	AND A SERVICE MANAGEMENT OF THE		The Marie and the Park of
а			Havish and a M	tur-op for most life
	From 2013			
	From 2014			
	From 2015			
	From 2016			
2000	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	The State of the Late of the L	E-LANDING AND STATE	
1	Carryover from 2012 not applied (see instructions)			
- 1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		The Control of the Co	
4	Distributions for 2017 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years	THE RULE OF THE CHAPT		
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			WELL BILL AND MILL
5	Remaining underdistributions for years prior to 2017, if			The state of the s
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	A CONTRACT OF THE PARTY OF THE		
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:	Arian knows a mile		
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Evaces from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:					
SPONSORSHIP INCOME					
2013 AMOUNT: \$ 9,599.					
2014 AMOUNT: \$ 46,296.					
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

2017

Employer identification number

INI	38-2935397				
Organization type (check o	ne);				
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				
·					
, 0	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
4	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor'				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount in a complete Parts I and II.	or 16b, and that received from			
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from stions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)					

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$1,335,786.	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		\$1,742,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,630,831.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_ 4_		\$2,939,659.	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	Hame, addi 655, and Zir T T	\$506,450.	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
6		\$481,236.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_		\$2,879,248.	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		\$696,468.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$	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 If 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.)			
(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 a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u>.</u>
(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
<u>.</u>		\$	

THE OF OTGAIN	NAL YOUTH FOUNDATION		38-2935397
art III	Exclusively religious, charitable, etc., contributor, Complete of	olumns (a) through (e) and the following	section 501(c)(7), (8), or (10) that total more than \$1,000
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter 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, ar	ad ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
) No.	(In) Down and of the		
eart I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address, an	od ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	9 6.	
		(a) Donor advised funds	(b) Funds 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	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		1 1
Pai		anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	11 200 · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treat		ıl gain, provide
	the following amounts required to be reported under SFAS 1	-	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		\$

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accessic							
	(check all that apply):							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations		A					
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang							
-	reported an amount on Form 990, Part		3			,	,	
	Is the organization an agent, trustee, custodia	an or other intermedi	arv for contributions	or other assets no	t included			
	on Form 990, Part X?		•				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:	*******************	************			
	ii rooj ovpiani iro arrangoment ir varvan s						Amount	
С	Beginning balance				1c		A PARTITION OF THE PART	
d	Additions during the year				110			
e	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.						1 103	=
Pai						*********		
	and an interest of the complete in	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	pare hack	(e) Four y	pare hack
10	Beginning of year balance	4,398,510.	4,537,121.	4,409,160		23,621.		41,684.
1a		31,750.	34,000.	201,000		33,700.		83,000.
b	Contributions Net investment earnings, gains, and losses	799,946.	-52,611.	-73,039		51,839.		98,937.
C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,		,
d	Grants or scholarships							
е	Other expenditures for facilities	80,000.	120,000.					
,	and programs	00,000.	120,000.					
f	Administrative expenses	5,150,206.	4,398,510.	4,537,121	1 11	09,160.	1 2	23,621.
g	End of year balance				4,40	75,100.	3,2	45,021.
2	Provide the estimated percentage of the curre	ent year end balance 66.46) rieid as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment 26.05	7.40						
С	Temporarily restricted endowment	7.49 %						
_	The percentages on lines 2a, 2b, and 2c should be a sh				., .			
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered for	tne organiza	tion	ĺ,	
	by:							es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	^_
	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipme							
	Complete if the organization answered							
	Description of property	(a) Cost or o		, ,	Accumulate	d	(d) Book	value
		basis (investn	nent) basis	(other) c	lepreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	1:1		295,188.	149,	169.	1	45,419.
е	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. column (B), line 1	Oc.)		▶	1	45,419.

Schedule D (Form 990) 2017 INTERNATIONAL YOU	JTH FOUNDATION			38-2935397	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11b. See Form 990.	Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or e	nd-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)		(S-20-10-10-10-10-10-10-10-10-10-10-10-10-10			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
	E 600 D 1 N		D 1895 P 40		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		Part X, line 13. aluation: Cost or e	and of year market	valuo
202	(b) book value	(c) Method of v	ardation. Cost of e	mu-or-year market	. value
(1)					_
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			throw 355 Ed.		The set
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.		
(a) (Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)	and the same of th		>	
Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11e or 11f See Form	990 Part X line	25	
(-) Department of liability	o o oog r are iv	(b) Book value	- ESSENT CITY OF HITE A		
2001		1-7 5511 13100			
(1) Federal income taxes (2) DEFERRED RENT		319,633.			
		315,033.	ENGINEER W		
(3)			- 386° M T 1 22		
(**)					

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(5) (6) (7) (8) (9)

