** 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 black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Inspection

A F	or the	2012 calendar year, or tax year beginning and er	nding						
	heck if	C Name of organization		D Employer id	entific	ation number			
a	pplicab!	ox o							
_	Addre	INTERNATIONAL YOUTH FOUNDATION							
F	Name	D. C. D. C. L. A.		38	-2935	397			
=	_ichang _initlal		Room/suite	E Telephone n	umber				
-	_lreturn ∃Termir					-1500			
\vdash	⊒ated]Amend _return	JE SOUTH STREET		G Gross receipts \$		47,314,052.			
-	⊒return]Applic]tion	BALTIMORE MD 21202		H(a) Is this a gr	oup re				
L	⊒tion pendir	F Name and address of principal officer:WILLIAM S. REESE		for affiliate	•	Yes X No			
		· I				uded? Yes No			
		SAME AS C ABOVE SAME AS C ABOVE	527			list. (see instructions)			
			021	H(c) Group exe					
		e: WWW.IYFNET.ORG	I Veat			State of legal domicile: IL			
		Organización, (A)	L 100	Of formations 199					
F	irt	Summary Briefly describe the organization's mission or most significant activities: A GLOBAT	T NOO DD	PRETITO VOLING		*			
8			L NGO PK	DEARING TOOM	-				
ă		PEOPLE TO BE HEALTHY PRODUCTIVE AND ENGAGED CITIZENS.	nd of more	than 25% of ite	not as	epte			
Governance	2	Check this box if the organization discontinued its operations or dispose	BU OF HIOTO	1 (11811 2570 01 183	3	15			
Š		Number of voting members of the governing body (Part VI, line 1a)				14			
		Number of independent voting members of the governing body (Part VI, line 1b)			5	97			
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)) हान्छ हन्ता <i>(नि</i>)	ERICA RES	6	14			
ž	6	Total number of volunteers (estimate if necessary)							
뒇	7 a	Total unrelated business revenue from Part VIII, column (C), wind the same of	7 H B21 (2)		7a	0.			
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	0,			
			#	Prior Year		Current Year			
<u>Φ</u>	8	Contributions and grants (Part VIII, line 1h)		26,942,		42,287,468.			
Revenue		Program service revenue (Part VIII, line 2g)			501.	583,787.			
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			504.	555,497,			
ш.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			207.	15,534.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,458,		43,442,286.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,243,	907.	6,312,745,			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)		9,469	637.	10,796,463.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
8	b	Total fundraising expenses (Part IX, column (D), line 25)	216.						
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,237	015.	9,426,15 <u>4.</u>			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		24,950	559.	26,535,362,			
	19	Revenue less expenses. Subtract line 18 from line 12		3,507	887.	16,906,924.			
580			Be	ginning of Current	Year	End of Year			
ages ages	20	Total assets (Part X, line 16)		39,138	828.	56,0 <u>25,016.</u>			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		1,989	327.	1,652,219,			
활후	22	Net assets or fund balances. Subtract line 21 from line 20		37,149	501.	54,372,797.			
I Pa	art II	Signature Block							
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ients, and to the be	st of m	y knowledge and belief, it is			
true	. corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledg	e.				
		I.							
Sig	n	Signature of officer PUBLIC INSPEC	CHOM	Date					
Her		WILLIAM S. REESE, PRESIDENT/CEO COPY - RETAIN	AFOR						
1161	•	WILLIAM S. REESE PRESIDENT/CEO Type or print name and title YOUR RECO							
		Print/Type preparer's name Preparer's signature	Annual County		heck	PTIN			
Paid	i	WILLIAM B. TURCO, CPA	<u>،</u> ا	9/3/3 15		elf-employed P00369217			
	parer	Firm's name MCGLADREY LLP	·	Firm's E		42-0714325			
	Only	Firm's address 9737 WASHINGTONIAN BLVD., #400							
სა წ	Only	GAITHERSBURG MD 20878-7340		Phone i	30. (3	301) 296-3600			
	ا مطابع	RS discuss this return with the preparer shown above? (see instructions)		1		x Yes No			
Ma	у тпо Т	JO CIPCOS (INSTERIOR MILITARE PLENALE) SHOWL GROVE (1966 INSTRUCTIONS)	************			Farm 990 (2012)			

Form	(1 330 (20 (2) INI BIOWALLOWAN TOOTH TOOMSTAND	-2935397	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		х х
1	Briefly describe the organization's mission:		
	IYF IS A GLOBAL NGO THAT PREPARES YOUNG PEOPLE TO BE HEALTHY		
	PRODUCTIVE AND ENGAGED CITIZENS		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes x No
	If "Yes," describe these new services on Schedule O.	г	7v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes LXINO
	If "Yes," describe these changes on Schedule O.	soured by ev	noncoc
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, to revenue, if any, for each program service reported.	he total expe	enses, and
4a	2 551 921 \ / Paramet)
	YOUTH: WORK		
	LAUNCHED IN 2008, YOUTH; WORK BRINGS EMPLOYMENT AND ENTREPRENEURSHIP		
	PROGRAMS TO YOUNG PEOPLE, FUNDED BY THE U.S. AGENCY FOR INTERNATIONAL		
	DEVELOPMENT (USAID), YOUNG PEOPLE GAIN ACCESS TO VOCATIONAL, TECHNICAL, AND LIFE SKILLS TRAINING; JOB-PLACEMENT SERVICES; ENTREPRENEURSHIP		
	TRAINING; AND SUPPORT FOR JOB CREATION THROUGH START-UP AND SMALL AND		
	MEDIUM YOUTH-LED ENTERPRISES, AMONG THE 12 YOUTH: WORK PROJECTS, ARE		
	THE CARIBBEAN YOUTH EMPOWERMENT PROGRAM, A THREE-YEAR, IT JOB-TRAINING		
	AND PLACEMENT INITIATIVE TARGETING THOUSANDS OF UNEMPLOYED YOUTH ; AS		
	WELL AS YOUTH FOR THE FUTURE (FORMERLY YOUTH: WORK JORDAN), A FIVE-YEAR		
	PROGRAM DESIGNED TO IMPROVE YOUTH EMPLOYMENT AND CIVIC ENGAGEMENT,		
4b	EQUIP YOUTH:		
	IN 2012, IYF AND THE CATERPILLAR FOUNDATION LAUNCHED EQUIPYOUTH TO		
	ADDRESS THE CHALLENGES YOUNG PEOPLE FACE WHEN ENTERING THE LABOR FORCE		
	OR STARTING THEIR OWN BUSINESSES. THE PROGRAM, TO BE IMPLEMENTED OVER		
	THREE YEARS, WILL PROVIDE 8,500 YOUNG PEOPLE IN 12 COUNTRIES WORLDWIDE		
	WITH MARKET-RELEVANT LIFE AND TECHNICAL SKILLS TRAINING ALONG WITH		
	INTERNSHIPS, ON-THE-JOB TRAINING, AND JOB PLACEMENT SUPPORT AND		
	SERVICES, TO INCREASE THEIR EMPLOYABILITY PROSPECTS, CAPACITY BUILDING FOR LOCAL PARTNERS AND TRAINERS, ENTREPRENEURSHIP DEVELOPMENT, EMPLOYEE		
	ENGAGEMENT, AS WELL AS THE IMPLEMENTATION OF STRATEGIC MONITORING AND		
	EVALUATION SYSTEMS ARE ALSO INTEGRAL COMPONENTS OF THIS GLOBAL		
	INITIATIVE.		
4c	407.464.)		595,232,)
	OTHER WORK PROGRAMS:		
	IYF'S WORK PROGRAMS IMPROVE YOUNG PEOPLE'S EMPLOYABILITY PROSPECTS BY		
	PREPARING THEM FOR QUALITY JOBS OR HELPING THEM TO SUCCEED AS		
	ENTREPRENEURS, IYF EQUIPS YOUTH WITH LIFE SKILLS AND TECHNICAL		
	KNOW-HOW, WHILE CONNECTING THEM TO THE MENTORS, INTERNSHIPS, AND JOB		
	PLACEMENT SERVICES THEY NEED TO SUCCEED IN THE JOB MARKET, WE ALSO		
	HELP YOUTH EMPLOY THEMSELVES AND CREATE NEW JOBS BY TRAINING THEM TO BE		
	ENTREPRENEURS AND LINKING THEM TO THE CAPITAL NEEDED TO START NEW		
	BUSINESSES.		
4d	Other program services (Describe in Schedule O.)	,	
	(Expenses \$ 4,765,144, including grants of \$ 1,590,191,) (Revenue \$		
<u>4e</u>	Total program service expenses ► 22,309,930,		Form 990 (2012)

