Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

, 2016, and ending

CAMP	No	1545	1878

2500

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

ZU IC

Name of exempt organization

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

INT	ERNATIONAL	YOUTH	FOUNDATION
-	1.111		

38-2935397

Name and title of officer

WILLIAM S. REESE

PRESIDENT/CEO

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

For calendar year 2018, or fiscal year beginning

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.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15,142,621.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b ,	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II 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 2016 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 I authorize	RSM US	LLP.	·		 	 to enter my PIN

ERO firm name

enter my PIN 21202 Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 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.

brack large As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electroni	cally 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 p	part of the IRS Fed/State
program, I will enter my PIN on the return's disclosure consent screen.	11

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.

27021920814 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Officer's signature

Date > 7/18/14

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

623051 09-20-16

** PUBLIC DISCLOSURE COPY ** **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.

and ending

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

Open to Public Inspection

OMB No. 1545-0047

A For the 2016 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change INTERNATIONAL YOUTH FOUNDATION 38-2935397 Name change Doing business as E Telephone number Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ 1 EAST PRATT STREET 19, 294, 475. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code termin-ated H(a) Is this a group return Amended return BALTIMORE MD 21202 Yes X No for subordinates? Applica-F Name and address of principal officer: WILLIAM S. REESE H(b) Are all subordinates included? Yes SAME AS C ABOVE If "No," attach a list. (see instructions) 527 4947(a)(1) or 501(c) () ◀ (insert no.) I Tax-exempt status: x 501(c)(3) H(c) Group exemption number J Website: WWW.IYFNET.ORG L Year of formation: 1990 | M State of legal domicile: IL Other > K Form of organization: 🗶 Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: A GLOBAL NGO PREPARING YOUNG Activities & Governance PEOPLE TO BE HEALTHY PRODUCTIVE AND ENGAGED CITIZENS. Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing back (Party), Total number of individuals employed in calendar year 2016 Party India 1 77 5 12 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -2<u>.795</u>. 7b b Net unrelated business taxable income from Form 990 T, line 34 ... Current Year **Prior Year** 20,921,121 13 213 384. Contributions and grants (Part VIII, line 1h) Revenue 1,609,242. 1,801,119 Program service revenue (Part VIII, line 2g) 299,368. 998,400 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 20.627. 5 197 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,142,621. Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 23 725 837 5,650,763. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4.426,711 0. Benefits paid to or for members (Part IX, column (A), line 4) 10.756.531. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10 024 076 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 7,119,774. 4 892 541 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23 527 068. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 343 328 -8.384.447. 4 382 509 Revenue less expenses. Subtract line 18 from line 12 _____ Beginning of Current Year End of Year Assets or Balances 29,103,066. 36,808,851 20 Total assets (Part X, line 16) 2,607,377. 1 937 439 21 Total liabilities (Part X, line 26) 26 495 689 Net assets or fund balances. Subtract line 21 from line 20 34 871 412 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. **PUBLIC INSPECTION** Date COPY - RETAIN FOR Signature of officer Sign YOUR RECORDS WILLIAM S, REESE, PRESIDENT/CEO Here Type or print name and title PTIN Date Check Preparer's signature Print/Type preparer's name JUL 19 P00369217 Paid VILLIAM E. TURCO, CPA Firm's EIN 42-0714325 Preparer Firm's name NSM US LLP Firm's address > 9737 WASHINGTONIAN BLVD., #400 Use Only Phone no. (301) 296-3600 GAITHERSBURG MD 20878-7340 May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2016)

	990 (2016) INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 2
orm Par	till Statement of Program Service Accomplishments	•	
ui	Check if Schedule O contains a response or note to any line in this Part III		<u>x</u>
1	Briefly describe the organization's mission:		
'	IYF IS A GLOBAL NGO THAT PREPARES YOUNG PEOPLE TO BE HEALTHY		
	PRODUCTIVE AND ENGAGED CITIZENS		
	ZNODOVI I I I I I I I I I I I I I I I I I I		
2	Did the organization undertake any significant program services during the year which were not listed on the	1	Yes X No
	prior Form 990 or 990-EZ?		Tes110
	If "Yes," describe these new services on Schedule O.		Ves X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
	If the analysis there shanges on Schedule ()		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	ers the total ex	menses, and
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	0,0, 0,10 1010. 07	
	revenue, if any, for each program service reported.	nue \$	918,703.)
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$4_595_060, including grants of \$616_716.) (Rever	ide	,
	INITIATIVES IN THE MIDDLE EAST AND NORTH AFRICA:		
	INTERNATIONAL YOUTH FOUNDATION (IYF) WORKS WITH YOUTH IN FIVE COUNTRIES		
	IN NORTH AFRICA AND THE MIDDLE EAST TO STRENGTHEN EMPLOYABILITY, CAREER		
	GUIDANCE, AND SOCIAL ENTREPRENEURSHIP, FOUM EL OUED AND I:GROW WORK TO		
	REINFORCE THE TECHNICAL AND ORGANIZATIONAL STRENGTH OF THE AGRICULTURAL		
	INDUSTRY IN MOROCCO, I:PROGRESS WORKS WITH SCHOOLS USING A MODEL		
	DEVELOPED UNDER THE PARS INITIATIVE TO INCREASE STUDENT RETENTION AND		
	ENGAGEMENT, IDMAJ WAS A THREE-YEAR INITIATIVE TO EXPAND OPPORTUNITIES		
	FOR ALGERIAN YOUTH IN EMPLOYMENT, ENTREPRENEURSHIP, AND CIVIC		
	ENGAGEMENT, YOUTH ENTREPRENEURSHIP DEVELOPMENT (YED) IN PALESTINE OFFERED THREE INTEGRATED COMPONENTS TO ENHANCE OPPORTUNITIES FOR YOUTH		
	TO WORK THE TOTAL TO WORK THE TOTAL THE TOTAL TO		
41.	AGES 14 TO 29: CAPACITY BUILDING TO YOUTH-SERVING INSTITUTIONAL, SOLUTION (Code:) (Expenses \$3,180,430, including grants of \$1,879,667.	enue \$)
4b	CONTRACTOR DIME. MODING.		
	ZIMBABWE: WORKS: WITH A SPECIAL FOCUS ON REACHING YOUNG WOMEN, ZIMBABWE: WORKS IS		
	PREPARING THE COUNTRY'S MARCINALIZED YOUNG PEOPLE TO ENTER THE		
	WORKFORCE THIS INITIATIVE HAS ALLOWED US TO DEVELOP PARTNERSHIPS WITH		
	LOCAL NGOS AND COMPANIES TO PROVIDE CRITICAL JOB READINESS TRAINING, AS		
	WELL AS SUCCESS IN SELF-EMPLOYMENT THROUGH BUSINESS COURSEWORK AND		
	ACCESS TO MICROFINANCE LOANS AND SAVINGS AND LOAN PROGRAMS, IYF IS ALSO		
	EMPOWERING YOUNG ZIMBABWEANS WITH LIFE SKILLS SUCH AS INCREASED		
	SELF-ESTEEM CRITICAL THINKING, PROBLEM SOLVING AND CONFLICT		
	PEGGY WITCH AG NELL AG PROMOTING CIVIC ENGAGEMENT, THROUGHOUT THE		
	INITIATIVE, WHICH IS A PART OF THE GLOBAL YOUTH: WORK FRAMEWORK, IYF'S		
	TO THE TOTAL PROPERTY OF THE P		
4c		enue \$	401,0001
	TNITTATIVES IN LATIN AMERICA AND THE CARIBBEAN:		
	IYF HAS WORKED WITH MORE THAN 70 IMPLEMENTING PARTNERS IN LATIN AMERICA		
	AND THE CARIBBEAN TO HELP LOCAL ORGANIZATIONS HARNESS A PASSION FOR		
	SUSTAINABLE YOUTH DEVELOPMENT PROJECTS THAT MEASURABLY CHANGE THE LIVES		
	OF UNDERSERVED YOUTH, 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 IS AN INITIATIVE IN NUEVO LEON AND		
	CHIHUAHUA THAT IS HELPING REFORM THE TECHNICAL UPPER SECONDARY EDUCATION SYSTEM TO BE MORE IN LINE WITH THE NEEDS OF EMPLOYERS IN KEY		
	EDUCATION SYSTEM TO BE MORE IN LINE WITH THE NEEDS OF EMPLOYERS IN REY GROWTH SECTORS, SUCH AS THE AEROSPACE INDUSTRY, THROUGH CLAVE PARA EL		
	GROWTH SECTORS, SUCH AS THE AEROSPACE INDUSTRI, INCOME CHAVE INCOME		
	FUTURO (SKILLS FOR SUCCESS) IYF IS WORKING TO REACH 30,000 SECONDARY		
40	Other program services (Describe in Schedule O.) (Expenses \$ 8,751,268, including grants of \$ 1,805,153.) (Revenue \$	202,9	39.)
_	(Expenses \$ 8,751,268, including grants of \$ 1,005,135,7 (invested) Total program service expenses \$ 19,094,973.		
46	Foral program service expenses P		Form 990 (2016

Form 990 (2016)

INTERNATIONAL YOUTH FOUNDATION Form 990 (2016) Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 X 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 X 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 X_ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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_ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11<u>d</u> Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ______ 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II

832003 11-11-16

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

Page 4

Part	IV Checklist of Required Schedules (continued)		Yes	No
		20a	163	X
.0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
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_
	Part IX, column (A), line 27 if Tes, complete Schedule 1, Fatter and Schedule 2, Fatter and Schedule 1, Fatter and Schedule 2, Fatter and			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Out - July M. Milhiall, go to line 25g	24a		_ X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	to another thanks	24c]	_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
a 05-	2 Now Fortieval, Fortieval, and Fortiel/29) organizations. Did the organization engage in an excess benefit		Ì	
	the marking with a discussified person during the year? If "Yes," complete Schedule L, Falt I	25a	-	<u> </u>
b	to the exemination aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ļ	
IJ	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Ont adds 1 Port 1	25b	├	<u> </u>
26	Did the example tion report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or]
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			١
	acomplete Schadule Port	26	 -	<u> </u>
27	Did the examination provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or lamily member	07		x
	of any of those persons? If "Yes " complete Schedule L, Part III	27	+-	┪^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			Х
b	A current or former officer, director, flusted, or key employee? If "Yes," complete Schedule L, Part IV			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer,	280	:	Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive more than passes of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		-	
32	Did the organization sell, exchange, dispose of, or transfer more than 20% of the Schedule N, Part II	32	<u></u>	Х
	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
34	Out V line 1	. 34	X	
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35	<u>a x</u>	_
ათმ ა	Way to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
ı,	within the magning of cogtion 512(b)(13)2 If "Yes," complete Schedule R, Part V, line 2	. 35	b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization:			
JŲ	If N/4 = #lote Cohodule P. Part V. line 2	. 36	-	X
37	Did the exception conduct more than 5% of its activities through an entity that is not a related organization	ŀ	,	,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Scredule H, Part V	. 3		_ <u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 191		3 X	
	Note. All Form 990 filers are required to complete Schedule O			90 (2016