4	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total revenue, gains, and other support per audited financial statements		i	1	20,421,072.
1					20,421,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	648,064.	11 15	
a	Net unrealized gains (losses) on investments		040,004.		
b	Donated services and use of facilities				
c d	Recoveries of prior year grants Other (Describe in Port VIII.)		30,782.		
e	Other (Describe in Part XIII.)			2e	678,846.
3	Add lines 2a through 2d Subtract line 2e from line 1			3	19,742,226.
4	Amounts included on Form 990. Part VIII, line 12, but not on line 1.				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,716.		
b	Other (Describe in Part XIII.)	The state of the s	, , , , ,		
C	Add lines 4a and 4b			4c	45,716.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	19,787,942.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	22,014,381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7	
а	Donated services and use of facilities	2a		1170	
b	Prior year adjustments			a ATM	
С	Other losses				
d	Other (Describe in Part XIII.)		-128,666.	1971	
е	Add lines 2a through 2d			2e	-128,666
3	Subtract line 2e from line 1			3	22,143,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			LV11V	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	45,716.		
b	Other (Describe in Part XIII.)	313333(I)(210)			
	Other (Describe in Fait Alli.)	4b	7,028.		
С		CONTROL IN THE STREET		4c	52,744.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1)		***************************************	4c 5	
5	Add lines 4a and 4b		***************************************		
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1)	8.)		5	22,195,791.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1st XIII Supplemental Information.	ł; Part IV, lines 1b ar	d 2b; Part V, line 4	5	22,195,791.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	ł; Part IV, lines 1b ar	d 2b; Part V, line 4	5	22,195,791.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	ł; Part IV, lines 1b ar	d 2b; Part V, line 4	5	22,195,791.
Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	ł; Part IV, lines 1b ar	d 2b; Part V, line 4	5	22,195,791.
Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b.	ł; Part IV, lines 1b ar	d 2b; Part V, line 4	5	22,195,791.
Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b.	F.) I; Part IV, lines 1b anny additional informa	d 2b; Part V, line 4	5	22,195,791.
Prov Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4:	F.) I; Part IV, lines 1b anny additional informa	d 2b; Part V, line 4	5	22,195,791.
Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4:	f; Part IV, lines 1b anny additional informa	d 2b; Part V, line 4	5	22,195,791.
Par Prov lines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS	f; Part IV, lines 1b anny additional informa	d 2b; Part V, line 4	5	22,195,791.
Partines PARTITHE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Partines PARTITHE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1: t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS TANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVE	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERM PERM	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1: t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS TANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVE	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERM PERM	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERM PERM	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVERTEUTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR CORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR	R; Part IV, lines 1b anny additional informa AS WELL AS	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE SUPE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR ORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	i; Part IV, lines 1b anny additional informa AS WELL AS STED IN	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE SUPE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVERTEUTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR CORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	i; Part IV, lines 1b anny additional informa AS WELL AS STED IN	d 2b; Part V, line 4	5	22,195,791.
Part THE PERE SUPE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are 1st V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR THE OPERATIONAL NEEDS OF THE ORGANIZATION. ORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	AS WELL AS STED IN USE TO	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE SUPE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR ORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	AS WELL AS STED IN USE TO	d 2b; Part V, line 4	5	22,195,791.
PARTITHE PERM SUPE	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part L line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS TANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTIGATED. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR CORT THE OPERATIONAL NEEDS OF THE ORGANIZATION. TX, LINE 2: IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE ENDOWS SOLUTION OF THE INTERNAL REVENUE CODE (IRC), IN ADDITIONS OF THE INTERNAL REVENUE CODE (IRC).	AS WELL AS STED IN USE TO PROVISIONS OF	d 2b; Part V, line 4	5	22,195,791.
PARTITHE PERM SUPF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide are 1st V, LINE 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTULTY. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR THE OPERATIONAL NEEDS OF THE ORGANIZATION. ORT THE OPERATIONAL NEEDS OF THE ORGANIZATION.	AS WELL AS STED IN USE TO PROVISIONS OF	d 2b; Part V, line 4	5	22,195,791.
Provinces Part THE PERE SUPE PART IYF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part L line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4c. (Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS MANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTIGATED. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR CORT THE OPERATIONAL NEEDS OF THE ORGANIZATION. TX, LINE 2: IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE ENDOWS SOLUTIONS OF THE INTERNAL REVENUE CODE (IRC), IN ADDITIONS OF THE INTERNAL REVENUE CODE (IRC), IN ADDITITIES FOR CHARITABLE CONTRIBUTIONS DEDUCTIONS AND HAS BEEN AND THE PARTY OF	AS WELL AS STED IN USE TO PROVISIONS OF TION, IYF	d 2b; Part V, line 4	5	52,744. 22,195,791. ne 2; Part XI,
Provinces Part THE PERE SUPE PART IYF	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part L line 1st XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b. Also complete this part to provide and 4b. Line 4: IYF ENDOWMENT IS A COMBINATION OF BOARD DESIGNATED FUNDS TANENTLY RESTRICTED DONOR CONTRIBUTIONS WHICH WILL BE INVESTIGATED. THE INCOME OF THE ENDOWMENT WILL BE RELEASED FOR CORT THE OPERATIONAL NEEDS OF THE ORGANIZATION. TX, LINE 2: IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE ENDOWS SOLUTION OF THE INTERNAL REVENUE CODE (IRC), IN ADDITIONS OF THE INTERNAL REVENUE CODE (IRC).	AS WELL AS STED IN USE TO PROVISIONS OF TION, IYF	d 2b; Part V, line 4	5	22,195,791.

Schedule D (Form 990) 2017 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 5
Part XIII Supplemental Information (continued)		
FEDERAL AND STATE CORPORATE INCOME TAXES. IYF HAD NO MATERIAL UNRELATED		
BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2017.		
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 2014.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
GAIN OR (LOSS) FOREIGN CURRENCY 30,782.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
CONSOLIDATED ENTITY ACTIVITIES -128,666.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON UNCOLLECTIBLE PROMISES TO GIVE 7,028.		