Pai	TIV Checklist of Required Schedules		V	NI.
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	.	.,	
	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
	public office? If "Yes," complete Schedule C, Part I			<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
	during the tax year? If "Yes," complete Schedule C, Part II			
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	-	
8		8		х
_	Schedule D, Part III			
9	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	9		x
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	71.6.1		
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
а	Part VI	11a	х	l
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
IJ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		[
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X	├
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	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	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2012)
		rom	1 220	(4012)

	The state of the s		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
~~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	~ 1	^	
22		22		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		l
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):		7.77	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	the state of the s	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5 7	Part V, line 1	34	х	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
		600		^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		J.
	If "Yes," complete Schedule R, Part V, line 2	36	 	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		٠
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	(2012

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					x
		• • • • • • • • • • • • • • • • • • • •	••••••		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	39	- ::::	163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		33			
C			ıble gaming		100	See a
·	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1.0	- :::::
	filed for the calendar year ending with or within the year covered by this return	2a	97	1		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		'	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				^-	- 5.5
За				За		х
				3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
-144	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	х	
h	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			,,,		-::
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts			- 1: -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5а		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-00		•
- Cu	any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			:	- 1	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	Stoven ent of habivore	7a		X.
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	to file Form 8282?			7c		х
ď	If "Yes," indicate the number of Forms 8282 filed during the year					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
~	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		•
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.			44.5		
	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:		***************************************		:	14.
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:			1		
	Gross income from members or shareholders	11a		i.;		!
	Gross income from other sources (Do not net amounts due or paid to other sources against					
		11b				. 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	}	12a		
		12b				- : :
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	· · · · · · · · · · · · · · · · · · ·	13b				
	Enter the amount of reserves on hand	13c	•		.	
	PM to the second of the second			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
				Form	990	(2012)

Form 990 (2012)

INTERNATIONAL YOUTH FOUNDATION

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

	Check if Schedule O contains a response to any question in this Part VI			х				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
h	Enter the number of voting members included in line 1a, above, who are independent			. : : : :				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 4.77	11,770				
-	officer, director, trustee, or key employee?	2		Х_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6	Did the organization have members or stockholders?	6		_X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
•	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	and the following the very best of the most incorporation and the property of the following.							
a								
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
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 11a						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12 a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ا ا						
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent		¥.					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-						
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1.1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		x				
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	-					
b	if "Yes," did the organization follow a written policy of 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			1				
	exempt status with respect to such arrangements?	16b						
500	tion C. Disclosure	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O							
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ile					
18	for public inspection. Indicate how you made these available. Check all that apply.							
	x Own website Another's website x Upon request Other (explain in Schedule O)							
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
19	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	-					
20	SAMANTHA BARBEE - 410-951-1500							
	32 SOUTH STREET, NO. 500, BALTIMORE, MD 21202							
23200 12-10	6	Forn	990	(2012)				

INTERNATIONAL YOUTH FOUNDATION Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.

A Name and Title A A A A A A A A A	Check this box if neither the organization n	or any related o	orga	niza	tion	cor	nper	sate	ed any current officer, c	lirector, or trustee.	
Name and Title			(C)						(D)	(E)	(F)
Nours for related week (fist any below the fist and the content of the compensation of the compensation from the organizations of the compensation from the organization of the compensation of the compensation from the organization of the compensation of the compensat		Average	ído	not ci	Posi reck :	ition more	i than e	one	-		
Compensation Comp		1 ' 1	box,	, unies	ss pe	rson i	is boti	n an		'	
Companies Comp		1 :		er au	aza	a director/dustee)					
C1 DOUGLAS L. BECKER		, ,	irecta								
C1 DOUGLAS L. BECKER			e or d	gg Zg			sate			(11 27 1000 111100)	
C1 DOUGLAS L. BECKER			ruste	l trus		<u>ş</u>	mper		(11 2) 1000 11110-)		and related
C1 DOUGLAS L. BECKER			dual	utions	ba.	율	sst co oyee	22			organizations
(1) DOUGLAS L. BECKER CHAIRMAN (2) DIAN BUCHBINDER AURON (3) EVELYB BERG IOSCHPE DIRECTOR (3) EVELYB BERG IOSCHPE DIRECTOR (4) JOE MATALON DIRECTOR (4) JOE MATALON DIRECTOR (5) OLIVER FLEUROT DIRECTOR (6) NABDIYA MOOSAJEE DIRECTOR (7) ENRIQUE V. IGLESIAS DIRECTOR (8) RICK LITTLE DIRECTOR (9) CHRISTOPHER J. NASSETTA DIRECTOR (10) PETER NOICKE DIRECTOR (11) JOHN STUDZINSKI DIRECTOR (12) VELI SUNDBACK DIRECTOR (13) CONNIE WONG DIRECTOR (14) QUEEN RANIA AL-ABLDULLAH DIRECTOR (15) MILLIAM S. REESE 39.90 CFO LITHAGE SERGEUTIVE VP - BUSINESS DEVELOPMENT EFMENDICS CO		1	Indivi	thsti	ottloe	Ke	E E	퉏			
CHAIRMAN	(1) DOUGLAS L. BECKER	0.20									^
Director	CHAIRMAN		Χ		X	<u> </u>	_	<u> </u>	0.	0.	<u> </u>
DIRECTOR	(2) DINA BUCHBINDER AURON	0,20									0
Director X	DIRECTOR		X		<u> </u>	⊢	\vdash		0,	U.	
DIRECTOR	(3) EVELYN BERG IOSCHPE	0.20									٥
Director	DIRECTOR		Х		_	├-	-	⊢	0.	<u> </u>	
DIRECTOR	(4) JOE MATALON	0.20								0	n
DIRECTOR			X	-		┢╌			, v,		
DIRECTOR		0,20							<u> </u>	0.	_0.
DIRECTOR		 	X	-		-	\vdash				
DIRECTOR		0.20	J.					1	0	0.	0.
DIRECTOR		0.20	^	 		一	-	\vdash			
DIRECTOR		0,20	Į.						0.) o.	0.
DIRECTOR		0.20	^	T	-	T	1-	 			
O		0,20	x						0.	0.	0.
DIRECTOR		0.20	-				T				
NAMENON Name			x						0.	0,	0.
DIRECTOR		0,20									
O	• •		х					_	0.	0.	0.
DIRECTOR		0.20									
DIRECTOR	, .		х	<u> </u>		<u> </u>	1	_	0.	0.	0.
DIRECTOR		0.20]								
DIRECTOR (14) QUEEN RANIA AL-ABLDULLAH DIRECTOR (15) WILLIAM S. REESE PRESIDENT/CEO (16) SAMANTHA BARBEE CFO (17) G. PETER SHIRAS EXECUTIVE VP - BUSINESS DEVELOPMENT X 0. 0. 0. 0. 0. 0. 0. 45,469 X 171,159. 0. 24,564 Form 990 (2012	DIRECTOR		х	_	ļ	┡		┞	0	. 0,	<u> </u>
DIRECTOR	(13) CONNIE WONG	0.20	-								
DIRECTOR	DIRECTOR		1	\vdash	-	\vdash	-		0		<u> </u>
DIRECTOR	(14) QUEEN RANIA AL-ABLDULLAH	0.20	1								
PRESIDENT/CEO (16) SAMANTHA BARBEE (270 (17) G. PETER SHIRAS EXECUTIVE VP - BUSINESS DEVELOPMENT O. 45,469 X 171,159. 0. 20,763 X 215,744. O. 45,469 215,744. Form 990 (2012	DIRECTOR		1	-	+	╀	┪-	┢	0		
PRESIDENT/CEO	(15) WILLIAM S. REESE		1						204 412	,	45 469
CFO 0.10 X 171,159. 0. 20,763 (17) G. PETER SHIRAS 40.00 X 215,744. 0. 24,564 EXECUTIVE VP - BUSINESS DEVELOPMENT X 215,744. Form 990 (2012	PRESIDENT/CEO			\vdash	X	+	╫	+	304,412	•	10,1001
CFO (17) G. PETER SHIRAS (17) G. PETER SHIRAS (18) 40.00 EXECUTIVE VP - BUSINESS DEVELOPMENT Form 990 (2012)	(16) SAMANTHA BARBEE	I	1						171 150	0	20.763.
EXECUTIVE UP - BUSINESS DEVELOPMENT X 215,744. 0, 24,564 Form 990 (2012			1	+	X	+	+	+	1/1,155		
EXECUTIVE VP - BUSINESS DEVELOPMENT Form 990 (2012		40.00	1	1			\ _v		215 744	. 0	24,564.
			1	Ш.		1	1.4		1 213,744	•1.	Form 990 (2012)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(40		Pos		than	one	Reportable	Reportable		Es	stimate	∍d
		hours per	box	, unle	ss pe	rson	is bot	h an		compensatio		ar	nount	
		week	⊢	ceran	laad	recto	y/trus	(ee)	110111	from related			other	
		(list any hours for	recto						the	organization (W-2/1099-Mis			pensa om th	
		related	g or d	te e			sate		organization (W-2/1099-MISC)	(44-271099-1416	50)		anizat	
		organizations	ruste	1 pus		ಜ್ಞ	mpen		(44-27 1099-14160)			-	d relat	
		below	dual	tona	_	l gg	St Co	l as					anizati	
		line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ů		
(18)	AWAIS SUFI	40.00												
EXEC	UTIVE VP - PROGRAMS		<u> </u>		<u> </u>	_	Х	_	194,079.		0.		35	945.
(19)	JIM PEIRCE	40.00												
VP -	STRATEGIC PLANNING & OUTREACH	-	<u> </u>		_		Х	ļ	158,668,		0,		19	<u>,772.</u>
(20)	KATHERINE CARPENTER	40.00									_ '			
	BUSINESS DEVELOPMENT		_		_		Х		124,407.		0.		22,	,979.
	SUSAN PEZZULLO	40.00							440.004		•		21	107
DIR	- LATIN AMERICA & CARIBBEAN PROG						Х	-	148,834.		0.		31,	187.
								-						
•	•													
								L						
1b	Sub-total						>		1,317,303.		0.		200	679.
c	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)						<u> </u>		1,317,303.		0.		200	<u>,679,</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													7
						_							Yes	No
3	Did the organization list any former officer,											_		l
	line 1a? If "Yes," complete Schedule J for s								t			3		Х
4	For any individual listed on line 1a, is the su												,,	
_	and related organizations greater than \$150											4	X	-
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		x
Sec	tion B. Independent Contractors	hiere ochedali	<i>- U I</i>	UI SI	uull	pers	, 110						1	
1	Complete this table for your five highest co	mnensated inc	iene	ande	nt c	onte	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
'	the organization. Report compensation for													
	(A)							Ī	(B)			((C)	
	Name and business address Description of services Compensation													