INTERNATIONAL YOUTH FOUNDATION

The Other IPS Filings and Tax Compliance

ar	Statements Regarding Other IRS Filings and Tax Compilative			х
	Check if Schedule O contains a response or note to any line in this Part V	T	Yes	No_
	1a 27			
la	Enter the number reported in Box 3 of Form 1096. Enter 10 if not applicable		ļ	
b	Establish number of Lorme West inclined in line 18. Chief O il 100 applicable	i		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	х	
	(gambling) winnings to prize winners?		-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 77			
	find for the assender year engine with he willing the year covered by the recommendation with the contract of	2b	х	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		e a	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
За	Did the organization have unrelated business gross income of \$1,000 of finite during the year. 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	
b	If "Yes," has it filed a Form 990-1 for this year? If "No, to line ob, provide air explanation in order authority over, a			
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	<u> </u>
	financial account in a foreign country (such as a pank account, securities account, or system account, or sy			
b	If "Yes," enter the name of the foreign country: ► <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	See instructions for filing requirements for FIRCEN FORM 114, Report of Foliago Barilla and Filing Requirements for FIRCEN FORM 114, Report of Foliago Barilla and Filing Requirements for FIRCEN FORM 114, Report of Foliago Barilla and Filing Report of Foliago Barilla and Filiago	5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax shelter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	Did any taxable party notify the organization that it was one a party to a prohibited tax cristor. If "Ves " to line 5a or 5b, did the organization file Form 8886-T?	5c		
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
6a	any contributions that were not tax deductible as charitable contributions?	6a		Х
	any contributions that were not tax deductible as chartable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
b		6b	<u> </u>	
	were not tax deductible?		,	4
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
а	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	old the organization notify the dollor of the value of this goods of dathers property for which it was required	1		
C	to file Form 8282?	7c		Х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	Х_
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	the severited received a contribution of qualified intellectual property, did the organization file Form 6099 as required:	7g	<u> </u>	
9	the section of care hoats airplanes or other vehicles, did the organization life a Forth 1990-01	7h_	<u> </u>	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
8	sponsoring organizations maintaining donor advised randor and sponsoring organization have excess business holdings at any time during the year?	8	_	
_	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
a	and a device of the composition makes a distribution to a denor, denor advisor, or related person?	9b	_	4
b	Section 501(c)(7) organizations. Enter:		1	
10	10a	_		
a	100 100	4		
1: 44	Section 501(c)(12) organizations. Enter:			
11	O the same from members or shoreholders	4		
6	Control of the required (Do not not amounts due or naid to other sources against		ľ	
ł	amounts due or received from them)	_	-	1
10.		12a	1	
128	the state of the system tintorest received or accrued during the Veal 120	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	-	
13	to the property of the property of the plant	13a	a	
•	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the			
ı	organization is licensed to issue qualified health plans	_	1	
	c Enter the amount of reserves on hand	 -	-	
14	a. Did the organization receive any payments for indoor tanning services during the tax year?			<u> </u>
144	h If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141		O (204

Form **990** (2016)

INTERNATIONAL YOUTH FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Form_990 (2016) to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Νo 1a Enter the number of voting members of the governing body at the end of the tax year _______ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? _____ 8a Each committee with authority to act on behalf of the governing body? d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA, IL, MD, NY, VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) x Upon request ____ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial x Own website statements available to the public during the tax year. 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

15190718 703287 7668413

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.

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

Check this box if neither the organization ne	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck i		than :	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is boti r/trus	h an	compensation from	compensation from related	amount of other
	week (list any	 					<u></u>	the	organizations	compensation
	hours for	trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	ste	rustee		a.	eusa		(W-2/1099-MISC)		organization
	organizations	를	onalt		ploye	t com				and related organizations
	below line)	Individual t	nstitutional trustee	Officer	Key employee	High est compensated employee	Former			organizations
(1) DOUGLAS BECKER	0.20						_			
CHAIRMAN		х		х		ļ		0.	0.	0
(2) ABDULAZIZ F. AL-KHAYYAL	0,20									
DIRECTOR		X						0.	0.	0
(3) KHALIDA BROHI	0.20									
DIRECTOR		X	-					0.	0.	0
(4) OLIVIER FLEUROT	0.20							_		
DIRECTOR		Х			ļ	-		0.	0.	0
(5) EMMANUEL JIMENEZ	0.20	·								0
DIRECTOR	0.00	X			\vdash	\vdash		0.	0.	
(6) EVELYN BERG IOSCHPE	0.20	x				1		0.	0.	_0
DIRECTOR (7) PICK LIMBY R	0.20	^							V.	
(7) RICK LITTLE DIRECTOR	0.20	x	1					0.	0.	0
(8) JOSEPH MATALON	0.20	 ^^	ļ							
DIRECTOR		x						.0.	0.	0
(9) PEGGY MATIVO	0.20									
DIRECTOR		x						0.	0.	0
(10) CHRIS NASSETTA	0.20									
DIRECTOR		X						0.	0.	0
(11) PETER WOICKE	0,20									
DIRECTOR		X	_			<u> </u>		0.	0.	0
(12) CONNIE WONG	0.20									_
DIRECTOR		X	L			-		0.	0.	0
(13) WILLIAM REESE	39,90									15 005
PRESIDENT/CEO	0.10	X	-	Х		┢		320,379.	0.	45,035
(14) MIKE PEJCIC	39,90	1						46.124		0 654
CHIEF FINANCIAL OFFICER FROM 11/2016	i	<u> </u>	\vdash	Х				46,134.	0.	8,654
(15) SAMANTHA BARBEE	39.90	7		l.				102 204	0.	24,671
CFO UNTIL 10/2016	0.10			Х		 	-	183,284.	<u> </u>	24,071
(16) PETER SHIRAS	40.00	1				l v		222 102	0.	29,378
EXECUTIVE VP, BUSINESS DEVELOPMENT	40,00			\vdash	 	X	 	223,193.	0.	22,310
(17) SUSAN PEZZULLO DIRECTOR LATIN AMERICA & CARIBBEAN	40.00	1				x		159,220.	0.	39_920
DIRECTOR DATIN AMERICA & CARIBBEAN	I	٠	<u> </u>	<u>. </u>		127		; ±37,420,	· · · · · · · · · · · · · · · · · · ·	Form 990 (201)

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Form 990 (2016)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Emp	loy	ees,	anc	Hig	ghes	t Co	ompensated Employee	es (continuea)		(F)	
(A) Name and title	(B) Average hours per week (list any	(do box, offic	Position io not check more than one ox, unless person is both an efficer and a director/trustee)				one n an	(D) Reportable compensation from the	Reportable compensation from related organizations	Estin amo of compe	mated unt of ther ensatio	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	n the nizatio related nization	t
(18) RITU SHARMA	40.00										^2 ^	
DIRECTOR, GLOBAL CENTER			<u> </u>	<u> </u>	_	X		142,432.	0,	 	23,2	07.
(19) LAURA ROSEN	40.00	-						133,441.	0.		22,1	.53.
DIRECTOR, CORPORATE PARTNERSHIPS		├—	┼	-	\vdash	X		133,441.		'		
(20) ASHOK REGMI	40.00	1	1			x	ļ	129,634.	0		23,9	92.
DIRECTOR, SOCIAL INNOVATION								225,002				
												
												
		L										
		-										
1b Sub-total		,				·		1,337,717			217,	0.70.
c. Total from continuation sheets to Par	t VII, Section A					•••••		0	•		217.	
d Total (add lines 1b and 1c)								1,337,717	•			
2 Total number of individuals (including bi	ut not ilmited to	mos	e 115	t u u (auu	v <i>e)</i> v	1110					<u> 16</u>
compensation from the organization											Yes	No
3 Did the organization list any former offiline 1a? If "Yes," complete Schedule J f	or such individua	al 💮								3		X
4 For any individual listed on line 1a, is th	e sum of reporta \$150 000? <i>If</i> "Ye	ble s." c	com comi	pen: plete	satio Sci	on ar hedu	nd o ile J	ther compensation from for such individual	n the organization	4	Х	
E Did any person listed on line 1a receive	or accrue comp	ens	atior	ı fro	m ai	ny ur	arela	ited organization or indi	vidual for services	. 5	91. g	v
rendered to the organization? If "Yes,"	complete Sched	ule .	J for	SUC	h pe	erson		******************************	<u> </u>			
Section B. Independent Contractors 1 Complete this table for your five highes				dont	anr	atrac	tore	that received more tha	n \$100,000 of compe	nsation	from	
 Complete this table for your five highes the organization. Report compensation 	t compensated t	ves	r en	dino	. co. . wit	h or	with	in the organization's ta	x year			
(A)		<u>, 00</u>			,			(B)	į	Compe	C) ensatio	n
Name and busin	ness address							Description o		Oompo	, iouric	
PROFESSIONAL EXAMINATION SERVICE,	475							DEVELOPMENT OF AS	SSESSMENT		300	.38 <u>8.</u>
RIVERSIDE DR., STE 600, NEW YORK,	NY 10115							rools				
YOUGOV AMERICA INC, 805 VETERANS	BLVD.,							RESEARCH			195	000.
STE 202 REDWOOD CITY, CA 94063	ATTE NIM											
SSI (U.S.) INC, 1455 PENNSYLVANIA #200, WASHINGTON , DC 20004	AVE III							EXECUTIVE TALENT	SEARCH		110	000.
#200 WASHINGTON De 20002			_									
			-									
2 Total number of independent contract	ors (including bu	t no	t lim	ited	to t	hose	list	ed above) who received	l more than			
\$100,000 of compensation from the or	rganization 🕨					3				Form	990	(2016)

ган			Statement of Revenu	l e					
	VII	•.]	Check if Schedule O contain	ne a response O	r note to anv line	in this Part VIII			
			Check if Schedule O contain	is a responde o		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
· ·					7.010				
nts			ederated campaigns	1 1	7,910.				
5 5			lembership dues	1 1					
And And			undraising events						
Contributions, Gifts, Grants and Other Similar Amounts			elated organizations		3 101 868.				
ns,			overnment grants (contributio	· · · · · · · · · · · · · · · · · · ·	3,101,000.				
를 들	f		Il other contributions, gifts, grants		10,103,606.				
들			imilar amounts not included above		10,100,000.				
P P			oncash contributions included in lines 1 otal. Add lines 1a-1f			13 213 384.			
Oa	n	<u> </u>	otal. Add lines 1a-11		Business Code				
_]	_	_	COMPAGE DEVICENCE		900099	1,521,587.	1,521,587		
je Je		_	ONTRACT REVENUE		900099	71,266.	71,266,	ļ	
le e		_	ORKSHOP FEES		900099	11,375.	11,375		
Ken S		-	CERTIFICATION FEE		900099	5,000.	5,000		<u></u>
Program Service Revenue	,	_	PUBLICATION SALES		900099	14.	14	<u> </u>	
윤	4	- =	All other program service rever	nue					
	,		Fotal, Add lines 2a-2f			1,609,242			
$-\dagger$	3	<u> </u>	nvestment income (including	dividends, intere	est, and				170 505
ļ	J		other similar amounts)			178,595			178,595
	4	1	ncome from investment of tax	exempt bond p	roceeds				
	5		Royalties				V		
ļ			,	(i) Real	(ii) Personal				
1	6	a I	Gross rents						
1		b	Less: rental expenses						
		C	Rental income or (loss)		<u> </u>				
		d	Net rental income or (loss)					- 1.5 14 (3.45)-4.15	
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
	ļ		assets other than inventory	4,272,627					
		b	Less: cost or other basis		1				
			and sales expenses	4,151,854					
		С	Gain or (loss)	120,773	<u></u>	120,773			120,773
	Ì	d	Net gain or (loss)			120,115	·•		
<u>o</u>	8	а	Gross income from fundraisin						
en			including \$						
Other Revenue			contributions reported on line						
je.			Part IV, line 18			7			
₹	ļ	b	Less: direct expenses Net income or (loss) from fun	draicina events	·	1			
	_	C	Gross income from gaming a	ctivities See					
	9	а	Part IV, line 19		a				
		L	Less: direct expenses		ь				
		'n	Net income or (loss) from gar	ning activities			<u> </u>		
	10		Gross sales of inventory, less			Į.			
	Ţ"		and allowances		а				·
		b	Less; cost of goods sold			_			
		c	Net income or (loss) from sal	es of inventory	<u></u>	·	- 		
			Miscellaneous Reven		Business Cod				20,62
	11	i a			900099	20,62	7.		20,02
		b							
		C	-						
		d	All other revenue						
			Total. Add lines 11a-11d		•	- 20,62			