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

lacktriangle 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.

2017 Open to Public Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

United States.					
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND	3	28	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	2,670,863
RUSSIA AND NEIGHBORING STATES	1	7	PROGRAM SERVICES	YOUTH DEVELOPMENT PROGRAMS	274,937
NODGU AMEDICA		6	DECCEAN GEDVICES	YOUTH DEVELOPMENT	002 305
NORTH AMERICA	2	0	PROGRAM SERVICES	PROGRAMS	993,305
			Sans Sans Ar Sans	YOUTH DEVELOPMENT	
SUB-SAHARAN AFRICA	4	45	PROGRAM SERVICES	PROGRAMS	2,432,448
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	GRANTS		10,000
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS		229,720
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	GRANTS		40,000
			:3		
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTS		482,994
3 a Sub-total	10	86			7,134,267
b Total from continuation	_	0			2 226 500
sheets to Part I c Totals (add lines 3a	0	0			2,326,582
and 3b)	10	86			9,460,849

Schedule F (Form 990)	INTERNATIONA			38-2935397	Page 1
Part I Continuation (a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(Schedule F (Form 990), Part I, line 3) (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS		921,784.
RUSSIA AND NEIGHBORING STATES	0		GRANTS		372,335
SOUTH AMERICA	0	0	GRANTS		158,310
SOUTH ASIA	0	0	grants		44,468
SUB-SAHARAN AFRICA	0	0	grants	1	829,685
Totals	•				2,326,582

38-2935397

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	62,534.	WIRE TRANSFER	*0		
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	46,550.	550, WIRE TRANSFER	*0		
		EAST ASIA AND THE PACIFIC	YOUTH DEVELOPMENT PROGRAMS	120,636.	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	172,961.	WIRE TRANSFER	. 0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	.0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	5,128,	5,128, WIRE TRANSFER	* 0		
2 Enter total number of a by the IRS, or for which	recipient organizatior ch the grantee or cou	ns listed above that are r nsel has provided a sect	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	oreign country, r	ecognized as tax-exe	ımpt		50

Enter total number of other organizations or entities က

Schedule F (Form 990) 2017

(b) Name of organization and EIN (if applicable) (c) Region (d) Purpose of (e) Amount grant and EIN (if applicable) (c) Region (d) Purpose of (e) Amount grant of cash grant worth Africa and EIN (if applicable) (c) Region (d) Purpose of (e) Amount of cash grant of cash grant worth Africa and programs (e) Figure 128 (e) Amount of cash grant of cash grant of cash grant worth Africa and programs (e) Figure 128 (e) Amount of cash grant of cash grant of cash grant of cash grant worth Africa and programs (e) Figure 128 (e) Amount of cash grant and cash grant africa and cash grant and cash grant africa and cash grant and ca	degion	or Entitles Outside the Or (d) Purpose of		(f) Manner of (g) Amount of	(g) Amount of	=	(i) Mothod of
MIDDLE EAST AN NORTH AFRICA MIDDLE EAST AN NORTH AFRICA MIDDLE EAST AN NORTH AFRICA NORTH AFRICA NORTH AFRICA NORTH AFRICA MIDDLE EAST AN NORTH AFRICA		grant	+	cash disbursement	non-cash	of non-cash assistance	(I) Method of valuation (book, FMV, appraisal other)
MIDDLE EAST AN NORTH AFRICA		YOUTH DEVELOPMENT	5,128	WIRE TRANSFER	0		
MIDDLE EAST AN NORTH AFRICA MIDDLE EAST AN MIDDLE EAST AN NORTH AFRICA		YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	0		
MIDDLE EAST AI NORTH AFRICA		YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	*0		
		YOUTH DEVELOPMENT PROGRAMS	5,128.	WIRE TRANSFER	*0		
MIDDLE EAST AND NORTH AFRICA	11	YOUTH DEVELOPMENT PROGRAMS	5,128	WIRE TRANSFER	• 0		
MIDDLE EAST AND NORTH AFRICA		YOUTH DEVELOPMENT	203,940	940, WIRE TRANSFER	0		
NORTH AMERICA		YOUTH DEVELOPMENT PROGRAMS	3.000,000	WIRE TRANSFER	• 0	N	
NORTH AMERICA		YOUTH DEVELOPMENT PROGRAMS	167,346.	WIRE TRANSFER	*0		
NORTH AMERICA		YOUTH DEVELOPMENT PROGRAMS	114,263.	114,263, WIRE TRANSFER	,0		

Schedule F (Form 990)	INTERNA of Grants and Other	INTERNATIONAL YOUTH FOUNDATION	(Form 990) INTERNATIONAL YOUTH FOUNDATION Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States	Inited States	38-2935397	5397		Page 2
ae l	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	112,200.	112,200. WIRE TRANSFER	*0		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	54,453.	. WIRE TRANSFER	*0		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	133,522.	WIRE TRANSFER	*0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	171,801.	,801, WIRE TRANSFER	*0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	182,308.	WIRE TRANSFER	*0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	18,226.	226, WIRE TRANSFER	*0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	36,101.	WIRE TRANSFER	.0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	58,113.	WIRE TRANSFER	0,*		
		SOUTH ASIA	YOUTH DEVELOPMENT PROGRAMS	44,468.	44,468. WIRE TRANSFER	0		