JORDANIAN HOSPITALITY & TOURISM CO 626,847. TOUNES, 4TH CIRCLE, AMMAN, JORDAN HOSPITALITY TRAINING ARABIAN BUSINESS CONSULTANTS - ABCD 188,676. ZAHRAN, 5TH CIRCLE, AMMAN, JORDAN ENTREPRENEURSHIP TRAINING EUROSIS, AV. 25 DE SETEMBRO, 420 , MAPUTO, 140,505. EVALUATION SERVICES MOZAMBIQUE BRITISH COUNCIL ENGLISH LANGUAGE TRAINING 132,933. RAINBOW, 1ST CIRCLE, AMMAN, JORDAN BEHIND THE SCENES EVENT PLANNING & COORDINATION 131,570. SHEMAISANI, SATE EL HOSARI, AMMAN, JORDAN 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2012)

232008 12-10-12

2012.04020 INTERNATIONAL YOUTH FOUNDAT 76684131

Part VIII Statement of Revenue (B) Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (C) Unrelated (A) Related or Total revenue exempt function business sections 51 513, or 51 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 9,589 ٦b b Membership dues c Fundraising events 1c 1d d Related organizations 23,949,914 e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 18,327,965 Q Noncash contributions included in lines 1a-1f: \$ 287,468 h Total. Add lines 1a-1f Business Code 561,077 561,077 Program Service 900099 2 a CONTRACT REVENUE 900099 12,650 12,650 b WORKSHOP FEES 10,000 10,000 900099 c LICENSING FEE 60 900099 d PUBLICATION SALES f All other program service revenue 583,787 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 198,972. 198,972 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 4,228,291 b Less: cost or other basis and sales expenses 3,871,766 356,525 c Gain or (loss) 356 525 d Net gain or (loss) 356,525 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____ a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11,400 900099 11,400 11 a GRANT REFUNDS 4.134. 900099 4,134 OTHER INCOME d All other revenue 15,534 e Total. Add lines 11a-11d 559 631. Total revenue. See instructions. 43,442,286 Form 990 (2012) 232009 12-10-12

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
•	Check if Schedule O contains a respor		is Part IX		<u>x</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		and the same of th		
	organizations in the United States. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1	in the state of th		
	United States. See Part IV, lines 15 and 16	6,292,745.	6,292,745.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		***************************************		
	trustees, and key employees	541,803.	17,494.	524,309.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,202,921.	6,406,618.	1,235,568.	560,735.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	501,590.	351,301.	102,994.	47,295.
9	Other employee benefits	1,084,760.	857,632.	165,742.	61,386.
10	Payroll taxes	465,389,	300,825.	124,043.	40,521.
11	Fees for services (non-employees):			:	
а	Management				
b	Legal	56,080.	13,863.	42,217.	
С	Accounting	63,911.	27,947.	35,964.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,381.		30,381.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	4,761,116.	4,650,869.	86,524.	23,723,
12	Advertising and promotion	*,,			
13	Office expenses	1,105,248.	862,184,	233,746.	9,318.
14	Information technology	106,270,	35,603.	70,667.	
15	Royalties	==-,=:-,			
16	Occupancy	763,940,	223,387.	540,553.	
17	_ 1 ' ' ' ' ' '	1,815,213,	1,662,539.	81,613.	71,061.
18	Payments of travel or entertainment expenses	1,010,210,	2,002,005.		
10	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	495,966.	448,558.	41,217,	6,191.
19		4,50,500,	***0,550.	21,21,4	
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	6,214.		6,214.	
22	. '	7,249,		7,249.	
23	Insurance Other expenses, Itemize expenses not covered	1,249,		1,443.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) MEMBERSHIP DUES	62,466.	1.926.	60.540.	
a			49,381.	00,340,	
b	BAD DEBT	49,381.		5,929.	986.
C	OTHER EXPENSES	40,962.	34,047.		500.
d	JOB POSTINGS	36,272.	27,526.	8,746.	
е	All other expenses	25,485.	25,485.	2 101 005	901 016
25	Total functional expenses. Add lines 1 through 24e	26,535,362.	22,309,930.	3,404,216,	821,216.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2012)

	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	ques	tion in this Part X	1		1
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	351.	1	217.
	2	Savings and temporary cash investments		***************************************	6,360,294.	2	12,736,766.
	3	Pledges and grants receivable, net			23,086,226.	3	33,408,114.
	4	Accounts receivable, net		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	60,512.	4	51,500.
	5	Loans and other receivables from current and fo	rmer (officers, directors,			
		trustees, key employees, and highest compensa	ated e	mployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit				N.E.	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).	Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	•••••		523,41 <u>7.</u>	7	471,934.
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	······	1	455,524.	9	225,308.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D			1		
	b	•				4	
	11	Investments · publicly traded securities	7,503,193.	1			
	12	Investments - other securities. See Part IV, line 1	270,124,	ł			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	858,705,	l .			
	16	Total assets. Add lines 1 through 15 (must equa		1			
	17	Accounts payable and accrued expenses	1,041,025.	1			
	18	Grants payable		237,241.	<u> </u>		
	19	Deferred revenue	***************************************	511,061.	1	94,022,	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to current and former					
l ë.		key employees, highest compensated employee					
		Complete Part il of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			200,000.	24	200,000.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				25	
					1.989.327.	26	1,652,219
	26	Total liabilities. Add lines 17 through 25			1,303,321,	20	1,032,217
		Organizations that follow SFAS 117 (ASC 958		ck fiere P La and		'	
မ်ိ		complete lines 27 through 29, and lines 33 an			10,448,537.	27	11,248,690.
<u>a</u>	27	Unrestricted net assets			25,736,758.	1	
Net Assets or Fund Balances	28	Temporarily restricted net assets			964,206	ŧ	
pur	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		58) check here	304,200		
Ĩ.		and complete lines 30 through 34.		1			
S.	20	Capital stock or trust principal, or current funds		30			
set	30	Paid-in or capital surplus, or land, building, or ed				31	
t As	31	Retained earnings, endowment, accumulated in				32	
N S	32	Total net assets or fund balances			37,149,501.	33	
-	33	Total net assets of fund palations	30, 120, 000	34			

56,025,016, Form **990** (2012)

34 Total liabilities and net assets/fund balances

Form	990 (2012) INTERNATIONAL YOUTH FOUNDATION	38-2935397		Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	43	442	<u> 286</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	,535	<u>362.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	16	,906	924,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	,149	501,
5	Net unrealized gains (losses) on investments	5		320	360.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	988.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	***************************************			
	column (B))	10	54	372	797,
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	••••		•••••	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		11 1-1-1	77 53
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			. " : -	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		1.1.1.1		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
vu	Act and OMB Circular A-133?		За	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
	Or section and an extraording of strict section and probability of strict section and str			990	(2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization INTERNATIONAL YOUTH FOUNDATION 38-2935397 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III · Functionally integrated d Type III · Non-functionally integrated b ___ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) Is the organization in col. (i) organized in the U.S.? (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of monetary (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No Nο Schedule A (Form 990 or 990-EZ) 2012 LHA For Paperwork Reduction Act Notice, see the Instructions for