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Lx Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and expenses general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 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 5,650,763 5,650,763 individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 480,330 145,612 625,942 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,800,986 6.164.357 7,965,343 Other salaries and wages Pension plan accruals and contributions (include 160,637 307,494 468 131 section 401(k) and 403(b) employer contributions) 294 928 995,355 1 290 283 Other employee benefits 156 066 250,766 406 832 Payroll taxes Fees for services (non-employees): Management 27.701 42,202 69,903 Legal _____ 77,474 62,822 140,296 Accounting Lobbying _____ Professional fundraising services. See Part IV, line 17 36,386 3<u>6 386</u> Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 319,371 2,925,651 column (A) amount, list line 11g expenses on Sch 0.) 3 245 022 Advertising and promotion 12 492,603 121,639 614.242 Office expenses _____ 13 99.644 54.708 154,352 Information technology 14 Royalties 15 398,383 340,175 738,558 Occupancy _____ 16 164,396 1,260,067 1,095,671 Travel _____ 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 32,168 262 387 294,555 Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 50,039 50,039 Depreciation, depletion, and amortization 22 40,796 40,796 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 100,000 24,786 124,786 BAD DEBT EXPENSE 124 175 124,175 PGM-VEHICLES 83,693 83,693 VAT 708. 58,501 9.634 68,843 MEMBERSHIP DUES 11.942 62,119 74,061 All other expenses 708. 4,431,387 19,094,973 Total functional expenses. Add lines 1 through 24e 23,527,068 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 (2016)

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		016) INTERNATIONAL YOUTH FOUNDATION Balance Sheet			
	<u> </u>	Balance Sneet Check if Schedule O contains a response or note to any line in this Part X		···········	/D\
		One on it conjugates a	(A) Beginning of year	_ \	End of year
		Cash - non-interest-bearing		1	578.
ļ	1	Savings and temporary cash investments	13,913,609.	2	8,873,869.
	2	Pledges and grants receivable, net	11,027,312.	3	8,606,934.
	3	Accounts receivable, net	1,165,633.	4	1,552,266.
	4	Loans and other receivables from current and former officers, directors,			
	5	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	^	Loops and other receivables from other disqualified persons (as defined under			
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		- 2	
ļ		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	_	Notes and loans receivable, net		7	
	7	Inventories for sale or use		8	145 556
	8	Prepaid expenses and deferred charges	182,852.	9	146,656
Ì	9	Land, buildings, and equipment: cost or other			
1	าบล	basis. Complete Part VI of Schedule D 10a 295, 188			005 907
}	h	Less: accumulated depreciation 10b 89,291			205,897
ļ		Investments - publicly traded securities	10,121,106,	_11	9,512,287
ļ	11 12	Investments - other securities. See Part IV, line 11	115,744.	12	75,913
Ì	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	128,666
	15	Other assets See Part IV, line 11	140,400,	15	29 103 066
	16	Total assets, Add lines 1 through 15 (must equal line 34)	36,808,831,	16	1,138,654
	17	Accounts payable and accrued expenses	1,234,330.	1	403,906
	18	Grants payable	138,034,	T .	761,198
	19	Deferred revenue	204,013,	20	704,22
	20	Tay exempt hand liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		-	
s	22	leans and other payables to current and former officers, directors, trustees,		1.	
abilities		key employees, highest compensated employees, and disqualified persons.	<u>.</u>	22	
abil		Complete Part II of Schedule L		23	
Ë	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	0	25	303,61
		Schedule D	1 937 439	-	
	26	Total liabilities. Add lines 17 through 25			
		Organizations that follow SFAS 117 (ASC 958), check here ➤ x and		1	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	11,319,636	. 27	10,331,86
	27	Unrestricted net assets			14,846,79
	28	Temporarily restricted net assets			1,317,03
	29	Permanently restricted net assets			
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here		ļ ·	
Ď		and complete lines 30 through 34.		30)
ets	30	Capital stock or trust principal, or current funds		31	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		32	2
ఠ	32	Retained earnings, endowment, accumulated income, or other funds	34,871,41	2. 33	
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances			4 29 103 0

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,	,	38-2935397		Page	<u> 12</u>
rm !	990 (2016) INTERNATIONAL YOUTH FOUNDATION	· ·		_	
ar	XI Reconciliation of Net Assets		., <u></u>		\mathbf{x}
	Check if Schedule O contains a response or note to any line in this Part XI				
		1	1 <u>5</u> ,	142,	<u>621</u> .
1	Total revenue (must equal Part VIII, column (A), line 12)	2		527	
2	Total expenses (must equal Part IX, column (A), line 25)	3	-8	384,	447.
3	Revenue less expenses. Subtract line 2 from line 1	4	3 <u>4</u> ,	871,	<u>412.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		43	<u>485.</u>
5	Net unrealized gains (losses) on investments	6			
6	Donated services and use of facilities	7			
7	Investment expenses	8			
8	Prior period adjustments	9		-34	761 <u>.</u>
9	au la mar in not accete or fund balances (explain in Schedule O)				
10	Other changes in het assets of hand balances (explained for the part X, line 33, Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	26	495	689.
	column (B))				
Pai	rt XII Financial Statements and Reporting			. <u></u>	
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Other				
1	Accounting method used to prepare the Form 990: Cash x Accrual Other explain in Schedul	<u> </u>		- 1 -	
			2a_		_x
2a					
	Were the organization's financial statements compiled of reviews of the statements for the year were compiled or reviews of "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews.				
	separate basis, consolidated basis, or both:				ļ
	Separate basis Consolidated basis Both consolidated and separate basis		2b_	х	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	ate basis,			
	Were the organization's financial statements addred by an independent of the year were addited on a separal ff "Yes," check a box below to indicate whether the financial statements for the year were addited on a separal				
	consolidated basis, or both: Consolidated basis Both consolidated and separate basis				
	Separate basis	the audit,			
c	Separate basis (x) Consolidated basis (y) Both contents assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the "Yes" of the proposition of the "Yes" of the proposition of the "Yes" of the proposition of the "Yes" of t		2c	Х	
	and the state of t				
	review, or compilation of its financial statements and selection process during the tax year, explain in Solf the organization changed either its oversight process or selection process during the tax year, explain in Sol	Single Audit			
38	If the organization changed either its oversight process of selection process of selection process. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		3a	x	
k	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Forr	ո 990) (2016

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

Name of the organization 38-2935397 INTERNATIONAL YOUTH FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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 x 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your gove (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 INTERNATIONAL YOUTH FOUNDATION

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.)

Sect	ion A. Public Support						(f) Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 (Gifts, grants, contributions, and					ļ	
'	nembership fees received. (Do not		ļ				111,387,213.
	nclude any "unusual grants.")	42,287,468.	23,057,260.	12,332,807.	20,496,294.	13,213,384.	111,301,213.
	Tax revenues levied for the organ-			ļ		Ī	
	zation's benefit and either paid to			1	[
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				20 406 204	13,213,384.	111,387,213.
4	Total. Add lines 1 through 3	42,287,468.	23,057,260.	12,332,807.	20,496,294.	13,213,304.	111,007,1201
	The portion of total contributions						
	by each person (other than a			i .			
	governmental unit or publicly						
	supported organization) included		ļ.		:		
	on line 1 that exceeds 2% of the						·
	amount shown on line 11,						27,864,272.
	column (f)						83 522 941
6	Public support. Subtract line 5 from line 4.		<u> </u>				00,000,000
Sec	tion B. Total Support			1.10014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in) ►		(b) 2013	(c) 2014	20,496,294.	13,213,384	
7	Amounts from line 4	42,287,468	23,057,260.	12,332,807.	20,490,254.	10,220,552	
8	Gross income from interest,						
	dividends, payments received on			ļ			
	securities loans, rents, royalties			191,784.	207,000.	178,595	986.410.
	and income from similar sources	198,972	210,059	191,704,	201,000.		
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		0 500	46,296	5.197	20,627	97 254.
	assets (Explain in Part VI.)	15,535	9,599	40,250	1		112 470 877.
11	Total support. Add lines 7 through 10					12	6,937,286.
12	Gross receipts from related activities First five years. If the Form 990 is form	s, etc. (see instruc	licins)	ird fourth or fifth	tax vear as a secti	on 501(c)(3)	
13	First five years. If the Form 990 is to organization, check this box and ste	or the organization	18 mst, second, an	na, rouran, or anno			>
_	organization, check this box and struction C. Computation of Puk	op <u>nere</u> blic Support P	ercentage				
<u>Se</u>	Public support percentage for 2016	the 6 column th	divided by line 11.	column (f))		14	74.26 %
							<u>78.32 %</u>
15	Public support percentage from 20 a 33 1/3% support test - 2016. If the	organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifie b 33 1/3% support test - 2015. If the	s as a publicly su	not check a box of	n line 13 or 16a, ar	nd line 15 is 33 1/3	% or more, check	this box
		and If the a	vraanization did NO	t check a box on ii	He IS, IOa, OI IOB	, and mid in the t	
17		and oircumet	ances" test, cueux	LUBS DUX AHA SIVE	I I I CI OI DAN PIEM		
		- II to at The everen	es seitile un anitas as	a nuniiciv sudduut	eu organizadon		
	and the second s	OD4E If the	sraanization did no	t check a box on i	ine io, ioa, iob, o	i ira, ana mi	
		. The lifesta and cit	cumetances" (est.	CHECK BIIS DUX AN	n giop nere: -np.	****	
		-:	et The organizatio	n duaimes as a bui	Dilciy Supported or	gammation	,
	organization meets the "facts and organization. If the organization is a private foundation. If the organization is a private foundation is a private foundation.	tion did not check	a box on line 13,	16a, 16b, 17a, or 1	D. CHECK LINS DO	Culta ooo maaa	
<u>. 18</u>	B Private foundation, if the organiza				Sc	hedule A (Form (990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 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 alify <u>under the tests listed below, please comple</u>te Part II.)

qualify under the tests listed belo	w, please comp	lete Part II.)				
ection A. Public Support			(=) 0014	(d) 2015	(e) 2016	(f) Total
lendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(u) 2010	1-1	
Gifts, grants, contributions, and	!		!			
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		ļ				
are not an unrelated trade or bus-						\
iness under section 513						
4 Tax revenues levied for the organ-		ł				
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						ļ
furnished by a governmental unit to						
the organization without charge		l		<u> </u>	 	
						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)				The Secret Section 67	<u> 14. j. litoja 19. januar (19. j.</u>	
Section B. Total Support				T =	(-) 0010	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(i) Total
9 Amounts from line 6						_
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						; ;
acquired after June 30, 1975 c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital			1			
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)14 First five years. If the Form 990 is for		an's firet second	third, fourth, or fift	n tax year as a sec	tion 501(c)(3) orga	inization,
14 First five years. If the Form 990 is for check this box and stop here	ir the organization	on a mai, accord,		·		<u></u>
check this box and stop here	lie Cuppert	Percentage				
Section C. Computation of Pub	iic Support	a divided by line 1	3 column (fil)		15	
	(line 8 column (ti dividea by illie i	o, column (i)/		16	
16 Public support percentage from 201	5 Schedule A, F	rart III, line 15	ue			
O War D. Computation of Inve	etment Inco	ome Percenta	ge			
I tincome percentage for 5	การ (line 10c. c	olumn (†) divided 🗅	y ine 13, column			
						ne 17 is not
	ام حرج الله سال	じょっしょうしゅつと けんのじ	MAY AN ILINE 14. AHU	BIRE SO IS UNDIO USE	21,00 .,	>
line 18 is not more than 33 1/3%, cl 20 Private foundation, If the organizat	ion did not ched	ck a box on line 14	, 19a, or 19b, ched			
ZU Private foundation, it die organization				5	Schedule A (Form	aan or aan- ⊏ ∕)

38-2935397

Supporting Organizations Part IV

(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.)