Schedule F (Form 990)	INTERNA-	INTERNATIONAL YOUTH FOUNDATION	(Form 990) INTERNATIONAL YOUTH FOUNDATION		38-2935397	5397		Page 2
e e	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of 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	YOUTH DEVELOPMENT PROGRAMS	16,293.	WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	8,250.	WIRE TRANSFER	•0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	18,415.0	18,415.WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	23,926.	WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	6,744.	WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	24,986.	24,986. WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	15,032.	WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	10,384.	.384. WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	24,000.	24,000. WIRE TRANSFER	.0		

Schedule F (Form 990) Part II Continuation o	INTERNA	INTERNATIONAL YOUTH FOUNDATION ond Other Assistance to Organizations of	(Form 990) INTERNATIONAL YOUTH FOUNDATION Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.		38-2935397 (Schedule F (Form 990), Part II, line 1)	397 90), Part II, line 1		Page 2
l e	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of 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	YOUTH DEVELOPMENT PROGRAMS	16,522.	WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	16,305.	WIRE TRANSFER	.0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	23,794.	794, WIRE TRANSFER	*0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	13,767.	767. WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	5,100.	100. WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	11,246,	246, WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	17,952.	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	19,000	19,000, WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	9,043.	9,043. WIRE TRANSFER	*0		

Page 2		(i) Method of valuation (book, FMV, appraisal, other)								
		(h) Description of non-cash assistance								
5397	90), Part II, line 1)	(g) Amount of non-cash assistance	*0	•0	•0	•0	• 0	• 0	.0	
38-2935397	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	825. WIRE TRANSFER	WIRE TRANSFER	182, WIRE TRANSFER	40,107. WIRE TRANSFER	769, WIRE TRANSFER	
		(e) Amount of cash grant	15,375.W	283,294.	13,825,	37,405.W	53,182.	40,107.W	16,769.	
TION	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	YOUTH DEVELOPMENT PROGRAMS							
INTERNATIONAL YOUTH FOUNDATION	sistance to Organization	(c) Region	SUB-SAHARAN AFRICA							
INTERNATIC	Grants and Other A	(b) IRS code section and EIN (if applicable)								- 1 9 - 1 5 - 1
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization								

0

9,770. WIRE TRANSFER

YOUTH DEVELOPMENT

PROGRAMS

SUB-SAHARAN AFRICA 0

11,285. WIRE TRANSFER

YOUTH DEVELOPMENT PROGRAMS

SUB-SAHARAN AFRICA

Page 2		
30-2933331	es Outside the United States. (Schedule F (Form 990), Part II, line 1)	
Form 990) INTERNATIONAL TOUTH FOUNDATION	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	
schedule	Part II	

Page 2		(i) Method of valuation (book, FMV, appraisal, other)						
	*	(h) Description of non-cash assistance						
5397	90), Part II, line 1	(g) Amount of non-cash assistance	0.	0	. 0			
38-2935397	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	28,470. WIRE TRANSFER	10,000. WIRE TRANSFER	9,444, WIRE TRANSFER			
		(e) Amount of cash grant	28,470.	10,000.	9,444.			
TION	ions or Entities Outside the United States.	(d) Purpose of grant	YOUTH DEVELOPMENT PROGRAMS	YOUTH DEVELOPMENT PROGRAMS	YOUTH DEVELOPMENT PROGRAMS			
INTERNATIONAL YOUTH FOUNDATION	Continuation of Grants and Other Assistance to Organizations or	(c) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA			
	Grants and Other A	(b) IRS code section and EIN (if applicable)						
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization						

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	CENTRAL AMERICA AND THE CARIBBEAN	ቻ	10,000.	10,000. WIRE TRANSFER	*0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	EUROPE (INCLUDING ICELAND & GREENLAND)	2.0	40,000. WIRE	WIRE TRANSFER	.0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	MIDDLE EAST AND NORTH AFRICA	10	59,941.	WIRE TRANSFER	*0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	NORTH AMERICA	2.0	40,000.	40,000. WIRE TRANSFER	*0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	SOUTH AMERICA	32	64,096	WIRE TRANSFER	*0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	SUB-SAHARAN AFRICA	10	20,000.	WIRE TRANSFER	*0	6	
			7				
						Sched	Schedule F (Form 990) 2017

Schedu	ule F (Form 990) 2017 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 4
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) 2017

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.

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

Schedule F (Form 990) 2017 INTERNATIONAL YOUTH FOUNDATION 38-2935397	Page 5	
Part V Supplemental Information	- Salaharan	
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 INCOMED MALIEUT BODGET ID MODERNES, TIMEMOTER MELONIO MELONIO MELONIO		
FOR BOTH DONOR COMPLIANCE AND PROGRAM DELIVERY.		
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		
COPIES OF ALL MATERIALS DEVELOPED.		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

General Information on Grants and Assistance

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

OMB No. 1545-0047

▶ Attach to Form 990.