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					10	
	membership fees received. (Do not						
	include any "unusual grants.")	19,249,310.	21,869,929.	29,212,527,	26,942,235,	42,287,468,	139,561,469,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				_		
4	Total. Add lines 1 through 3	19,249,310,	21,869,929.	29,212,527.	26,942,235.	42,287,468.	139,561,469.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						23,901,635.
6	Public support. Subtract line 5 from line 4.		I AND THE				115,659,834.
	ction B. Total Support						
	indar year (or fiscal year beginning in) 📂	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	19,249,310,	21,869,929,	29,212,527,	26,942,235.	42,287,468.	139,561,469.
8	Gross income from interest,]			- ,	•
	dividends, payments received on						٠
	securities loans, rents, royalties						
	and income from similar sources	737,894.	264,689,	195,293.	199,079.	198,972.	1,595,927.
9	Net income from unrelated business			-		-	•
	activities, whether or not the						
	business is regularly carried on				···		
10	Other income. Do not include gain	1		į			
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1,810.	5,748.	305,200,	572,207.	4,089.	889.054.
	Total support. Add lines 7 through 10						142,046,450.
	Gross receipts from related activities,					12	1,170,747.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	k year as a sectior	1 501(c)(3)	
Sec	organization, check this box and stopetion C. Computation of Publi	<u>here</u> c Support Per	centage	******************************			> L
	Public support percentage for 2012 (lin			lump (6)		44	04 44 04
15	Public support percentage from 2011	Schodulo A. Dart I	nded by line 11,00	iumii (ijj		15	81.42 %
16a	33 1/3% support test - 2012. If the or	rasnization did not	check the hov on	line 13 and line 1.			82.60 <u>%</u>
	stop here. The organization qualifies a	is a publicly suppo	orted organization	iine io, and iine i	4 18 33 1/376 01 111	ore, check this po	Cand ►x
b	33 1/3% support test - 2011. If the or	roanization did not	check a hov on lin	a 13 or 16a and li	ino 15 io 22 1/29/	or more about this	
	and stop here. The organization qualif	ies as a publicly si	innorted organizat	ion	1116 13 13 33 17376	or more, check th	5 DOX
17a	10% -facts-and-circumstances test	- 2012 If the orga	nization did not ch	eck a hoy on line	13 16a or 16h a	nd line 14 is 10% a	r moro
	and if the organization meets the "fact	s-and-circumstanc	es" test, check this	s box and etan be	ro, roa, or rob, a re Explain in Dad	IV how the orange	zation
	meets the "facts-and-circumstances" t	est. The organizati	ion qualifies as a n	ibliciv supported	organization Organization	TV HOW the organi	Lation
b	10% -facts-and-circumstances test	- 2011. If the oras	nization did not ch	eck a hoy on line	13 162 18h ar 1	7a and line 15 is 1	
	more, and if the organization meets the						0/0 OI
	organization meets the "facts and circu	ımstances" test T	he organization ou	alifies as a nublici	v supported organ	nization	▶□
18	Private foundation. If the organization	did not check a h	ox on line 13 16a	16h 17a or 17h	check this hav ar	ncauvii	[
				, JD; 110, Ot 110,		dule A (Form 990 c	
					COLIG		LEJ EU IE

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, please com	piete r'ait ii.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	()	, , , , , , , , , , , , , , , , , , ,	(4)	1		(.)
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		<u> </u>				
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	······					
4	Tax revenues levied for the organ-]				
	ization's benefit and either paid to					j	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	 					
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
I.	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b	1					
	Public support (Subtract line 7c from line 6.) ction B. Total Support		ł		1	<u> </u>	•
-	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2) 2000	(5) 2000	(0) 2010	(u) zo i i	(0) 2.012	(i) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				1		
	(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 assets (Explain in Part IV.)			· · · · · · · · · · · · · · · · · · ·			
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501 (c)(3) organiz	ation,
	check this box and stop here						>
	tion C. Computation of Public						
	Public support percentage for 2012 (lin		•			15	%
	Public support percentage from 2011			***************************************		16	<u>%</u>
	tion D. Computation of Inves						
	Investment income percentage for 201					17	<u>%</u>
	3 Investment income percentage from 2011 Schedule A, Part III, line 17						
	• •	=					
	more than 33 1/3%, check this box and	-					
	33 1/3% support tests - 2011. If the cline 18 is not more than 33 1/3%, check						
	Private foundation, if the organization		= :		· ·		. 🖂
_U	i irvate iounication, ii the organization	GIO HOL GHECK & I	OON OH III 10 14, 136	a, or rous dicok u	NO DOV ON O DEC 1115		······

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization	on	Employer identification number		
	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			
	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			
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.		
General Rule				
_	tion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in r nplete Parts I and II.	noney or property) from any one		
Special Rules				
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the re (0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the n (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1. Complete Parts I and II.			
total contributio	or (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont ons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or ec of cruelty to children or animals. Complete Parts I, II, and III.	= •		
contributions for If this box is che purpose. Do not	11(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not to ecked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because able, etc., contributions of \$5,000 or more during the year	otal to more than \$1,000. ely religious, charitable, etc., it received nonexclusively		
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)		

Name of organization

Employer identification number

38-2935397

INTERNATI	ONAL YOUTH	FOUNDATION				
Dart I	Contribut	are lead instructions)	Lise duplicate copies	of Part Lif additi	onal space is	needed

	A ALICE IN MARKET A PARTY NAMED TO A PAR	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,399,608.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$20,582,726.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,146,457.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 10,896,023.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,900,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,966,982.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
102450 42.24	140	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION	38-2935397

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 857,834.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION

38-2935397

No. (b) (FMV (or estimate) (ase instructions) (a) No. (b) (b) (c) (d) (ase instructions) (b) No. (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. Description of noncash property given	(a) No. from Part I		FMV (or estimate)	(d) Date received
No. (b) (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) Common Description of noncash property given (a) No. (c) FMV (or estimate) (see instructions) (b) Common Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) Common Description of noncash property given (a) No. (c) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (b) Date receive (c) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (f) Date receive			\$	
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date receive (a) No. from Part I (a) No. from Part I (a) No. from Description of noncash property given (b) Date receive (c) FMV (or estimate) (see instructions) (d) Date receive (a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (d) Date receive (e) No. from Description of noncash property given (e) Date receive (f) Date receive (e) Date receive (f) Date receive	(a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I		FMV (or estimate)	(d) Date received
No. (a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (d) Date receive (e) FMV (or estimate) (see instructions) (from Description of noncash property given (e) FMV (or estimate) (see instructions) (from Description of noncash property given (g) FMV (or estimate) (see instructions) (g) Date receive (g) Date receive (g) Date receive			\$ <u></u>	
(a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Date receive (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (see instructions) (a) No. (c) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) Date receive (d) FMV (or estimate)	No. from		FMV (or estimate)	(d) Date received
No. (b) FMV (or estimate) (see instructions) (d) Date receive \$ (a) No. (b) FMV (or estimate) (see instructions) (d) Date receive \$ (a) No. (b) FMV (or estimate) (see instructions) (d) Date receive FMV (or estimate) (see instructions) (d) Date receive (d) FMV (or estimate) (see instructions) (d) Date receive FMV (or estimate) (see instructions) (e) Date receive (for instructions) (d) Date receive (e) FMV (or estimate) (see instructions) Date receive	-		\$	
(a) No. Ifrom Part I (a) Description of noncash property given (b) Date receive \$ (c) FMV (or estimate) (see instructions) (d) Date receive \$ (a) No. Ifrom Description of noncash property given (b) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (d) Date receive	No. from		FMV (or estimate)	(d) Date received
No. (b) (c) FMV (or estimate) (d) Date receive Part I \$ (c) FMV (or estimate) (see instructions)			\$	
(a) No. (b) FMV (or estimate) from Description of noncash property given (see instructions) Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) (c) (d) FMV (or estimate) Description of noncash property given (see instructions) Date received	-		\$	
	No. from		FMV (or estimate)	(d) Date received
\$	-			

	(Form 990, 990-EZ, or 990-PF) (2012)		Pag			
Name of orga	INIZATION		Employer identification number			
NTERNATI	ONAL YOUTH FOUNDATION		38-2935397			
Part III	Exclusively religious, charitable, etc., ind vear. Complete columns (a) through (e) and	ividual contributions to section 501(c)(7),	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter			
	the total of exclusivery religious, charliable, e	tc., contributions of \$1.000 or less for the '	year. (Enter this information once.) > \$			
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
raiti						
-						
-		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
Γ.			relationship of transfer of to transfer ee			
-						
-						
(a) No.		1				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-						
		(a) Transfer of sife				
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
ļ -	-					
-						
(a) No. from	435					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-			-			
-						
-						
		(e) Transfer of gift				
		•				
<u> </u>	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
-						
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(a). alposo of gift	(c) Ose of gift	(d) Description of now gift is field			
_						
	(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
-						
-						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 38-2935397 INTERNATIONAL YOUTH FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register _______ L Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