		Olis /1, D, und C	
Section	A. Ali	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 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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
- 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).
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No	
1_1_		ļ	
2	<u> </u>		-
3a			-
3b	<u> </u>		-
3c			-
4a		<u> </u>	
4b	 	-	_
4c			
40	†		
50			-
5a	-		_
5b 5c	+	<u> </u>	
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nedu art			· 1	
- CIT	Oupporting Organizations,	F	Yes	No
a I.	las the organization accepted a gift or contribution from any of the following persons?			
1 H	person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a A	pelow, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b	<u> </u>	_
b F	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
C /	on B. Type I Supporting Organizations		T	
e <u>cu</u>	on B. Type i Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1 [egularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
r	egularly appoint or elect at least a majority of the organization of alternation of the organization of th			
t	ax year? If "No," describe in Part VI Tiow the supported organization,			
•	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and/or remove directors or trustees were allocated among the supported described how the powers to appoint and the powers are allocated among the powers and the powers and the powers are allocated among the powers and the powers are allocated among the powers are allocated among the powers and the powers are allocated among the powers are allocated among the powers and the power		1	
(describe how the powers to appoint and/or remove directors of tractors with powers during the tax year.	1		<u> </u>
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	F		. '
2	Did the organization operate for the benefit of any supported organization other than the supported		-	1
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		L
	supervised, or controlled the supporting organization.			
ect	ion C. Type II Supporting Organizations		Yes	No
	the transfer of the directors	1		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	· ·		1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).			_1
Sect	ion D. All Type III Supporting Organizations		Yes	No
		100	1	1.0
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	examination's tay year (i) a written notice describing the type and amount of support provided during the provided	ax		
	was (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	1	
	examination's governing documents in effect on the date of notification, to the extent not previously provided:	1	-	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	experience) or (ii) serving on the governing body of a supported organization? If "No," explain in Fact Vi How			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	+-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
v	significant voice in the organization's investment policies and in directing the use of the organization's			.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's]		
	supported organizations played in this regard.			
800	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see	instructions).		
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The appropriation is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see instructio	ns).	
C	Activities Test. Answer (a) and (b) below.		Ye	s No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		ŀ
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ľ		l l
	the supported organizations and explain how these activities directly furthered their exempt purposes,			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			-
	how the organization was responsive to those supported organizations, and not the supported organizations are supported organizations.	2 <u>a</u>	<u> </u>	
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h	,	
	activities but for the organization's involvement.	1		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	38	,	
	trustoes of each of the supported organizations? Provide details in Part VI.	F	-	+
b	. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	on 3t	,	
	the role played by the organization of the role played by the organization in this regard.	1 0		E7\ 20
6320	25 00-21-16	dule A (Form 990 o	. 380-	, <i></i> _
	17			

			-2935397 Page
nedule A (Form 990 or 990-EZ) 2016 INTERNATIONAL YOUTH FOUNDATION art V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
The state are a state of the Integral Part Test as a quality	ing trust on i	404. 50' 1910 (exhimit in a	art VI.) See instructions
other Type III non-functionally integrated supporting organizations must	complete Se	ctions A through E.	
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	1		
Net short-term capital gain	2		
Recoveries of prior-year distributions	3		
Other gross income (see instructions)	4		
Add lines 1 through 3	5		
Depreciation and depletion	-+		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	-1-0+		(B) Current Year
ection B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d		
d Total (add lines 1a, 1b, and 1c)			
e Discount claimed for blockage or other			A
factors (explain in detail in Part VI):	2		
2 Acquisition indebtedness applicable to non-exempt-use assets	3		
3 Subtract line 2 from line 1d			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	" 4		
see instructions)	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035	7		
7 Recoveries of prior-year distributions	8		
8 Minimum Asset Amount (add line 7 to line 6)			Current Year
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
050/ -film-d	2_		
to prior year (from Section B. line 8, Column A)	3_		
	4_		
11	5		
Subtract line 5 from line 4 unless subject to			
t ti to a factorianal	6		
The second secon	ionally integr	rated Type III supporting org	ganization (see
7 Check here if the current year is the organization 3 more do a normal instructions).			• (F 000 ex 000 E7
mandonom,			a (E 000 av 000-E7

Schedule A (Form 990 or 990-EZ) 2016 INTERNATIONAL YOUTH 1	FOUNDATION		38-2935397 Page 7
Schedule A (Form 990 or 990 EZ) 2016 INTERNATIONAL YOUTH I Part V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Orgai	nizations (continued)	
			Current Year
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exer	npt purposes		
and a second structure of the second structure of the second seco	t purposes of supported		
organizations, in excess of income from activity			
note that the process of the process	s of supported organizations		
the secure exemptine agents			
- un to the amounts (prior IPS approval required)			
with the Adaptibe in Bort VIV See instructions			
Add lines 1 through 6			
The state of the s	ne organization is responsive		
(provide details in Part VI). See instructions			
- Section C. line 6			
9 Distributable amount for 2016 from Section 6, and 9			
10 Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
	Excess Distributions	Underdistributions	Distributable Amount for 2016
Section E - Distribution Allocations (see instructions)		Pre-2016	Amount for 20 %
Distributable amount for 2016 from Section C, line 6			
" to the state of the second prior to 2016 (reason-			
2 Underdistributions, if any, for years prior to 2010 (leaded) able cause required- explain in Part VI). See instructions			
able cause required explain in Fait vi). dec instructions		<u> </u>	
3 Excess distributions carryover, if any, to 2016:			
<u>a</u>			
<u> </u>			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e	Na Asiana di San Mara di Nasa		
g Applied to underdistributions of prior years		Anggiring of	
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			· .
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if			ļ
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j			
and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016		Schedu	le A (Form 990 or 990-EZ) 201

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.

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

OMB No. 1545-0047

Employer identification number

2016

	INTERNATIONAL YOUTH FOUNDATION	38-2935397
Organization type (chec	:k one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	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	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiving in the section of the section of the section of the section of cruelty to children or animals. Complete Parts I, II, and III.	
year, contribut is checked, en purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received in sections exclusively for religious, charitable, etc., purposes, but no such contributions the ter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization be table, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box y religious, charitable, etc., acause it received <i>nonexclusively</i>
but it must answer "No certify that it doesn't me	on that isn't covered by the General Rule and/or the Special Rules doesn't file Sche on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ of the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	or on its Form 990-PF, Part I, line 2, to
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

chedule B (Form 990, 990-E2, or 990-17) (2010)	Employer identification number
ame of organization	
	38-2935397

rt I Contrib	utors (See instructions). Use duplicate copies of Part I if		(d)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
1		\$\$.	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		\$940,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4	\$\$,329,797.	Person x Payroll Noncash (Complete Part II for noncash contributions.
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 4	Name, address, and ZIP + 4	\$\$.	Person x Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person x Payroll Noncash (Complete Part II for noncash contributions
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
No. 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$\$	Person x Payroli Noncash (Complete Part II for noncash contribution rm 990, 990-EZ, or 990-PF)

623452 10-18-16

Employer identification number

INTERNATIONAL	YOUTH	FOUNDATION
TMICKNATIONAR	10011	

38-2935397

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 8	Name, address, and ZIP + 4	\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, and voo, and a	\$\$ <u>1,252,284.</u>	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and an experience	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	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 Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	990, 990-EZ, or 990-PF) (20

Employer identification number

the year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	space is needed.	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
	(b) Purpose of gift Transferee's name, address, an (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	(b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Employer identification number

Inspection

Name	of the organization		38-2935397
	INTERNATIONAL YOUTH FOUNDATI Organizations Maintaining Donor Advised	ON L Cyndo or Othor Similar Fund	is or Accounts. Complete if the
Part	Organizations Maintaining Donor Advised	rulius of Other Siliniar Fund	30 of Alooo arries complete a min
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	<u> </u>	(a) Donor adviced fariate	
	Fotal number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	Is all in donor od	lined funds
5	Did the organization inform all donors and donor advisors in v	writing that the assets need in donor ad-	Ves No
	are the organization's property, subject to the organization's	exclusive legal control?	an unod only
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can i	oo oooforing
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	Yes No
	impermissible private benefit?	ting and "Yes" on Form 990	
Par	II Conservation Easements. Complete if the org	anization answered tes offrom 550), 1 art 14, mio 1.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	istorically important land area
	Preservation of land for public use (e.g., recreation or e		ertified historic structure
	Protection of natural habitat	Preservation of a c	Granda (notono di dotaro
	Preservation of open space		m of a conservation easement on the last
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	A short in fall	
c	Number of conservation easements on a certified historic str	ucture included in (a)	ucture 20
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic suc	2d
	listed in the National Register	t with a taken or terminated by	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization canny are
	year >	tip langted	
4	Number of states where property subject to conservation ea	de dia manifering inspection handling	of
5	Does the organization have a written policy regarding the pe	Modic Monitoring, inspection, nationing	Yes No
	violations, and enforcement of the conservation easements i	t noids?	onservation easements during the year
6	Staff and volunteer hours devoted to monitoring, inspecting,	figriding of violations, and emororing of	0
		disa of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and emorcing consc	water accomens
	▶ \$	and antiofy the requirements of section	170(h)(4)(B)(i)
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of doctors	Yes No
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	ion apparents in its revenue and expe	nse statement, and balance sheet, and
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	tion's financial statements that describ	nes the organization's accounting for
		tion 8 intaricial statements that accord	
	conservation easements. t III Organizations Maintaining Collections of	of Art. Historical Treasures, o	r Other Similar Assets.
Ра	Complete if the organization answered "Yes" on Form	n 990. Part IV. line 8.	
	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue st	atement and balance sheet works of art,
la	historical treasures, or other similar assets held for public ex	chibition, education, or research in furth	nerance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described to the text of the footnote to its financial statements that described the text of the footnote to its financial statements that described the footnote to its financial statements.	ribes these items	·
	If the organization elected, as permitted under SFAS 116 (A	SC 958) to report in its revenue stater	nent and balance sheet works of art, historica
b	treasures, or other similar assets held for public exhibition, e	education or research in furtherance of	f public service, provide the following amount
		suddation, or recourses at the second	•
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Hevenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tr	easures, or other similar assets for fina	ncial gain, provide
2	If the organization received or neid works of art, historical tr	116 (ASC 958) relating to these items:	.
	the following amounts required to be reported under SFAS	110 h 100 ood tolking to alooe holling	▶ \$
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 20
I HA	For Paperwork Reduction Activolice, see the madification		