Employer identification number Inspection 38-2935397 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Go to www.irs.gov/Form990 for the latest information.

criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	tance?	foring the use of grant t	inds in the United				Yes	No
듦	Domestic Organi 55.000. Part II can	zations and Domestic	Governments. Conal space is need	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
RESOURCES FOR YOUTH, INC. 1 EAST FRATT STREET NO. 701 BALTIMORE, MD 21202	52-2085268	501(C)(3)	128,666.	*0			CONTRIBUTION	
								Ì
×								
								ĺ
2 Enter total number of section 501(c)(3) and government organizations li 3 Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	l suoi	isted in the line 1 table				4	[:.]
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)	17)

38-2935397 INTERNATIONAL YOUTH FOUNDATION Schedule I (Form 990) (2017)

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) (2017)

732102 11-01-17

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. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

INTERNATIONAL YOUTH FOUNDATION

Employer identification number

38-2935397

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		St. X	
	First-class or charter travel X Housing allowance or residence for personal use			1531
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees	1,71		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	$\lambda = 11$	i, in	
		100		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		, S.	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Х
	tradicade, and amosto, modeling the agest Exactly product, regarding the kerne another armine to.	HG. F	(III)	110
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			137
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	LIGH		30
	X Compensation committee Written employment contract	1/4.	.04.	
	Independent compensation consultant X Compensation survey or study		11 3	400
	Form 990 of other organizations X Approval by the board or compensation committee	200		
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	200	1500	
•	organization or a related organization:	15		
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III,	33.57	To End	75
		5.80	S IIV	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	16.19		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			E 17
	contingent on the revenues of:	5,11		
а	The organization?	5a		Х
b	Any related organization?	5b	ĺ	Х
	If "Yes" on line 5a or 5b, describe in Part III.	Tuts	Kinu	Unit of
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1 55-W	
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			2 J.
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	0//		n E
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	2.11	100	W 1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2017

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

38-2935397

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.

ī		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a)-(i)(a)	In column (b) reported as deferred on prior Form 990
(1) WILLIAM REESE	8	311,350	0	8,839.	28,350	20,428.	368,967.	0.
CHIEF EXECUTIVE OFFICER		0	0	0	0	.0	.0	.0
(2) SUSAN REICHLE	Ξ	156,294	0	812.	14,279.	4,184.	175,569.	.0
PRESIDENT AND CHIEF OPERATING OFFICE (II)	: (1)	0	0	0	0	0	.0	0
(3) MIKE PEJCIC	ε	190,179.	0	630.	17,999	34,095	242,903.	.0
CHIEF FINANCIAL OFFICER	1	0	0	0	0	0	0	0
(4) PETER SHIRAS	Ξ	219,794.	0	3,134.	20,057.	11,837.	254,822.	.0
EXECUTIVE VP, BUSINESS DEVELOPMENT	8	0	0	0	0	0	0	*0
WA	Ξ	169,742.	0	534,	15,593,	11,143.	197,012.	.0
REGIONAL DIRECT, EURASIA	1	0	0	0	0	0	0	.0
(6) PETULA NASH	€	135,815.	0	28,056.	.11,908.	2,522.	178,301.	*0
COUNTRY DIRECTOR, TANZANIA	=	0	0	0	0	0	.0	.0
(7) LAURA ROSEN	ε	133,313.	0	622.	12,390.	12,594.	158,919.	.0
DIRECTOR, CORPORATE PARTNERSHIPS	8	0	0	0	0	.0	.0	*0
(8) ASHOK REGMI	ε	136,051.	0	271.	12,392.	2,872.	151,586.	.0
DIRECTOR, SOCIAL INNOVATION	E	*0	0	0	0.	*0	.0	.0
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	(1)							
	(II)							
	(E)				74			
	€							
							Schedi	Schedule J (Form 990) 2017

SCHEDULE M (Form 990)

Noncash Contributions

004

2017

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 the latest information.

INTERNATIONAL YOUTH FOUNDATION

Employer identification number 38-2935397

Part I Types of Property (b) (c) (d) (a) Noncash contribution Check if Number of Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential ************************* Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (HILTON HONORS 97.587. ACTUAL COST 25 Other > 26 Other -27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 2
Part II	(Form 990) 2017 INTERNATIONAL YOUTH FOUNDATION Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a com this part for any additional information.	s, and whether the organiz bination of both. Also cor	ation

SCHEDULE O

(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.

2017
Open to Public Inspection

Name of the organization

INTERNATIONAL YOUTH FOUNDATION

Employer identification number 38-2935397

FORM 990 PART III LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS: TO REACHING UNDERSERVED YOUTH AROUND THE WORLD, THROUGH SREP LAUNCHED IN 2017. WE ARE WORKING WITH LOCAL NGOS TO DEVELOP BEST PRACTICES FOR AIDING YOUNG REFUGEES AGES 18 TO 29 IN ISTANBUL TO GAIN EMPLOYMENT. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CONTINUE TO BENEFIT FROM THESE ADVANCEMENTS OVER TIME. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE HILTON PARTNERSHIP OFFERS LIFE SKILLS TRAINING TO YOUNG TEAM MEMBERS IN HILTON PROPERTIES ACROSS 15 COUNTRIES ON FOUR CONTINENTS. (RE)CONNECTING YOUTH: EXCHANGING GLOBAL LESSONS SHARES INNOVATIVE GLOBAL APPROACHES FOR INCREASING YOUTH CONNECTION AND RESILIENCE WITH PRACTITIONERS POLICYMAKERS AND FUNDERS IN THE UNITED STATES. GLOBALLY, IYF'S BOARD OF DIRECTORS AUTHORIZED INVESTMENTS IN A VARIETY OF INITIATIVES TO EXPAND OUR IMPACT: AS WELL AS TO ENHANCE OUR CAPACITY IN THE AREA OF NEW PROGRAM DESIGN AND PARTNERSHIP DEVELOPMENT. INCLUDED IN THESE SPECIAL INITIATIVES WAS THE COMPLETION OF STUDIES TO IDENTIFY THE MARKET POTENTIAL FOR IYF PRODUCTS AND SERVICES, INCLUDING A WORK-READINESS ASSESSMENT. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 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