		AL YOUTH FOUNDA			OH		29353			age 2
Ра	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	at are a sig	nificant use	of its	collection	n item	S
	(check all that apply):									
а	Public exhibition	d								
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organizati	ion's exem	pt purpose	in Part	XIII.		
5	During the year, did the organization solicit or	•								
•	to be sold to raise funds rather than to be ma						. C] Yes		No
Pa	rt IV Escrow and Custodial Arrang						art IV, li	ne 9, or		
	reported an amount on Form 990, Par	-	G			ŕ	ĺ	-		
10	Is the organization an agent, trustee, custodi		iary for contribution	s or other as	sets not in	nctuded				
14								Yes	1	No
	on Form 990, Part X?							3 103		J 110
b	ir "Yes," explain the arrangement in Part Alice	and complete the fol	nowing table.					Amount		
						4.		Amount	<u> </u>	
C	• • • • • • • • • • • • • • • • • • • •						***			
d	Additions during the year									
е	Distributions during the year					1 [
f	Ending balance						1	1		
	Did the organization include an amount on Fo							Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	1						
	Į	(a) Current year	(b) Prior year	(c) Two yea	rs back (c	d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance	28,700,964.	26,032,746.	18,56	8,787.	17,608	,812.	22	,641,	323,
b		41,716,498.		1	2,227.	19,924	519.	16	872	181.
С		366,833.	• • •	•		•				
ď										
	Other expenditures for facilities									
ŭ	and programs	25,396,018,	21,394,090.	18 67	8,268.	18,964	544	21	904	692.
	Administrative expenses	23,330,010.	21,002,000.	10,07	0,200.	10,501	,,,,,		, , , , ,	
	1	45,388,277.	28,700,964.	26.02	2.746.	18,568	707	17	608	812,
g	End of year balance				<u> </u>	10,500	, 101.	11	,000,	012,
2	Provide the estimated percentage of the curr			ijj Helu as.						
	•	4.99	_%							
		%								
C	· ,	92.88 %								
	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	ered for the	e organizati	on	г		
	by:								Yes	No
	(i) unrelated organizations									X
	(ii) related organizations									<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?					3b		L
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	rt VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulated		(d) Bool	k valu	е
	, , ,	basis (investm	1	(other)	depr	eciation	-			
1a	Land									
	Buildings									
	Leasehold improvements						\top			
	•			A45 560		415.70	٠		20	861.
	Equipment	.	•	445,569,		#10,10	<u> </u>		47,	JJ1,
	Other		V column (D) lin = 4	0(01.1	l		-		20	061
ı otal	I. Add lines 1a through 1e. (Column (d) must ed	yuai ronn 990, Part .	∧, συισπιπ (Þ), IIII0-T	<u> υ(<i>υ).)</i></u>		,,,,,,,,,,,,,	<u> </u>		<u> </u>	861.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 INTERNATIONAL YOUR	H FOUNDATION		38-2935	397 Page 3
Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end-of-ye	ear market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)			111111111111111111111111111111111111111	
(E)				
(F)				
(G)				
(H)				
(i)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See		3.		
(a) Description of investment type	(b) Book value	(c) Method of	valuation: Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		+ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Part IX Other Assets. See Form 990, Part X, line 1	5.			
	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	1 <i>C</i> 1			
Total, (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, lire				
1. (a) Description of liability	10 20,	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		2-1-1-1-1-1-1	lb =
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	of the footnote to the o	rganization's financ	iai statements that reports	the organization's
liability for uncertain tax positions under FIN 48 (ASC 74)	iu). Uneck nere if the tex	a or the roothole ha	is been provided in Part All	LA_1

232053 12-10-12 Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 INTERNATIONAL YOUTH FOUNDATION Part XIII Supplemental Information (continued)		38-2935397	Page 5
Ture XIII Supplemental information (continued)			
A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS, UNDER	THIS		
GUIDANCE, THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM AN UNCE	RTAIN		
TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSIT	ON WILL		
BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TE	CHNICAL		
MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCI	AL		
STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST	BENEFIT		
THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTI	MATE		
SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME T	AXES		
ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALT	IES ON		
INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS.			
MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDE	D THAT		
THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE			
ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIO	NS OF		
THIS GUIDANCE, GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO	INCOME		
TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITI	ES FOR	-	
YEARS BEFORE 2009.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
GAIN OR (LOSS) FOREIGN CURRENCY	-3,988.		
CONSOLIDATED ENTITY ACTIVITIES	24,800.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	20,812.	1.110	
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
GRANT REFUNDS REPORTED ON LINE 11A	11,400.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
CONSOLIDATED ENTITY ACTIVITIES	38,465,		
		Schedule D (Fori	n 990) 2012

Schedule D (Form 990) 2012 INTERNATIONAL YOUTH FOUNDATION		38-2935397	Page 5
Schedule D (Form 990) 2012 INTERNATIONAL YOUTH FOUNDATION Part XIII Supplemental Information (continued)			
GRANT REFUNDS REPORTED ON LINE 11A	-11,400,		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	27,065.		
		,	
			
			
			•••••
			
		110.011.111.00	

08580903 703287 7668413

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
Attach to Form 990. See separate instructions.

2012
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

attach to Form 990. ► See separate instructions. Inspecti

**************************************	IDIDA MITON			20 0025205	
INTERNATIONAL YOUTH FOR Part I General Information		ctivities Ou	tside the United States. Compl	38-2935397 ete if the organization answered '	Yes"
to Form 990, Par					
•	-		ds to substantiate the amount of its gr		
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? x	Yes No
2 For grantmakers, Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States.				•	
3 Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST AND				YOUTH DEVELOPMENT	
NORTH AFRICA	2	76	PROGRAM SERVICES	PROGRAMS	5,191,919.
NIGGTA P SHIP NIGHTY				YOUTH DEVELOPMENT	
RUSSIA & THE NEWLY INDEPENDENT STATES	1	8	PROGRAM SERVICES	PROGRAMS	259,412,
	-	<u> </u>			
				YOUTH DEVELOPMENT	
SUB-SAHARAN AFRICA	2	18	PROGRAM SERVICES	PROGRAMS	802,335.
CENTRAL AMERICA AND					
PHE CARIBBEAN	0	0	GRANTS		726,773.
EAST ASIA AND THE					
PACIFIC	0	0	GRANTS		650,638,
_					
SUROPE (INCLUDING		0	grants		85,020.
(CELAND & GREENLAND)			GRANTS		03,020.
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTS		1,782,426.
NORTH AMERICA	0	0	GRANTS		364,009,
3 a Sub-total	5	102			9,862,532.
b Total from continuation	_				2 602 070
sheets to Part I c Totals (add lines 3a	0	0			2,683,879.
and 3b)	5.	102			12.546.411.

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

Schedule F (Form 990) 2012

Schedule F (Form 990)	INTERNATIONA	L YOUTH FOUR	NDATION N. (Schedule F (Form 990), Part I, line 3	38-293539	7 Page
					1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & THE NEWLY INDEPENDENT STATES	,	0	GRANTS		809,637
INDELENDENT STATES			Signific		003,007
SOUTH AMERICA	0	0	GRANTS		437,651
SOUTH ASIA	0	0	GRANTS		595,112
SUB-SAHARAN AFRICA	0	0	GRANTS		841,479
otals	-				2,683,879

38-2935397

Page 2

INTERNATIONAL YOUTH FOUNDATION

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash	(i) Method of valuation (book, FMV, annyaisal other
***************************************				- 1		CONTRACTOR INC.	assista ive	appiaisai, ouiei)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	ь					
		5	YOUTH DEVELOPMENT					
At the state of th		BARBUDA, ARUBA,	PROGRAMS	87,660.	WIRE TRANSFER	0		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	YOUTH DEVELOPMENT					
		BARBUDA ARUBA	PROGRAMS	76 399	WIRE TRANSFER	c		
		J				,		
		KOT GOVE TROUBLED	THE PERSON NAMED IN TAXABLE PROPERTY OF THE PERSON NAMED IN TAXABLE PROPERTY OF THE PERSON NAMED IN TAXABLE PROPERTY OF TAXABL					
		CENTRAL AMERICA	COTH DEVELORMENT	ç		•		
		AND THE CARIBBEAN	PROGRAMS	228,594.	WIRE TRANSFER	0		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	YOUTH DEVELOPMENT					
		BARBUDA, ARUBA	PROGRAMS	105 147	WIRE TRANSFER	0		
								And the second s
		AND THE CARIBBEAN						
		- ANTIGUA &	YOUTH DEVELOPMENT					
		BARBUDA, ARUBA	PROGRAMS	86,835.	835.WIRE TRANSFER	0		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	YOUTH DEVELOPMENT					
		BARBUDA ARUBA	PROGRAMS	95,042	95,042, WIRE TRANSFER	0		
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	YOUTH DEVELOPMENT			•		
		BARBUDA, ARUBA,	PROGRAMS	21,124,	124, WIRE TRANSFER	0		
		EAST ASIA AND THE						
		PACIFIC -			Ţ			
		AUSTRALIA,	YOUTH DEVELOPMENT					
		BRUNEI BURMA	PROGRAMS	103,838.	103,838,WIRE TRANSFER	0		
2 Enter total number of	recipient organizatio	ins listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