632051 08-29-16

		NAL YOUTH FOUNDA				38-29	935397	P	age 2
Pa	rt III Organizations Maintaining (Collections of A	t, Historical Tr	easures, or	Other	Similar As	ssets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that a	re a sign	ificant use of	f its collectic	n item	 1S
	(check all that apply):				•				
а	Public exhibition	d	Loan or exc	hange program	s				
b	Scholarly research	е							
C									
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization	's exemn	t nurnose in	Part XIII		
5	During the year, did the organization solicit of						T COL XIII.		
_	to be sold to raise funds rather than to be m						Yes	Г	No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	in answered "Ve	e" on Ec	vm 000 Dart			_ INO
	reported an amount on Form 990, Pa	rt X. line 21.	it in the organization	in answered te	73 OILLE	лні ээо, ган	. 17, 11116 3, 01	i	
12	Is the organization an agent, trustee, custod		liany for contribution	o or other asset	to not in	shudad	···		
14									٦.,
h	on Form 990, Part X?			• • • • • • • • • • • • • • • • • • • •		••••	Yes		∐ No
Ŋ	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
	De atracta a L. I.						Amoun	<u>t</u>	
C	• • • • • • • • • • • • • • • • • • • •					1c			
α	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F		*		,	?	Yes	<u>_</u>	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	<u>planation has been</u>	provided on Pa	rt XIII				<u></u>
Pa	rt V Endowment Funds. Complete	f the organization an:	swered "Yes" on Fo	rm 990, Part IV,	line 10.	·			
		(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three years ba	ack (e) Four	years	back
1a	Beginning of year balance	4,537,121.	4,409,160.	4,223,6	21.	3,341,68	84. 3	.011.	950.
b	Contributions	34,000.	201,000.	33,7	00.	183,00	00.	1.	128.
C	Net investment earnings, gains, and losses	-52,611.	-73,039	151,8	139.	698.93			606.
đ	Grants or scholarships		•			•			
	Other expenditures for facilities								
	and programs	120,000.							
f	Administrative expenses					***************************************			
g	End of year balance		4,537,121.	4,409,1	60	4,223,62	21 3	.341.	684
2	Provide the estimated percentage of the curr					1,885,02	14.1	, 	002.
а	Board designated or quasi-endowment	65.18	%	,,,					
b	Permanent endowment ► 29.94	%	_,,						
	Temporarily restricted endowment	4.88 %							
_	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	•	tion that are bold a	ad administarad	for the	argenization			
ou	by:	asion of the organiza	don that are nelu a	iu administered	ioi tile t	organization	Г	T	
	-							Yes	No
				************************			3a(i)		X
h	(ii) related organizations						3a(ii)	\dashv	X
ا	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ea on Scheaule R?			•••••	3b		
Pa:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	organization's endo	vment funds.						
ı uı			D . W. F. 44 0						
	Complete if the organization answered	******							
	Description of property	(a) Cost or ot basis (investm	1 1-7		c) Accu depred		(d) Bool	< value	,
1a	Land								
	Buildings								
С	Leasehold improvements								
	Equipment			295,188.		89,291.		205	897
	Other	i						202,	<u> </u>
	. Add lines 1a through 1e. (Column (d) must ed		(column (B) line 1	Oc.)				205	807
			, , , , , , , , , , , , , , , , , , ,	/				<u> </u>	<u> </u>

3	8-	2	9	3	5	3	9

Chedule D (Form 990) 2016 INTERNATIONAL YOU Part VIII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	and after a moulest cohes
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-ot-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			1. (1.)
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
2-4 VIII Investments - Program Related.		11 C - Farm 000 Bort V line 13	
Complete if the organization answered "Yes"	on Form 990, Part IV, li	(c) Method of valuation: Cost	or end-of-year market value
(a) Description of investment	(b) Book value	(c) Metriod of Variation 1	
(1)			
(2)			
(3)			
(4)	 		
(5)	 		
(6)			
(7)			
(8)			
(9)		ARRAGINA ARRAGINA INDIA	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			·
Part IX Other Assets. Complete if the organization answered "Yes	an Form 900 Part IV	line 11d. See Form 990, Part X, line 1	5
Complete if the organization answered res) Description		(b) Book value
(u) DOUBLE		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15.)		<u></u> ▶
Complete if the organization answered "Yes	s" on Form 990, Part IV,	, line 11e or 11f. See Form 990, Part X	(, line 25
(a) Description of liability		(b) Book value	
		303,619,	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS, INTERNATIONAL YOUTH

FOUNDATION AND RFY ARE NOT CONSIDERED PRIVATE FOUNDATIONS

Schedule D (Form 990) 2016

chedule D (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION		38-2935397	Page 5
Part XIII Supplemental Information (continued)			
F RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF	ĮΤ		
S MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON			
XAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF TH	Е		
OSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM			
UCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A			
REATER THAN 50% LIKELTHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT			
ANAGEMENT EVALUATED IYF'S TAX POSITIONS AND CONCLUDED THAT THE ENTIT	(HAD		
AKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINAN			
TATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE RETURN			
BUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES GENERA	LLY		
PHREE AND FOUR YEARS, RESPECTIVELY, AFTER THEY ARE FILED,			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED ENTITY ACTIVITIES	8.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
LOSS ON UNCOLLECTIBLE PROMISES TO GIVE 1	00,000.		
		Schedule D	(Form 990) 2

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

				38-2935397	
NTERNATIONAL YOUTH FOUN	nation on A	ctivities Out	side the United States. Comple	te if the organization answered "	/es" on
		maintain record	s to substantiate the amount of its gra	ents and other assistance,	Yes No
1 For grantmakers. Does to	the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance?x	Yes LINO
					side the
2 For grantmakers. Descri	be in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance out	Side the
3 Activities per Region. (Th	e following Part	I, line 3 table ca	n be duplicated if additional space is t	(e) If activity listed in (d)	(f) Total
(a) Region	(b) Number of	emolovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	offices in the region		gram services, investments, grants to	describe specific type	investments
	III the region	contractors	recipients located in the region)	of service(s) in the region	in the region
		in the region			
				YOUTH DEVELOPMENT	
MIDDLE EAST AND	. 3	42	PROGRAM SERVICES	PROGRAMS	2,909,981.
NORTH AFRICA	_			Į.	
RUSSIA AND				YOUTH DEVELOPMENT	217,701.
NEIGHBORING STATES	2	8	PROGRAM SERVICES	PROGRAMS	211,1011
ILLI, OHDORAN					
				YOUTH DEVELOPMENT	
	Į.			PROGRAMS	609.747.
NORTH AMERICA	<u> </u>	2 9	PROGRAM SERVICES	EKOGRALIO	
					1
		1		YOUTH DEVELOPMENT	
		4 40	PROGRAM SERVICES	PROGRAMS	1,909,352.
SUB-SAHARAN AFRICA	<u> </u>	4 40	1 NOCIALI DES		1
CENTRAL AMERICA AND					15.000.
THE CARIBBEAN	<u> </u>	00	GRANTS		15,000,
THIS CHALDDEN,			ļ		
EAST ASIA AND THE			1		263,685.
PACIFIC		0 0	GRANTS		
				Ame	
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EUROPE (INCLUDING			GRANTS		34,125.
ICELAND & GREENLAND)		<u> </u>	Stratto		
MEDICE HAGE AND					64- 486
MIDDLE EAST AND		0 _ 0	GRANTS		615,472,
NORTH AFRICA 3 a Sub-total		11 99)		6,575,063,
b Total from continuation					4.722.481
sheets to Part 1	ł	0 0)		4,122,401
c Totals (add lines 3a					11,297,544
and 3b)		11 95		Schedule	e F (Form 990) 201
LHA For Paperwork Redu	ction Act Notic	e, see the Instr	uctions for Form 990.	Concan	

Schedule F (Form 990)	INTERNATIONA	L YOUTH FOUN	DATION	38-293539	7 Page 1
Part I Continuati	on of Activitie	s per Regio	DATION 0. (Schedule F (Form 990), Part I, line 3)		
(a) Region		(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	C	0	GRANTS		859 <u>,170.</u>
RUSSIA AND					475,593.
NEIGHBORING STATES		0	GRANTS		910,000,
SOUTH AMERICA		0	GRANTS		1,087,418.
			1		
SOUTH ASIA	(0_	GRANTS		969.
SUB-SAHARAN AFRICA		0	GRANTS		2,299,331.
,					
		Anger anger		+ (
Totals	<u> </u>				4,722,481.

Page 2

INTERNATIONAL YOUTH FOUNDATION

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.

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		YOUTH DEVELOPMENT PROGRAMS	50,000.W	WIRE TRANSFER	0	The state of the s	
		YOUTH DEVELOPMENT PROGRAMS	12,702.W	12,702,WIRE TRANSFER	0	a first and a second se	Marie Control of the
		YOUTH DEVELOPMENT					
BAST ASIA A		PROGRAMS	194,742.	WIRE TRANSFER	• 0		in the state of th
MIDDLE BAS	EAST ASIA AND THE YOUTH	YOUTH DEVELOPMENT	6.241.	WIRE TRANSFER	0		
MIDDLE BAS							
NORTH AFRICA		YOUTH DEVELOPMENT PROGRAMS	75.972.	WIRE TRANSFER	0		
MIDDLE EAST AND NORTH AFRICA		YOUTH DEVELOPMENT PROGRAMS	40 787	WIRE TRANSFER	0		
MIDDLE EAST AND NORTH AFRICA	AND	YOUTH DEVELOPMENT PROGRAMS	235,508.	WIRE TRANSFER	0		
MIDDLE BAST AND NORTH AFRICA	EAST AND YO	YOUTH DEVELOPMENT PROGRAMS	7,805.	MIRE TRANSFER	0		
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	above that are re	cognized as charities by the	e foreign country	, recognized as tax	exempt by		17
the IRS, or for which the grantee or counsel has provided a section 50 I(c)(3) Equivalency local	vided a section :	00 I(C)(S) Equivalency letter			A		9

Page 2	The state of the s	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 8 - 2 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	orm 990), Part II	0000
	NOIL	tions or Entities Outside the United St
	RANTIONAL YOUTH FOUNDA	her Accietance to Organizations of

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ᄔ	INTERNAT	Acsistance to Organiza	(Form 990) INTERNATIONAL FOUR FOUR States.		(Schedule F (Form 990), Part II, line 1)	0), Part II, line 1)		And the second of
1 Continuation of 1	(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) Metrico or valuation (book, FMV, appraisal, other)
		MIDDLE BAST AND	YOUTH DEVELOPMENT PROCRAMS	21,103.WIR	WIRE TRANSFER	0		
			YOUTH DEVELOPMENT PROGRAMS	59,583,WIR	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	YOUTH DEVELOPMENT PROGRAMS	148,896.WIR	WIRE TRANSFER	0		
A Service and Advisory		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	24,853.WIRE	NE TRANSPER	0	and the state of t	
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	192,277,WI	WIRE TRANSFER	0.		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	198,495,MT	WIRE TRANSFER	0		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	88,061,WI	WIRE TRANSFER	O		
		NORTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	315, 485, WI	WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	102,000 W	102,000,WIRE TRANSFER	0	·	