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
SUSTAINABLE YOUTH DEVELOPMENT PROJECTS THAT MEASURABLY CHANGE THE LIVES	
OF UNDERSERVED YOUTH. BUILDING ON THE YOUTH: WORK MEXICO MODEL, ORALE IS	
ADDRESSING THE SPECIFIC NEEDS OF 16 TO 28-YEAR-OLDS WHO ARE NOT IN	
EMPLOYMENT, EDUCATION, OR TRAINING (NEET) IN THE CITIES OF TIJUANA,	
LEON, AND GUADALAJARA, MEXICO. RUTAS WAS AN INITIATIVE IN NUEVO LEON	
AND CHIHUAHUA THAT HELPED REFORM THE TECHNICAL UPPER SECONDARY	
EDUCATION SYSTEM TO BE MORE IN LINE WITH THE NEEDS OF EMPLOYERS IN KEY	
GROWTH SECTORS, SUCH AS THE AEROSPACE INDUSTRY. THROUGH CLAVE PARA EL	
FUTURO (KEY TO THE FUTURE) WE'RE WORKING TO REACH 30,000 SECONDARY	
SCHOOL STUDENTS ON CONALEP ESTADO DE MEXICO CAMPUSES WITH	
MARKET-ALIGNED TECHNICAL TRACKS OF STUDY AND LIFE SKILLS TRAINING. THE	
WALMART SOCIAL RETAIL TRAINING PROGRAM TRAINED MORE THAN 250 STAFF AT	
OVER 70 YOUTH-SERVING NGOS IN ARGENTINA AND CHILE TO REACH AT LEAST	
18,000 YOUTH.	
IN THE UNITED STATES, LEAPS CREATES PARTNERSHIPS WITH LOCAL	
ORGANIZATIONS IN WEST TEXAS, SOUTH TEXAS, AND NORTHWEST LOUISIANA TO	
EQUIP THE AREAS' 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.	
EXPENSES \$ 2,047,943. INCLUDING GRANTS OF \$ 429,910. REVENUE \$ 662,668.	
ZIMBABWE: WORKS	
WITH A SPECIAL FOCUS ON REACHING YOUNG WOMEN, ZIMBABWE: WORKS (Z:W)	
PREPARED THE COUNTRY'S MARGINALIZED YOUNG PEOPLE TO ENTER THE	
WORKFORCE, THIS INITIATIVE BROUGHT IYF INTO PARTNERSHIP WITH LOCAL NGOS	
AND COMPANIES TO PROVIDE CRITICAL JOB READINESS TRAINING, AS WELL AS	
SUCCESS IN SELF-EMPLOYMENT THROUGH BUSINESS COURSEWORK AND ACCESS TO	

international youth foundation	38-2935397
MICROFINANCE LOANS AND SAVINGS AND LOAN PROGRAMS, WE ALSO EMPOWERED	
YOUNG ZIMBABWEANS WITH LIFE SKILLS AND PROMOTED CIVIC ENGAGEMENT. Z:W	
TRAINED NEARLY 29,000 YOUNG PEOPLE AGES 20 TO 35, 61 PERCENT OF WHOM	
WERE WOMEN. AS Z:W WORKED WITH 745 PRIVATE SECTOR PARTNERS, YOUNG	
PEOPLE WERE ALSO AFFORDED INTERNSHIP AND EMPLOYMENT OPPORTUNITIES. OF	
THE YOUTH WHO TRAINED IN LIFE SKILLS AND COMPLETED Z:W-ORGANIZED	
INTERNSHIPS, 80 PERCENT WERE PLACED IN FULL-TIME EMPLOYMENT. THROUGHOUT	
THE INITIATIVE, WHICH WAS PART OF THE GLOBAL YOUTH: WORK FRAMEWORK, OUR	
CAPACITY BUILDING GUIDED OUR LOCAL PARTNERS TO DEVELOP THE BUSINESS	
ACUMEN TO SUCCEED AND OPERATE SUSTAINABLY.	
EXPENSES \$ 1,676,602. INCLUDING GRANTS OF \$ 396,448. REVENUE \$ 0.	
,	
NEW EMPLOYMENT OPPORTUNITIES FOR YOUTH (NEO) IN LATIN AMERICA:	
THIS MULTI-STAKEHOLDER INITIATIVE AIMS TO CLOSE THE GAP BETWEEN YOUTH	
SKILLS AND EMPLOYER DEMAND FOR A QUALIFIED WORKFORCE IN LATIN AMERICA	
AND THE CARIBBEAN. LAUNCHED IN 2012 AT THE SUMMIT OF THE AMERICAS, NEO	
IS PROVIDING HIGH-IMPACT, MARKET-RELEVANT TRAINING AND SERVICES TO	
DISADVANTAGED YOUTH AGES 15 TO 29 AND MOBILIZING THE SUPPORT OF AT	
LEAST 1,500 EMPLOYERS IN 12 COUNTRIES. BRINGING TOGETHER STAKEHOLDERS	
FROM THE PUBLIC, PRIVATE, AND CIVIL SECTORS, NEO SUPPORTS THE FORMATION	
AND GROWTH OF ALLIANCES IN 10 COUNTRIES WITH FINANCIAL RESOURCES,	
TECHNICAL SUPPORT, AND CAPACITY STRENGTHENING SERVICES.	-
EXPENSES \$ 1,662,538. INCLUDING GRANTS OF \$ 546,088. REVENUE \$ 0.	
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	