232072 12-10-12

Schedule F (Form 990) 2012

Schedule F (Form 990) Part II Continuation of	INTERNA Grants and Other	INTERNATIONAL YOUTH FOUNDATION IN OTHER ASSISTANCE TO ORGANIZATIONS	(Form 990) 38-2935397 38-29953997 Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	38-2935397 Schedule F (Form 990)	97 90), Part II, line 1)	- Approximation of the control of th	Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI BURMA	YOUTH DEVELOPMENT PROGRAMS	61 363	WIRE TRANSPER	c		
		TA AND THE - LA, BURMA	YOUTH DEVELOPMENT PROGRAMS	133	WIRE TRANSFER	C		
		ILA AND THE :- .IA, BURMA,	YOUTH DEVELOPMENT PROGRAMS		10 000 MIRE TRANSFER	0		
		тнв	YOUTH DEVELOPMENT PROGRAMS	10,000.	WIRE TRANSFER			
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	XOUTH DEVELOPMENT PROGRAMS	160,612.	WIRE TRANSPER	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	YOUTH DEVELOPMENT PROGRAMS	10.000.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYFT,	YOUTH DEVELOPMENT PROGRAMS		WIRE TRANSPER	0		
		MIDDLE BAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	6,125,	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT	YOUTH DEVELOPMENT PROGRAMS	5,270,	5,270, WIRE TRANSFER	0		

						7		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	7 291.8	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA -					VI	
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI, EGYPT,	PROGRAMS	48,205.	WIRE TRANSFER	0		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		-	YOUTH DEVELOPMENT					
		DJIBOUTI, EGYPT,	PROGRAMS	22,976.	WIRE TRANSFER	0		
		MIDDLE EAST AND						
		NOKIH AFKICA - ALGEBTA HAHDATN	minamed laying publica					
		DITBOUTT EGYPT	- 65	7 7 7 9 0	agasNean Balb	c		
] 9						
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI, EGYPT,	PROGRAMS	57,778.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA -						
		ALGERIA, BAHRAIN	YOUTH DEVELOPMENT					
		DIEDOUTI BGYPT.		51,884,	WIRE TRANSFER	0		
		MIDDLE EAST AND					AVELLE LE L'AVELLE LE L'AVELLE LE L'AVELLE LE L'AVELLE L'AVELLE L'AVELLE L'AVELLE L'AVELLE L'AVELLE L'AVELLE L	
		NORTH AFRICA -						
		ALGERIA, BAHRAIN,						
		DJIBOUTI, EGYPT,	PROGRAMS	47,091.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA -						
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI, EGYPT,	PROGRAMS	47,233.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA -						
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI BGYPT	PROGRAMS	38,190,	38 190 WIRE TRANSFER	0		

Schedule F (Form 990) Part II Continuation of	INTERNA Grants and Other	(Form 990) INTERNATIONAL YOUTH FOUNDATION Continuation of Grants and Other Assistance to Organizations	ATION 38-2935397 ations or Entities Outside the United States. (Schedule F (Form 990), Part II, line	United States.	38-2935397 (Schedule F (Form 990)	97 90), Part II, line 1)		Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT	YOUTH DEVELOPMENT PROGRAMS	35 264	35. 264. WIRE TRANSPER	O		-
			YOUTH DEVELOPMENT PROGRAMS	7.8748	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT	YOUTH DEVELOPMENT PROGRAMS	10,000	10.000, WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	724,791,	WIRE TRANSFER	o		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT	YOUTH DEVELOPMENT PROGRAMS	61,711.6	WIRE TRANSFER	0		
		1 4 2 4 1	YOUTH DEVELOPMENT PROGRAMS	695.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	26,472,	WIRE TRANSFER	0		
		MIDDLE RAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	38,339,	WIRE TRANSPER	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	YOUTH DEVELOPMENT PROGRAMS	26 376	26 376 WIRE TRANSFER	0		,

		Asistance to or gains	Commercial of a time of the District Notice of the Commercial of Charles of Charles		Confedure F (Form 390), Fait it, inte	30), rait ii, iiie 1)		Γ
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	
		MIDDLE EAST AND NORTH AFRICA -						
		ALGERIA, BAHRAIN, DJIBOUTI EGYPT	YOUTH DEVELOPMENT PROGRAMS	27 956.8	WIRE TRANSFER	0		
								1
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI EGYPT	PROGRAMS	117,364.W	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA -						I
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
The second secon		DJIBOUTI, EGYPT,	PROGRAMS	32,349.	WIRE TRANSFER	0		
		MIDDLE EAST AND						
		NORTH AFRICA -						
		144	YOUTH DEVELOPMENT					
		DJIBOUTI EGYPT.	PROGRAMS	43,903.W	WIRE TRANSFER	0.		- 1
		MIDDLE EAST AND						
		NORTH AFRICA -	mingway ration Hallow	_				
		THEOREM THE COLUMN				•		
The state of the s		DOLEGOTT EGYPT	PROGRAMS	W. 5 c o . c Z	WIRE TRANSFER	0		į
		MIDDLE EAST AND NORTH AFRICA -					4	
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI EGYPT	PROGRAMS	37,491,8	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	,					
		ALGERIA, BAHRAIN,	YOUTH DEVELOPMENT					
		DJIBOUTI EGYPT	PROGRAMS	40,043.8	WIRE TRANSFER	0		
		NORTH AMERICA CANADA AND						j
		MEXICO, BUT BUT	YOUTH DEVELOPMENT	3		•		
		NOT THE UNITED	PROGRAMS	117.301.0	WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT	YOUTH DEVELOPMENT					
		CONTRACT CON	1000	1 1		•		

- arti	or Grants and Other	Assistance to Organiz	Communation of Grants and Other Assistance to Organizations of Entres Ourside the United States. (Schedule F (Form 990), Part II, line 1)	e United States.	Schedule F (Form 9)	au), Fart II, Ime 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	YOUTH DEVELOPMENT PROGRAMS	9.870.	9.870 MIRE TRANSFER	o		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	YOUTH DEVELOPMENT PROGRAMS	10 000	WIRE TRANSFER	0		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	YOUTH DEVELOPMENT PROGRAMS	60 123	WIRE TRANSPER	O		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN,	XOUTH DEVELOPMENT PROGRAMS.	157,617,	WIRE TRANSFER	o		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN	XOUTH DEVELOPMENT PROGRAMS	47,419.	WIRE TRANSFER	0		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN,		130,301.	WIRE TRANSFER	.0		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN,	YOUTH DEVELOPMENT PROGRAMS	219,738,	WIRE TRANSFER	.0		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN,	YOUTH DEVELOPMENT PROGRAMS	171,225,	WIRE TRANSFER	0		
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN	YOUTH DEVELOPMENT PROGRAMS	22.914.	22.914, WIRE TRANSFER	0		

Part II Continuation o	f Grants and Other	nd Other Assistance to Organizations	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.		(Schedule F (Form 990), Part II, line 1)	90), Part II, line 1)		55
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, ATEPRITAN	YOUTH DEVELOPMENT	137 67	ממסיאינמה מסדדו	c		
		RUSSIA & THE NEWLY INDEPENDENT		* T	TUP TRUBERY	ò		
		STATES - ARMENIA, AZERBIJAN	YOUTH DEVELOPMENT PROGRAMS	17,962.4	WIRE TRANSFER	0		
		SOUTH AMERICA -						
		- IN	YOUTH DEVELOPMENT					
		CHILE, COLUMBIA,	PROGRAMS	10,000.	WIRE TRANSFER	0		
		SOUTH AMERICA - ARGENTINA,						
		-	YOUTH DEVELOPMENT					
		CHILE COLUMBIA	PROGRAMS	68 937	WIRE TRANSFER	0		
		SOUTH AMERICA -						
		ARGENTINA,						
		CHILE COLUMBIA	TOOTH DEVELORMENT	315	aaaswean aarm	C		
		SOUTH AMERICA - ARGENTINA			NOT THE PERSON OF THE PERSON O	\$		
		BOLIVIA, BRAZIL,	YOUTH DEVELOPMENT					
		CHILE, COLUMBIA,	PROGRAMS	10,000.	WIRE TRANSFER	0		
		SOUTH AMERICA -						
		ARGENTINA, BOLIVIA BRAZII.	YOUTH DEVELOPMENT					
		CHILE, COLUMBIA,		11,862,0	WIRE TRANSFER	0		
		BANGLADESH,	YOUTH DEVELOPMENT					
		BHUTAN INDIA	PROGRAMS	10,000	WIRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN,					٠	
		품	YOUTH DEVELOPMENT					
		BHUTAN INDIA	PROGRAMS	210 360	210 360 WIRE TRANSFER	0		