					38-2935397	76		Page 2
Schedule F (Form 990)	INTERNA	INTERNATIONAL YOUTH FOUNDATION	NATION CONTRACTOR THE	Inited States.	(Schedule F (Form 990), Part II, line 1)	30), Part II, line 1)		
Part II Continuation of 1	(b) IRS code section and EIN (if applicable)	Assistance to Organiz (c) Region	Continuation of Grants and Other Assistance to Organizations or Entities Outside the Office of Scotting of Cash grant (b) IRS code section and EIN (if applicable)	(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)
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	186,261	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	12,930.	WIRE TRANSFER	0		
		RUSSIA AND NEIGHBORING STATES	YOUTH DEVELOPMENT PROGRAMS	174,402.	402. WIRE TRANSFER	0	. in the second	
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	232 199	WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	58,963,	WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	460,694.	WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	123,886.	. WIRE TRANSFER	0		
		SOUTH AMERICA	YOUTH DEVELOPMENT PROGRAMS	141,675.	5. WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	XOUTH DEVELOPMENT PROGRAMS	84.37	84 377.MIRE TRANSFER	0		

	INTERNAT	INTERNATIONAL YOUTH FOUNDATION	(Form 990) INTERNATIONAL YOUTH FOUNDATION 38-2935397 (Form 990) Part II, line 1)	Jnited States, (Sc	38-2935397 hedule F (Form 990)), Part II, line 1)		Lade Z	
1 (a) Name of organization at	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant cas	(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)	r
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	62,963,WI	WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	18,000,WI	18,000, WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	126,462.WI	WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	80,190.WT	WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	107,244,W	244.WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	268,246.W	WIRE TRANSFER	0			
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	103,176.8	103,176, WIRE TRANSFER	0			
	_								

44 338 WIRE TRANSFER

YOUTH DEVELOPMENT

PROGRAMS

SUB-SAHARAN AFRICA

54 107 WIRE TRANSFER

YOUTH DEVELOPMENT PROGRAMS

SUB-SAHARAN AFRICA

					38-2935397	7.6		Page 2
Schedule F (Form 990)	INTERNAT	INTERNATIONAL YOUTH FOUNDATION	ATTON		(Schedule F (Form 990), Part II, line 1)	0), Part II, line 1)		
Part II Continuation of 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	Assistance to Organiza (c) Region	Continuation of Grants and Other Assistance to Organizations or Entitles Outside in Continuation of Grants and Other Assistance to Organization (and EIN (if applicable)) (c) Region (d) Purpose of (e) Amount of organization and EIN (if applicable)		(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	28,885,	28,885.WIRE TRANSFER	0	A STORY	
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	34,332,	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	44, 681,	WIRE TRANSFER	0		
		SUB-SAHARAN APRICA	YOUTH DEVELOPMENT PROGRAMS	28,966	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	122,351	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	79,962	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	XOUTH DEVELOPMENT PROGRAMS	141,879.	WIRE TRANSFER	0		
		SUB-SAHARAN ARRICA	YOUTH DEVELOPMENT PROGRAMS	67,340.	. WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	62,87	62 870 MIRE TRANSFER	0		

	of Grants and Other /	Secretance to Organiz	zations of Entitles Outside the Office States.	יים מונכת סומונים	(2010)			
(a) Name of organization	(b) IRS code section and EIN (if applicable)	of organization and EIN (if applicable) (c) Region (d)		(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)
A AMAZON MATERIAL PROPERTY AND A STATE OF THE STATE OF TH		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT	168,696.	WIRE TRANSFER	0	in the second	
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	7,500.	500 WIRE TRANSFER	0		
Total Control of the		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	71,132.	WIRE TRANSFER	0		
and the state of t		SUB-SAHARAN ARRICA	YOUTH DEVELOPMENT PROGRAMS	146,604.	WIRE TRANSFER	O	To the state of th	
		SUB-SAHARAN AWRICA	YOUTH DEVELOPMENT PROGRAMS	22,051.	WIRE TRANSFER	0		
A LEGISLATION OF THE PROPERTY		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT	88,715.		0	and the second s	
		SUB-SAHARAN PREICA	YOUTH DEVELOPMENT		WIRE	0		
		SUB-SAHARAN AFRICA	YOUTH DEVELOPMENT PROGRAMS	106,299	MIRE TRANSFER	0		
The second secon		SUB-SAHARAN A FFD T.C.A.	YOUTH DEVELOPMENT	35 254	254, WIRE TRANSFER	0		

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Schedule F (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION 38-2935397
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. Schedule F (Form 990) 2016

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Part III can be duplicated if additional space is needed.	ditional space is needed	10.	(d) Amount of	(e) Manner of	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (hook FMV
(a) Type of grant of assistance	iolean (a)	recipients	casii giair		assistance	AND THE RESIDENCE AND THE PARTY AND THE PART	appraisal, other)
A CONTRACTOR OF THE CONTRACTOR							
STIPENDS AND CASH AWARDS FOR C	CENTRAL AMERICA AND THE CARIBBEAN	9	15,000.	WIRE TRANSFER	0	a proprieta de la companya de la com	
ARDS FOR	EUROPE (INCLUDING ICELAND &	C	34 125	WIRE TRANSFER	0		
ARDS FOR	MIDDIE EAST AND	C	8.18	WIRE TRANSFER	0		
ARDS FOR	NOKTH AFKLUA	9		HENNY COLL	0		
LOCAL YOUTH PROJECTS	NORTH AMERICA	21	, 000, 04				
LOCAL YOUTH PROJECTS	SOUTH AMERICA	30	70,000	WIRE TRANSFER	D		
STIPENDS AND CASH AWARDS FOR	SUB-SAHAKAN AFRICA	0 1	20,000.	MIRE TRANSFER	0		
						Sch	Schedule F (Form 990) 2016

•	•	38-2935397	Page 4
	ule F (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION		
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; do not 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	s 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; do not file with Form 990)		
		Schedule F (F	orm 990) 201

•	, DATE DATE OF THE PARTY	38-2935397	Page 5
	F (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION Supplemental Information	·	
Part V	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (i) (a		
	investments vs. expenditures per region); Part if, lifte 1 (accounting movines), as applicable. Also complete this part to provide any additional (estimated number of recipients), as applicable. Also complete this part to provide any additional	al information. See instructions.	
DADE T	LINE 2:		
IYF'S G	RANT MONITORING PLAN IS DETERMINED DURING THE PROGRAM DESIGN PHASE		
	COMPREHENSIVE FIDUCIARY AND PROGRAMMATIC DUE DILIGENCE PROCESS.		
IYF PRO	GRAM STAFF WORK CLOSELY WITH ALL GRANTEES DURING THE PROGRAM		
DESIGN	PHASE TO ENSURE THAT THE GRANTEE IS ABLE TO DELIVER ON THE		
PROGRAM	. ANY ASSESSED PROGRAM WEAKNESSES ARE NOTED AND APPROPRIATE PLANS		
ARE MAI	DE TO ADDRESS THESE DURING THE PROJECT IMPLEMENTATION PHASE.		
	OF THE CHANTEE'S ORGANIZATIONAL		
	ARY DUE DILIGENCE INCLUDES A REVIEW OF THE GRANTEE'S ORGANIZATIONAL		
DOCUME	NTS AND AUDITED FINANCIAL STATEMENTS, AS WELL AS A PRE-AWARD		
	ONNAIRE WHICH ASSESSES INSTITUTIONAL CAPACITY, ADDITIONALLY, THE		
BOARD	AND KEY STAFF ARE VETTED AGAINST SEVERAL LISTS TO COMPLY WITH		
PATRIC	T ACT AND DEBARMENT RULES. THE DUE DILIGENCE REVIEW RESULTS IN A		
	NTED RISK ASSESSMENT AND RECOMMENDED MONITORING PLAN, WHICH ARE		
THEN U	SED TO DETERMINE REPORTING FREQUENCY. LOW RISK GRANTEES NORMALLY		
REPOR	BOTH PROGRAMMATICALLY AND FINANCIALLY TWICE A YEAR, HIGH RISK		
GRANT	EES MAY BE ASKED TO REPORT ON A MONTHLY BASIS.		
ONCE	A GRANTEE SUBMITS A FINAL PROPOSAL AND BUDGET, THE GRANT PROGRAM IS		
APPRO	VED BY THE APPROPRIATE PROGRAM STAFF AS WELL AS FINANCE STAFF, THE		
BOARD	OF DIRECTORS HAS DELEGATED FINAL AUTHORIZATION OF ALL GRANTS TO THE		
CEO.	HOWEVER, THE BOARD OF DIRECTORS DOES REVIEW AND RATIFY ALL GRANT		
OBLIG	SATIONS, AMENDMENTS AND DE-OBLIGATIONS.		
	S ARE DISBURSED TO GRANTEES BASED ON THE MONITORING PLAN SET UP		
<u>DURI</u>	NG THE DESIGN PHASE. THE FIRST DISBURSEMENT IS BASED ON EITHER		
THRE	E-MONTH EXPENDITURE PROJECTIONS OR THE PROJECT BUDGET. ALL FUNDS	Schedule F fl	orm 990) 201
	09-21-16 41	" DATING TOTAL	

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.

OMB No. 1545-0047

Inspection

Internal Revenue Service

Department of the Treasury

Name of the organization

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

Employer identification number

38-2935397

INTERNATIONAL YOUTH FOUNDATION Questions Regarding Compensation Part I No. Ye<u>s</u> 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 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? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract x Compensation committee X Compensation survey or study Independent compensation consultant x Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? 5b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a The organization? 6b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments 7 not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

38-2935397

INTERNATIONAL YOUTH FOUNDATION

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). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't listed on Form 990, Part VII. Schedule J (Form 990) 2016

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.

					buc tacomerite	(n) Nontaxable	(E) Total of columns	(F) Compensation
dept. Baste Live Baste Live Baste Ba		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MiSC compensation	C compensation	other deferred	benefits	(a)·(b)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
And the state of t		- 1		σκα	27 716.	19,398.	367,493.	0
(1) WILLIAM REESE	8	311,540.		•	•	0	0	0
PRESIDENT/CEO	▣		D C	2001	16 781.	11,460,	211,525.	0
(2) SAMANTHA BARBEE	Ξ	182,703.	0	• + 00	4	0	0	• 0
-	8	0	0		870 00	11 042	254,283,	0
(3) PETER SHIRAS	Ξ	220,060.	0	3.133.		0		0
	▣	0	0.	ŀ	00 1 1 1 100	26 938	200,748.	0
/ A) STISAN DEZZIILO	Ξ	157,048.	0	2 172.				0
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	Т —	141 995.	0	437	13,182	126,21	+	0
SHAKMA	3		0	0	0			
DIRECTOR, GLOBAL CENTER	1	70 667	0	401	12,267	11,017	136,/25	
(6) LAURA ROSEN	Ξ_	₹0 CCT		0	0	0		
DIRECTOR CORPORATE PARTNERSHIPS	₽.			240	12 269	16,036	157,939	
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SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 38-2935397 INTERNATIONAL YOUTH FOUNDATION FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FOR EMPLOYMENT AND ENTREPRENEURSHIP EDUCATION, AND PRACTICAL ON-THE-JOB TRAINING, MOPIC IS A 30-MONTH PROGRAM FOCUSED ON SURVEYING AND GATHERING DATA ON 22,400 LOW-INCOME JORDANIAN HOUSEHOLDS IN THREE TARGETED GOVERNORATES (IRBID, ZARQA, AND MA'AN) AND TO SUBSEQUENTLY REFER THEM TO POVERTY ALLEVIATION SUPPORT SERVICES FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BUSINESS ACUMEN TO SUCCEED AND OPERATE SUSTAINABLY. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOL STUDENTS ON CONALEP ESTADO DE MEXICO (EM) 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 18,000 YOUTH THROUGH THE END OF 2016. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: 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 Schedule O (Form 990 or 990-EZ) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