Name of the organization INTERNATIONAL YOUTH FOUNDATION	Employer identification number 38-2935397
LEADERS ACROSS 90 COUNTRIES, TO IDENTIFY AND SUPPORT THE EFFORTS OF	
ACCOMPLISHED YOUNG CHANGE-MAKERS, YOUTHACTIONNET OPERATES GLOBAL AND	
LOCAL FELLOWSHIP PROGRAMS. AT THE GLOBAL LEVEL, 20 YOUNG FOUNDERS/CEOS	
ARE SELECTED ANNUALLY AS LAUREATE GLOBAL FELLOWS. EACH FELLOW BENEFITS	
FROM ADVANCED LEADERSHIP TRAINING, COACHING/MENTORING, ADVOCACY,	
FUNDING, AND NETWORKING OPPORTUNITIES. AT THE LOCAL LEVEL,	
YOUTHACTIONNET MAINTAINS A NETWORK OF NATIONAL AND REGIONAL YOUTH	
LEADERSHIP INSTITUTES THAT PROVIDE SIMILAR SUPPORTS AND SERVICES TO	
EMERGING LEADERS, WHILE DEVELOPING THE YOUTH LEADERSHIP SECTOR IN THEIR	
RESPECTIVE COUNTRIES. BADIR IS A PART OF THE YOUTHACTIONNET GLOBAL	
NETWORK AND DESIGNED TO EQUIP YOUTH IN JORDAN WITH THE KNOWLEDGE AND	
SKILLS THEY NEED TO STRENGTHEN AND SCALE UP THEIR SOCIAL CHANGE	
VENTURES.	
EXPENSES \$ 1,297,397. INCLUDING GRANTS OF \$ 234,037. REVENUE \$ 5,958.	
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 HAS TWO KEY STRATEGIES: CREATING AN	
ENVIRONMENT SUPPORTIVE OF YOUTH LEARNING AND PROFESSIONAL	
SKILL-BUILDING AND 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. IN CHINA, BRILLIANT FUTURES HELPS YOUTH	
AGES 14 TO 18 IN VOCATIONAL SCHOOLS IN BEIJING AND NANJING LEARN AND	
PRACTICE MARKETABLE SKILLS.	
EXPENSES \$ 1,246,985. INCLUDING GRANTS OF \$ 539,521. REVENUE \$ 25,165.	

Name of the organization Employer identification number INTERNATIONAL YOUTH FOUNDATION 38-2935397 INITIATIVES IN SUB-SAHARAN AFRICA: SINCE IYF'S FOUNDING IN 1990, WE'VE HELPED MORE THAN TWO MILLION SUB-SAHARAN AFRICAN YOUTH TURN THEIR TALENT AND ENTHUSIASM INTO JOBS AND CAREERS IN GROWTH SECTORS SUCH AS SERVICE INDUSTRIES, AGRICULTURE, AND CONSTRUCTION. IN THE SPORT FOR KENYAN YOUTH EMPLOYMENT (SKYE) INITIATIVE, SOCCER WAS A KEY PART OF A DYNAMIC TRAINING MODEL ENABLING YOUTH PARTICIPANTS AGES 18 TO 25 FROM NAIROBI'S EASTLANDS AREA TO SECURE QUALITY JOBS IN THE CONSTRUCTION SECTOR. THE MOZAL-FUNDED INITIATIVES EQUIP MOZAMBICAN YOUTH AND WOMEN WITH THE KNOWLEDGE AND SKILLS TO ACCESS AND SUCCEED IN SELF- OR SALARIED EMPLOYMENT OR TO PURSUE ADDITIONAL EDUCATION. ESCOLHAS AND DZIMA WORK WITH IN-SCHOOL AND OUT-OF-SCHOOL YOUTH, RESPECTIVELY, PROVIDING LIFE SKILLS AND EMPLOYABILITY TRAINING AND CAREER GUIDANCE, BHINDZULA WORKED WITH WOMEN ENTREPRENEURS TO EXPAND THEIR ECONOMIC OPPORTUNITIES AND GROW THEIR EXISTING ENTERPRISES. EXPENSES \$ 982,946. INCLUDING GRANTS OF \$ 63,296. REVENUE \$ 13,484. FORM 990, PART V, LINE 3B: IYF IS AWAITING ADDITIONAL INFORMATION IN ORDER TO TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF NOVEMBER 15, 2018. FORM 990 PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: JORDAN, TANZANIA, KYRGYZSTAN, ZIMBABWE, TUNISIA, MOROCCO, MEXICO, KAZAKHSTAN, OTHER COUNTRY, MOZAMBIQUE FORM 990, PART VI, SECTION B, LINE 11B:

THAT OF ALL STAFF COMPENSATION. IYF ESTABLISHES AND MAINTAINS SALARY LEVELS

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANT FEES:

Name of the organization INTERNATIONAL YOUTH FOUNDATION		Employer identification number 38-2935397
PROGRAM SERVICE EXPENSES	3,832,881.	
MANAGEMENT AND GENERAL EXPENSES	67,650.	
FUNDRAISING EXPENSES	12,159.	
TOTAL EXPENSES	3,912,690.	
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	94,766.	
MANAGEMENT AND GENERAL EXPENSES	4,300.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	99,066.	
RECRUITMENT FEES:		
PROGRAM SERVICE EXPENSES	1,417.	
MANAGEMENT AND GENERAL EXPENSES	3,097.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,514.	
TEMPORARY STAFF:		
PROGRAM SERVICE EXPENSES	847.	
MANAGEMENT AND GENERAL EXPENSES	28,832.	
FUNDRAISING EXPENSES	0 .	
TOTAL EXPENSES	29,679.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,045,949.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FOREIGN CURRENCY GAIN (LOSS)	30,782.	

SCHEDULE R (Form 990)

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

► Attach to Form 990.

Open to Public Inspection 2017

OMB No. 1545-0047

Name of the organization Department of the Treasury Internal Revenue Service

INTERNATIONAL YOUTH FOUNDATION

Part

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

Employer identification number 38-2935397

(g) Section 512(b)(13) No controlled entity? INTERNATIONAL YOUTH Direct controlling Yes × 300,097, FOUNDATION, INC. entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. YOUTH FOUNDATION Direct controlling INTERNATIONAL entity End-of-year assets status (if section Public charity Н 501(c)(3)) LINE 12A 824,341. Total income Exempt Code section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) MOROCCO MARYLAND YOUTH DEVELOPMENT PROGRAMS SUPPORTING ORGANIZATION Primary activity Primary activity S.A.R.L.A.U. - 98-1271105, 9, RUE RIYAD Name, address, and EIN (if applicable) - 52-2085268 INTERNATIONAL YOUTH FOUNDATION INC Name, address, and EIN of related organization APPT. 8 HASSAN, RABAT, MOROCCO of disregarded entity RESOURCES FOR YOUTH INC 32 SOUTH ST, STE 500 BALTIMORE, MD 21202 PartII

Schedule R (Form 990) 2017

INTERNATIONAL YOUTH FOUNDATION Schedule R (Form 990) 2017

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. Part III

Page 2

(j) (k) General or Percentage managing ownership partner?		
(j) General or managing partner? Yes No		
Code V-UBI Gamount in box man 20 of Schedule EX-1065)		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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

organizations in career as a corporation of a cast corning and task year.	mig the tax year.						110		
(a)	(q)	(0)	(p)	(e)	(J)	(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity S entity (C corp. S corp.)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	p g	512(b)(13) controlled entity?	1
		country)		or trust)		assers		Yes No	اہ ا
									1
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									1
									1

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S
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?	is with one or more re	ated organizations listed	in Parts II:IV?		_	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		×
b Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e		×
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
i Exchange of assets with related organization(s)				ij.		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
						m
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınization(s)			ᄩ		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1h		×
o Sharing of paid employees with related organization(s)	50000000000000000000000000000000000000			10		×
					W	
p Reimbursement paid to related organization(s) for expenses		***************************************		1p		×
q Reimbursement paid by related organization(s) for expenses				10		×
					N	J.
r Other transfer of cash or property to related organization(s)				+		×
				-st		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) RESOURCE FOR YOUTH, INC.	д	128,666.	COST			
(2)						
(3)						
(4)						
(5)						
(9)						
722783 Na-11-17			Schedule B (Form 990) 201	B (Form	000	2

38-2935397

Schedule R (Form 990) 2017

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.

(k) ercentage wnership					Schedule R (Form 990) 2017
Parl or Pe					orm 9
(j) General or managing partner?					R (F
(h) (i) (j) (k)					Schedule
(h) Disproportionale allocations?					
Share of the state of a sesets					
(f) Share of total income					
Are all Are all Sur(c)(3) ords:?					
Predominant income related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2017	INTERNATIONAL	YOUTH	FOUNDATION	38-2935397	Page 5
Part VII	(Form 990) 2017 Supplemental Infor	mation.				NAME OF TAXABLE PARTY.
			to questi	ons on Schedule R. See instructions.		
-						

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709 File a separate application for each return.

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

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/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print INTERNATIONAL YOUTH FOUNDATION 38-2935397 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1 EAST PRATT STREET, NO. 701 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21202 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MIKE PEJCIC The books are in the care of > 1 EAST PRATT STREET, NO. 701 - BALTIMORE, MD 21202 Telephone No. ▶ 410-951-1500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and EINs of all members the extension is for. . If it is for part of the group, check this box I request an automatic 6-month extension of time until NOVEMBER 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

	X calendar year 2017 or			
	tax year beginning, , and ending			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return	al retur	'n	
	Change in accounting period			
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0 .
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			
	by using EFTPS (Electronic Federal Tax Payment System), See instructions.	3с	\$	0 🖈

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2017)