Schedule F (Form 990) Part II Continuation of	INTERNA f Grants and Other	INTERNATIONAL YOUTH FOUNDATION of Other Assistance to Organizations	(Form 990) INTERNATIONAL YOUTH FOUNDATION Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States. (38-2935397 (Schedule F (Form 990), Part II, line	97 30), Part II, line 1)		Page 2
1 (a) Name of organization	(b) iRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant		(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	YOUTH DEVELOPMENT PROGRAMS	150,838,8	150.838.MTRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	YOUTH DEVELOPMENT PROGRAMS	10,000	10.000, WIRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	YOUTH DEVELOPMENT PROGRAMS	9,848	WIRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	YOUTH DEVELOPMENT PROGRAMS	110,990.8	WIRE TRANSFER	0		
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	YOUTH DEVELOPMENT PROGRAMS	10,000	10,000,WIRE TRANSFER	0		
		1 2 2 2 5 1	YOUTH DEVELOPMENT PROGRAMS	81,076.k	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	YOUTH DEVELOPMENT PROGRAMS	10,000.	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	XOUTH DEVELOPMENT PROGRAMS	47,954.	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	YOUTH DEVELOPMENT PROGRAMS	18,348,	348 MIRE TRANSFER	Ĉ		

and EIN (if applicable) SUB-SAHARAN AFRICA - ANGOLA, BENIIN, BOTSWANA, BURKINA, FASO, SUB-SAHARAN AFRICA - ANGOLA, BENIIN, BOTSWANA,	grant YOUTH DEVELOPMENT PROGRAMS YOUTH DEVELOPMENT PROGRAMS	of cash grant 10,000. 8,124. 8,124. 151,362. 151,362.	sh grant cash disbursement 10,000.WIRE TRANSFER 8,124.WIRE TRANSFER 5,723.WIRE TRANSFER 5,723.WIRE TRANSFER 5,765.WIRE TRANSFER	non-cash assistance 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	of non-cash assistance	(i) Memod of valuation (book, FMV, appraisal, other)
BURKINA, FASO, SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO, SUB-SAHARAN	PROGRAMS YOUTH DEVELOPMENT PROGRAMS	161,920.	WIRE TRANSFER	0		

Part II Continuation of	Grants and Other	nd Other Assistance to Organizations	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 990)	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	YOUTH DEVELOPMENT PROGRAMS	10 000	10 000 WIRE TRANSFER	c		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	XOUTH DEVELOPMENT PROGRAMS	23,397.	WIRE TRANSFER	0		
			YOUTH DEVELOPMENT PROGRAMS	9,991.	WIRE TRANSPER	0		
			YOUTH DEVELOPMENT PROGRAMS	181,910,	WIRE TRANSPER	o		
			The state of the s				9 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Schedule F (Form 990) 2012

INTERNATIONAL YOUTH FOUNDATION

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

Page 3

38-2935397

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	CENTRAL AMERICA AND THE CARIBBEAN	1.0	25.000.8	25_000, WIRE TRANSFER	.0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	EAST ASIA AND THE PACIFIC	10	42, 693	WIRE TRANSFER	0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	EUROPE (INCLUDING ICELAND & GREENLAND)	22	75,020.	75,020,WIRE TRANSFER	0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	MIDDLE EAST AND NORTH AFRICA	15	29,504,	WIRE TRANSFER	0		
STIPENDS AND CASH AWARDS FOR LOCAL YOUTH PROJECTS	SOUTH AMERICA	1.0	20,000	20,000, WIRE TRANSFER	Ó		
ARDS FOR	SOUTH ASIA	H	2,000.	000.WIRE TRANSFER	0		
					·		

Schedule F (Form 990) 2012

Foreign Partnerships. (see Instructions for Form 8865)

for Form 5713) ______ X Yes [

the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain

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 file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

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

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

2012
Open to Public Inspection

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

▶ Attach to Form 990.

Name of the organization							Employer identification number
ŀ	YOUTH FOUNDAL	TON					38-2935397
Part I General Information on Grants and Assistance	ınd Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	stance?						X Yes No
Part II	ocedures for moni	toring the use of grant	tunds in the United	d States.			H. F. C.
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5.000. Part II car	u Organizations in the be dublicated if addit	e United States. Cional space is need	omplete ir the orga led.	inization answered	res to Form 990, Part	Iv, line z1, ror any
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGE GLOBAL 515 REACON STREET							mydydd Dathau
BOSTON, MA 02215	26-3230131	501(C)(3)	10,000.	0		The state of the s	PROGRAMS
INTERNATIONAL NEIGHBORHOOD COLLABORATIVE - 716 E 47TH STREET							XOUTH DEVELOPMENT
- CHICAGO, IL 60653	45-2946191		10,000.	0.			PROGRAMS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	ganizations listed in the	ne line 1 table				
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 38-2935397 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) INTERNATIONAL YOUTH FOUNDATION Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 44 (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: PLEASE SEE SCHEDULE F, PART IV, IYF UTILIZES (b) Number of recipients THE SAME PROCESS FOR MONITORING BOTH FOREIGN AND US GRANTS. (a) Type of grant or assistance 232102 12-18-12 Part III

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

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

2012

Open to Public Inspection

Internal Revenue Service | Name of the organization

Department of the Treasury

Attach to Form 990. See separate instructions.

INTERNATIONAL YOUTH FOUNDATION 38-2935397

P	art I Questions Regarding Compensation			
_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		H	
	First-class or charter travel Housing allowance or residence for personal use	1 2		3.4.4.1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		2,11	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	15		
~		2		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		1. 1.	
_				
3	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.			
	Compensation committee Written employment contract			11.1
	Independent compensation consultant			
	Form 990 of other organizations x Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			:
				·
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		:	
а	The organization?	5a		х
	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.	;		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		. :	
Ů	contingent on the net earnings of:	\		
2	The organization?	6a		х
	Any related organization?	6b		х
D	If "Yes" to line 6a or 6b, describe in Part III.	- 00		
7				
1	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	,		,
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2012

INTERNATIONAL YOUTH FOUNDATION

Schedule J (Form 990) 2012

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

38-2935397

Page 2

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

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

(1) WILLIAM S. REBSE (0) Compensation compensation compensation compensation compensation compensation compensation (1) WILLIAM S. REBSE (0) 239,977. (1) Compensation compensation (1) Compensation (1) Compensation (1) Compensation (1) Compensation (2) Capacitae (1) Ca	The second secon	H	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
#ILLIAM S. REESE (0) 229,977. 0. 4,435 27.53 SAMANTER BARBEE (0) 170,802. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	
SAMANTER BARBEE (I) 170,802, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	WILLIAM S. REESE	Θ		0			17.944.	349 881	0
SAMANTER BARBEE (0) 170 802 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(ii)		0		Į	0		0
C. Peters Shiras	SAMANTHA BARBEE	Θ	170,802.	0	357.	9	5,126,	191,922.	0
G. Peter Shirks better print at the second of a second	THE PARTY OF THE P	(ii)		0	0	0			0
ANALES STRIT ANALES STRIT ANALES STRIT ANALES STRIT (i) 193,701, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	G. PETER SHIRAS	8		0	l t	33	5,229.	240,30	0
AMALS SUPI AMALS SUPI ANALS ANALS AN	- BUSINESS DEVELOPMENT	▣	.0	0	0			0	0
TATURE UP - PROGRAMS (i) 158,174 0 0 0 0 0 0 0 0 0	AWAIS SUFI	<u> </u>		0	378.	00	17,944.	230 024	0
JIM PEIRCE JIM PEIRCE OID 158,174, 00, 494, 144 SUSAN PEZULLIO - IATIN AMERICA & CARIBSBAN PROG (ii) OID 147,533, 00, 12,299, 13 OID 147,533, 00, 13 OID 147	- PROGRAMS	Θ	0	0.	0			0	0
SUSAN PEZZULLO (i) 147,535 0 0 1,239 13 - LATIN AMERICA & CARIBBEAN PROG (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	JIM PEIRCE	 		.0	494.		5,157.	178,440.	0
SUSAN PEZZULLO (i) 147,535, 0, 0, 1,239, 13 - LATIN AMERICA & CARIBBEAN PROG (ii) (ii) (iii) (- STRATEGIC PLANNING & OUTREACH	<u>(ii)</u>	0.	0	0	0		0	0
- TATIN AMERICA & CARIBBEAN PROG (G) 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	SUSAN PEZZULLO	0		0	. 1		17,593,	180,022.	•0
	- LATIN AMERICA	(ii)	0	0		0	0	0	0
		Θ							
		<u>(i)</u>							
		Θ							
		⊞							
		Θ							AND ADDRESS OF THE PARTY OF THE
		(i)							
		Θ						the state of the s	
Columbia		ε							***************************************
		€							
		Θ							
		▣							
		8							
		Ξ							
(ii)		6							
(ii) (iii)		▣							
(ii)		Θ							
(1)		(E)							
		<u> </u>							
With the state of		(II)							