· · · · · · · · · · · · · · · · · · ·	Page 2
ichedule O (Form 990 or 990-EZ) (2016) lame of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
SENEFIT 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	
CONTINUE TO BENEFIT FROM THESE ADVANCEMENTS OVER TIME.	
EXPENSES \$ 2,241,178. INCLUDING GRANTS OF \$ 168,696. REVENUE \$ 0.	
GLOBAL INITIATIVES:	
IYF 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	
PROVIDING LIFE SKILLS TO YOUNG JOB SEEKERS, THE CURRICULUM HAS BEEN	
TRANSLATED INTO TWENTY LANGUAGES AND IMPLEMENTED IN MORE THAN 50	
COUNTRIES. IN PARTNERSHIP WITH THE CATERPILLAR FOUNDATION, EQUIPYOUTH	
PREPARES YOUNG PEOPLE IN EIGHT COUNTRIES (ISRAEL, PALESTINE, SOUTH	
KOREA, BRAZIL, INDONESIA, MEXICO, PERU, AND SOUTH AFRICA) WITH	
MARKET-RELEVANT LIFE AND TECHNICAL SKILLS TRAINING, INTERNSHIPS,	
ON-THE-JOB LEARNING, AND JOB PLACEMENT SUPPORT AND SERVICES. THE HILTON	
WORLDWIDE PARTNERSHIP OFFERS LIFE-SKILLS TRAINING TO YOUNG TEAM MEMBERS	
IN HILTON PROPERTIES ACROSS FIFTEEN COUNTRIES ON FOUR CONTINENTS.	
(RE)CONNECTING YOUTH: EXCHANGING GLOBAL LESSONS WILL SHARE INNOVATIVE	
GLOBAL APPROACHES FOR INCREASING YOUTH CONNECTION AND RESILIENCE WITH	
PRACTITIONERS, POLICYMAKERS, AND FUNDERS IN THE U.S.	
GLOBALLY, TYF'S BOARD OF DIRECTORS AUTHORIZED INVESTMENTS IN A VARIETY	
OF INITIATIVES TO EXPAND IYF'S 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	Schedule O (Form 990 or 990-EZ) (2016)
632212 08-25-16	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number 38-2935397
INTERNATIONAL YOUTH FOUNDATION	30-233331
IDENTIFY THE MARKET POTENTIAL FOR 1YF PRODUCTS AND SERVICES, INCLUDING	
A WORK-READINESS ASSESSMENT.	
EXPENSES \$ 1,586,577. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 76,267.	
HAT INVEST Y = 1	
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.	
THE A LOW SEC. DEVENUE S O	
EXPENSES \$ 1,491,643. INCLUDING GRANTS OF \$ 487,362. KEVENOU V 51	
INITIATIVES IN EURASIA:	
	
WE EMPOWER YOUNG PEOPLE IN EURASIA WITH THE INFORMATION, SKILLS, AND	
MENTORING TO SUCCEED AS EMPLOYEES AND AS ENTREPRENEURS. BRILLIANT	
FUTURES HELPS YOUTH AGES 14 TO 18 IN VOCATIONAL SCHOOLS BEIJING AND	
NANJING LEARN AND PRACTICE MARKETABLE SKILLS. THE ZANGAR INITIATIVE IS	
A COMMUNITY-DRIVEN INITIATIVE THAT PREPARES YOUNG MEN AND WOMEN IN THE	
ATYRAU REGION OF KAZAKHSTAN TO FIND AND KEEP JOBS, ESPECIALLY IN STEM	
FIELDS. IN INDIA, IYF LED THE YOUNG ENTREPRENEURS INITIATIVE IN SUPPORT	
OF YOUNG MEN AND WOMEN 15 TO 29 YEARS OLD IN DELHI AND MUMBAI.	
	
EXPENSES \$ 1,195,245. INCLUDING GRANTS OF \$ 690,248. REVENUE \$ 0.	

Schedule O (Form 990 or 990 EZ) (2016) Jame of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
COUTHACTIONNET WORKS TO STRENGTHEN AND EXPAND THE IMPACT OF YOUTH-LED	
SOCIAL VENTURES AROUND THE GLOBE, OVER 16 YEARS, IT HAS CREATED ONE OF	
THE WORLD'S LARGEST NETWORKS OF YOUNG SOCIAL ENTREPRENEURS COMPRISING	
MORE THAN 1,350 YOUNG LEADERS IN 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/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 ENTERPRISES.	
EXPENSES \$ 1,192,873. INCLUDING GRANTS OF \$ 177,880. REVENUE \$ 111,512.	
INITIATIVES IN SUB-SAHARAN AFRICA:	
SINCE IYF'S FOUNDING IN 1990, IT HAS 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. TANZANIA YOUTH SCHOLARS WAS A FIVE-YEAR INITIATIVE	
THAT CONNECTED ORPHANS AND VULNERABLE CHILDREN IN TANZANIA WITH	
EDUCATIONAL SCHOLARSHIPS AND TRAINING TO HELP THEM REACH THEIR FULL	
POTENTIAL, 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	Schedule O (Form 990 or 990-EZ) (2016)
632212 08-25-16 4 9	

Schedule O (Form 990 or 990-EZ) (2016)	Employer identification number
lame of the organization INTERNATIONAL YOUTH FOUNDATION	38-2935397
QUALITY JOBS IN THE CONSTRUCTION SECTOR, THE MOZAL INITIATIVES EQUIP	
MOZAMBICAN YOUTH AND WOMEN WITH THE KNOWLEDGE AND SKILLS TO ACCESS AND	
SUCCEED IN SALARIED OR SELF-EMPLOYMENT OR TO PURSUE ADDITIONAL	
EDUCATION. ESCOLHAS, DZIMA! PONTAPE PARA O SUCESSO, AND BHINDZULA WORK	
WITH IN-SCHOOL AND OUT-OF-SCHOOL YOUTH AND WOMEN ENTREPRENEURS	
PROVIDING LIFE SKILLS, AND ENTREPRENEURSHIP AND EMPLOYABILITY TRAINING.	
EXPENSES \$ 1,043,752. INCLUDING GRANTS OF \$ 230,967. REVENUE \$ 15,160.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
JORDAN, TANZANIA, KYRGYZSTAN, ZIMBABWE,	
TUNISIA, MOROCCO, MEXICO, KAZAKHSTAN,	
OTHER COUNTRY	
FORM 990, PART VI, SECTION B, LINE 11B:	
990 REVIEW PROCESS	
1, FORMS TO BE COMPLETED BY CONTROLLER, CFO AND TAX ACCOUNTANTS	
2. FORMS REVIEWED BY TYF'S ATTORNEYS.	
3. DRAFT FORMS REVIEWED BY CHAIRMAN OF INVESTMENT AND AUDIT COMMITTEE	
4. FINAL VERSION OF FORMS SENT TO ENTIRE BOARD BEFORE FILING	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE DISTRIBUTED TO STAFF AT THE	
BEGINNING OF EACH CALENDAR YEAR. THE BOARD RECEIVES THEM AT THE FIRST	
BOARD MEETING OF THE YEAR, THESE MUST BE COMPLETED AND COLLECTED WITHIN 30	
DAYS. THE EXECUTIVE COMMITTEE OF IYF IS RESPONSIBLE FOR MONITORING	
COMPLIANCE WITH THE POLICY. THE COMPLETED STATEMENTS ARE MAINTAINED AS	
CONFIDENTIAL MATERIALS BY EXECUTIVE STAFF IN TYF'S OFFICE IN BALTIMORE.	

Schedule O (Form 990 or 990 EZ) (2016)		Employer identification number
Name of the organization INTERNATIONAL YOUTH FOUNDA	TION	38-2935397
ANY ISSUES DISCLOSED THROUGH THE FORMS ARE REVI	EWED BY THE EXECUTIVE	
COMMITTEE AND NECESSARY STEPS ARE TAKEN. IN PA		
MEMBER WORK FOR OR OTHERWISE BE INVOLVED WITH A	A DONOR OR VENDOR OF THE	
ORGANIZATION, THEY ABSTAIN FROM ALL RELATED DIS	SCUSSION AND VOTE.	
SHOULD ANY STAFF PERSON FAIL TO REVEAL ANY CON	FLICT OF INTEREST THEY WOULD	
BE TERMINATED. SHOULD ANY BOARD MEMBER FAIL T		
INTEREST, THEY WOULD BE RELEASED FROM THEIR SE		
FORM 990, PART VI, SECTION B, LINE 15:		
IYF DOES NOT TREAT COMPENSATION FOR OFFICERS C		
DIFFERENTLY FROM THE COMPENSATION OF OTHER STA		
TREAT COMPENSATION FOR THE CHIEF EXECUTIVE OF		
THAT OF ALL STAFF COMPENSATION, TYF ESTABLISH	ES AND MAINTAINS SALARY LEVELS	
THAT ARE COMPETITIVE IN RELATION TO THE MARKE	TS WITHIN WHICH IT COMPETES	
FOR EMPLOYEES. 1YF AIMS TO KEEP ALL SALARY RA	NGES COMPARABLE TO INDUSTRY	
STANDARDS. MARKET SALARIES ARE REVIEWED EVERY	7 3-5YEARS BY INDEPENDENT	
COMPENSATION CONSULTANTS.		
HISTORICALLY, IYF HAS GIVEN ANNUAL MERIT-BASI	ED SALARY INCREASES, MERIT IS	
DETERMINED THROUGH AN ANNUAL PERFORMANCE REV	IEW OF EMPLOYEE BY SUPERVISOR.	
THE SIZE OF THE MERIT POOL IS BASED ON ANTIC	IPATED MARKET SALARY INCREASES	
AS WELL AS IYF'S FINANCIAL CONDITION, TO DET	ERMINE MARKET SALARY INCREASES	
2-3 SALARY SURVEYS FOR SIMILAR MARKETS ARE R	REVIEWED, THE POOL WHICH	
EXCLUDES THE CEO SALARY IS APPROVED BY THE I	TYF BOARD OF DIRECTORS AND	<u> </u>
DISTRIBUTED ACROSS THE STAFF BY CEO BASED ON	N MERIT RATINGS. THE AMOUNT OF	
AN INDIVIDUAL'S SALARY INCREASE IS BASED ON	MERIT SCORE AND CURRENT SALARY	
POSITION WITHIN PAY RANGE, MORE RECENTLY, I'		Schedule O (Form 990 or 990-EZ) (2016
where we are the	51	

Schedule O (Form 990 or 990 EZ) (2016)		Page 2
Name of the organization INTERNATIONAL YOUTH FOUNDATION	N .	Employer identification number 38-2935397
INFLATIONARY RAISES ONLY, GIVING ALL STAFF AT SIMI	LAR LEVELS IN THE	
ORGANIZATION THE SAME PERCENTAGE RAISE. THESE RAIS	SES WERE DEVELOPED IN A	
SIMILAR MANNER AS THE MERIT POOL USING MARKET INFO	RMATION AND IYF FINANCIAL	
POSITION AS THE INFORMING FACTORS. IYF'S BOARD OF	DIRECTORS APPROVED THE	
RATES AND RAISES WERE NOT GRANTED UNTIL PERFORMANC	E REVIEWS WERE	
SUCCESSFULLY COMPLETED,		
THE CEO RAISE IS HANDLED DIRECTLY BY THE BOARD, TH	E CEO PERFORMANCE REVIEW	
IS CONDUCTED BY THE CHAIRMAN OF THE BOARD WHO THEN	DETERMINES THE	
PERCENTAGE RAISE GIVEN, SINCE 2005, WHEN USING THE	MERIT POOL, THE PRACTICE	
HAS BEEN TO GIVE THE CEO THE AVERAGE PERCENTAGE RA	ISE GIVEN TO THE STAFF.	
WHEN STAFF HAVE RECEIVED INFLATIONARY RAISES ONLY,	THE CEO HAS NOT RECEIVED	
A RAISE.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE AUDITED FINANCIAL STATEMENTS AND THE 990 TAX F	ORMS ARE POSTED ON THE	
ORGANIZATION'S WEBSITE AND ARE MADE AVAILABLE UPON	REQUEST. OTHER	
DOCUMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTANT FEES:		
PROGRAM SERVICE EXPENSES	2,595,074.	
MANAGEMENT AND GENERAL EXPENSES	216,502.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,811,576.	
OTHER PROFESSIONAL FEES:		
PROGRAM SERVICE EXPENSES	162,568.	Calculate O /F = == 000 == 000 E71 /000
632212 08-25-16		Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization		Employer identification number
INTERNATIONAL YOUTH FOUNDATION		38-2935397
MANAGEMENT AND GENERAL EXPENSES	7,348.	
UNDRAISING EXPENSES		
TOTAL EXPENSES	169,916.	
RECRUITMENT FEES:		
PROGRAM SERVICE EXPENSES	168,009.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES	238,398.	
TEMPORARY STAFF:		
PROGRAM SERVICE EXPENSES	0,	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES	25,132.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,245,022.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FOREIGN CURRENCY GAIN (LOSS)	-34,101,	
ROUNDING VARIANCE		
TOTAL TO FORM 990, PART XI, LINE 9	-34,761.	
		

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

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

Employer identification number 38~2935397

INTERNATIONAL YOUTH FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

NTERNATIONAL YOUTH Direct controlling 341,637, FOUNDATION, INC. 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. entity End-of-year assets **@** 574 601 Total income 0 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) MOROCCO YOUTH DEVELOPMENT PROGRAMS Primary activity 3 S.A.R.L.A.U. - 98-1271105, 9, RUE RIYAD, Name, address, and EIN (if applicable) INTERNATIONAL YOUTH FOUNDATION INC. of disregarded entity APPT.8 HASSAN, RABAT, MOROCCO Part II Part

(g) Section 512(b)(13) S controlled entity? Yes × YOUTH FOUNDATION Direct controlling INTERNATIONAL entity status (if section 501(c)(3)) Public charity LINE 1 Exempt Code section 501(C)(3) Legal domicile (state or foreign country) MARYLAND SUPPORTING ORGANIZATION Primary activity - 52-2085268 Name, address, and EIN of related organization RESOURCES FOR YOUTH INC 32 SOUTH ST, STE 500 21202 BALTIMORE, MD

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

Schedule R (Form 990) 2016

38-2935397

Schedule R (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION

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

Chicky bears Direct controlling Predominent income Share of total Share of Sha									1.5		6	(4)
Accordance and Elv Primary activity Primary a	(a)	(q)	<u>©</u>	(g)	(e)		€	(B)			3 ·	<u> </u>
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization areawend "Yes" on Form 990; Part IV, line 34 because organizations freated as a corporation or trust ding the tax year. (e) How the delated organizations freated as a corporation or trust ding the tax year. (b) Hormany activity (c) How the delated organization areawend to the delated organization areawend to trust ding the tax year. (c) Trust) (c) Corp. Storp. Income acceptable as a Corporation or trust ding the tax year. (c) Trust) (c) Corp. Storp. Income acceptable as a Corporation or trust ding the tax year. (d) Trust ding the tax year. (e) How the delated organization or trust or trust ding the tax year. (d) Trust ding the tax year. (e) Hormany activity (c) Corp. Storp. Income acceptable acceptable as a Corporation or trust ding the tax year. (e) How the tax year. (f) Trust ding the tax year. (g) Trust din	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	controlling ntity	Predominal (related, u excluded fror sections 5		share of total income	Share o end-of-ye assets			General or Control or	Percenta
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes," on Form 990, Part IV, line 94 because organizations treated as a corporation or trust during the tax year. (b) Name, address, and EM Name, address, and EM Primary activity Less or organization (comp. Scorp., Scorp., Income assessing country) (comp. Scorp., Income assessing country)												
Identification of Related Organizations Taxable as a Corporation of Trust. Complete if the organization answared "Yes" on Form 990, Part IV, line 94 because organization frust dump the lax year. (G) Name, address, and EIN Name, address, and EIN Primary activity of related organization Of or trust) Of or trust)	Table Control of the	•				****						
Identification of Related Organizations Trasble as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated organization trust during the tax year. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	- Indian control of the control of t	i i i i i i i i i i i i i i i i i i i										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yea" on Form 590, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. Application of Related Organization or trust during the tax year. Complete if the organization answered "Yea" on Form 590, Part IV, line 34 because of the stated organization and EIN Primary activity Linguistic Controlling Type of entity (Copps of entity (Copps of entity) (Cop												
Howelffication of Ralated Organizations Trust during the tax year. Organizations fracted as a corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization trust during the tax year. (b) Name address and EIN Primary activity (Corp. Scorp.	The state of the s											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization freeted as a corporation or trust during the tax year. (a) (b) Neame, address, and EIN (b) Primary activity (cases) (coops, 5 ord).	AND											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization or trust cumpt the tax year. (a) (b) (c) (c) (d) Name, address, and EIN Printary activity or felicled organization answered trust controlling (Corp. of entity) (Corp	ALL PARTY.									ALABAMITA		
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	A A A A A A A A A A A A A A A A A A A	1										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization trust during the tax year. (a) (b) (c) (d) (e) (h) (e) (incomplete organization (corp. Soc. Org. Share of total state) (d) (d) (e) (f) (f) (f) (g) (g) (h) (g) (h) (h) (h) (h	AND THE PROPERTY OF THE PROPER	T										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization related as a corporation or trust during the tax year. (b) (c) (d) (e) (f) (f) (g) (h) Name, address, and EIN Primary activity (grade organization of related organization (corp. S corp.) Income assets: (c) (d) (e) (f) (f) (f) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g												
Identification of Related Organization Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. (a) (b) (c) (c) (c) (d) (d) (d) (e) (d) (d) (d) (d	ATTACACHE TO THE PARTY OF THE P	ANN THE REAL PROPERTY AND THE PROPERTY AND										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organizations treated as a corporation or trust during the tax year. (a) (b) (c) (c) (c) (d) (d) (e) (d) (e) (c) (c) (c) (c) (c) (c) (c												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because organization or trust during the tax year. (a) (b) Name, address, and EIN Primary activity (state or total country) of related organization of related organization (b) Primary activity (state or controlling or trust) (c) or trust) (c) Or trust) (d) (e) (f) (g) (g) (h) (g) (h) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		т-										
Organizations treated as a corporation of tract country (controlling) (corp., S corp., S corp	-	rganizations Taxable	as a Corp	oration or Trust. C	omplete if th	e organization	answered "Y	es" on Form 9	390, Part IV, li	ne 34 because it h	nad one or m	ore relate
Primary activity Legal comicile Direct controlling Type of entity Share of total Share of corp. S corp., society income assets of trust)		סויסושווסון סו וומאר כמו	A CI) cell :	(3)	5		[3	Ψ	(b)	(F)	ε
Gountry) or trust) assets	(a) Name, address, and E	Ni	Prin		Legal domicile (state or	(a) Direct contro entity			hare of total income	Share of end-of-year	Percentage ownership	
					foreign country)			rust)		assets		E
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			\$ 2 2 2 2 2	Yes	S (a
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 rel	ited organizations listed Ir	Parts II-1V?		
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity	, , , , , , , , , , , , , , , , , , ,		***************************************	Ja	×
				1b	×
	***************************************			. 2	×
				7	
d Loans or loan guarantees to or for related organization(s)				╀	
e Loans or loan guarantees by related organization(s)				-	×
f Dividends from related organization(s)				#	×
Colored of construction of construction(c)	· · · · · · · · · · · · · · · · · · ·			1g	×
				ال	×
		***************************************	***************************************	į	×
				;=	×
j Lease of Tacilities, equipment, of other assets to related organization(s)					
k lease of facilities, equipment, or other assets from related organization(s)				半	×
Performance of services or membership or fundraising solicitations for rela	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m	×
	tion(s)			두	×
1 Sharing of tabilities, equipment, maining less, or one, cook of the cook of				10	×
Deimbursement read to related organization(s) for expenses				1	×
				19	×
q nellibulatin pala by letated vigatilization(3) for experied community					
Other terrespond of any or avanced to valetad avanciantion(e)				+	×
Other transfer of each or property from related organization(s)				1s	×
S Other Italiate of cash of property months are the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered i	elationships and transaction thresholds.		
	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved	
Administration of the Contract	type (a-s)		- The state of the		
(1) RESOURCES FOR YOUTH INC	Q	128,666,	128,666,BOOK VALUE		
(2)		- ALABAMAN PROPERTY OF THE PRO			
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(5)			ALL LANGUE BARRANGE BARRANG BARRANG BARRANG BARRANG BARRA		i
(4)			- interpretation of the state o		
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(6)			- Industry Industry -		
(9)					
632163 09-06-16	26		Schedu	Schedule R (Form 990) 2016	90) 2016

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

asured by total assets or gross revenue)	
t of its activities (measured by tol	
hrough which the organization conducted more than five percent of its activities (measi	hips.
nrough which the organization o	for certain investment partners
y taxed as a partnership t	nstructions regarding exclusion
following information for each entity	that was not a related organization. See instructions regarding excl
 Provide the	that was no

County) sections 512-514) Tyes In the county of the county	under ugs.: 14) Yes No	Share of total	Share of end-of-vear	Dispropor- tonate	Disproper Code V-UBI General or Percentage tongs amount in box 20 managing ownership	General or managing	Percentage ownership
	-	income	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
	-						
				-			
			ALL PROPERTY OF THE PARTY OF TH				
The state of the s						_	
						_	

Schedule R (Form 990) 2016 INTERNATIONAL YOUTH FOUNDATION	38-2935397	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instruction	8	
Provide additional information for responses to questions on scriedule A. See instruction	s	
· · ·		

Form **8868** (Rev. January 2017)

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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 38-2935397 INTERNATIONAL YOUTH FOUNDATION 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 City, town or post office, state, and ZIP code. For a foreign address, see instructions. 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 Return Application Code Is For Code is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 02 Form 1041-A 08 Form 990-BL Form 4720 (other than individual) Form 4720 (individual) 03 09 10 Form 990-PF 04 Form 5227 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 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 ____ . If it is for part of the group, check this box 🕨 ____ and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2017 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 2016 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a 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. За

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.

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Form 8868 (Rev. 1-2017)

3b