Schedule J (Form 990) 2012

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.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INTERNATIONAL YOUTH FOUNDATION FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: YOUTHACTIONNET: YOUTHACTIONNET SUPPORTS YOUNG COMMUNITY LEADERS THROUGH SKILL-BUILDING AS WELL AS PROVIDING ACCESS TO NETWORKS, RESOURCES, AND ADVOCACY OPPORTUNITIES, THE PROGRAM OPERATES AT THREE LEVELS. YOUTHACTIONNET GLOBAL FELLOWSHIP TRAINS 20 YOUNG SOCIAL ENTREPRENEURS ANNUALLY, PARTICIPANTS IN THE YEAR-LONG PROGRAM REFINE THEIR LEADERSHIP SKILLS, COLLABORATE ACROSS NATIONAL BOUNDARIES, AND ADVOCATE FOR THEIR CAUSES AT THE GLOBAL LEVEL. YOUTHACTIONNET INSTITUTES OPERATE WITHIN INDIVIDUAL COUNTRIES. THESE LOCAL PROGRAMS SELECT YOUTH LEADERS TO PARTICIPATE IN AN INTENSIVE TRAINING INCLUDING A 10-12 MONTH FELLOWSHIP EXPERIENCE, ACCESS TO SMALL GRANTS, ADDITIONAL NETWORKING OPPORTUNITIES, AND TECHNICAL SUPPORT, YOUTHACTIONNET, ORG IS A WEB-BASED PLATFORM THAT PROVIDES YOUNG LEADERS WITH ACCESS TO RESOURCES STRENGTHEN LEADERSHIP SKILLS, EXPAND NETWORKS, AND ADVOCATE FOR THEIR CAUSES. EXPENSES \$ 1 446 516. INCLUDING GRANTS OF \$ 390,049. EGYPT@WORK: IYF AND THE MASTERCARD FOUNDATION ARE IMPLEMENTING EGYPT@WORK. A FOUR YEAR INITIATIVE THAT WILL ADDRESS THE NEED FOR INCREASED YOUTH EMPLOYMENT AND ENTREPRENEURSHIP IN EGYPT. THIS PROGRAM WILL BUILD ALLIANCES BETWEEN SECTORS AND ASSIST LOCAL ORGANIZATIONS WITH CAPACITY BUILDING, TECHNICAL SERVICE STRENGTHENING AND ON-THE-GROUND IMPLEMENTATION OF THE PROGRAM, ORGANIZATIONS PARTICIPATING IN THE

PROGRAM WILL PROVIDE 10,000 DISADVANTAGED YOUTH WITH THE SKILLS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
TANZANIA, PHILIPPINES, JORDAN, KYRGYZSTAN,	
ZIMBABWE, OTHER COUNTRY	
FORM 990, PART VI, SECTION B, LINE 11: 1, FORMS TO BE COMPLETED BY	
CONTROLLER, CFO AND TAX ACCOUNTANTS	
2. FORMS REVIEWED BY IYF'S ATTORNEYS.	
3. DRAFT FORMS REVIEWED BY REPRESENTATIVE OF INVESTMENT AND AUDIT COMMITTEE	
A. CFO AND CONTROLLER REVIEW IN DETAIL WITH LOCALLY BASED MEMBER OF	
INVESTMENT AND AUDIT COMMITTEE,	
B. REPRESENTATIVE OF COMMITTEE SENDS ANY NECESSARY INFORMATION AND/OR	
COMMENTS TO REST OF THE COMMITTEE WHEN THE DRAFT IS SENT TO THE COMMITTEE.	
C. COMMITTEE GIVEN 72 HOURS TO REVIEW AND RETURN ANY COMMENTS TO	
REPRESENTATIVE AND/OR CFO.	
4, FINAL VERSION OF FORMS SENT TO ENTIRE BOARD BEFORE FILING	
FORM 990, PART VI, SECTION B, LINE 12C; CONFLICT OF INTEREST DISCLOSURE	
STATEMENTS ARE DISTRIBUTED TO STAFF AT THE BEGINNING OF EACH CALENDAR YEAR,	
THE BOARD RECEIVES THEM AT THE FIRST BOARD MEETING OF THE YEAR. THESE MUST	
BE COMPLETED AND COLLECTED WITHIN 30 DAYS. THE EXECUTIVE COMMITTEE OF IYF	
IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH THE POLICY. THE COMPLETED	
STATEMENTS ARE MAINTAINED AS CONFIDENTIAL MATERIALS BY EXECUTIVE STAFF IN	
IYF'S OFFICE IN BALTIMORE, 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
INTERNATIONAL YOUTH FOUNDATION	38-2935397
ANY ISSUES DISCLOSED THROUGH THE FORMS ARE REVIEWED BY THE EXECUTIVE	
COMMITTEE AND NECESSARY STEPS ARE TAKEN. IN PARTICULAR, SHOULD A BOARD	
MEMBER WORK FOR OR OTHERWISE BE INVOLVED WITH A DONOR OR VENDOR OF THE	
ORGANIZATION, THEY ABSTAIN FROM ALL RELATED DISCUSSION AND VOTE.	- A.
SHOULD ANY STAFF PERSON FAIL TO REVEAL ANY CONFLICT OF INTEREST, THEY WOULD	
BE TERMINATED. SHOULD ANY BOARD MEMBER FAIL TO REVEAL ANY CONFLICT OF	
INTEREST, THEY WOULD BE RELEASED FROM THEIR SERVICE ON THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 15: IYF DOES NOT TREAT COMPENSATION FOR	
OFFICERS OR OTHER KEY EMPLOYEES DIFFERENTLY FROM THE COMPENSATION OF OTHER	
STAFF.	
IT IS IYF'S PRACTICE TO TREAT COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER	
IN A SIMILAR MANNER TO THAT OF ALL STAFF COMPENSATION, IYF ESTABLISHES AND	
MAINTAINS SALARY LEVELS THAT ARE COMPETITIVE IN RELATION TO THE MARKETS	
WITHIN WHICH IT COMPETES FOR EMPLOYEES, IYF AIMS TO KEEP ALL SALARY RANGES	
COMPARABLE TO INDUSTRY STANDARDS, MARKET SALARIES ARE REVIEWED EVERY 3-5	A A A A A A A A A A A A A A A A A A A
YEARS BY INDEPENDENT COMPENSATION CONSULTANTS, IYF GRANTS MERIT-BASED	
SALARY INCREASES ON AN ANNUAL BASIS, MERIT IS DETERMINED THROUGH AN ANNUAL	-
PERFORMANCE REVIEW OF EMPLOYEE BY SUPERVISOR. THE SIZE OF THE MERIT POOL IS	
BASED ON ANTICIPATED MARKET SALARY INCREASES AS WELL AS IYF'S FINANCIAL	
CONDITION, TO DETERMINE MARKET SALARY INCREASES 2-3 SALARY SURVEYS FOR	
SIMILAR MARKETS ARE REVIEWED, THE POOL WHICH EXCLUDES THE CEO SALARY IS	
APPROVED BY THE IYF BOARD OF DIRECTORS AND DISTRIBUTED ACROSS THE STAFF BY	
CEO BASED ON MERIT RATINGS, THE AMOUNT OF AN INDIVIDUAL'S SALARY INCREASE	
IS BASED ON MERIT SCORE AND CURRENT SALARY POSITION WITHIN PAY RANGE, THE 232212 01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization <u>INTERNATIONAL YOUTH FOUNDATION</u>		Employer identification number 38-2935397
MANAGEMENT AND GENERAL EXPENSES	1,073.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	487,899.	_
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,761,116.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
FOREIGN CURRENCY GAIN (LOSS)	-3,988.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.
 ▶ See separate instructions.

INTERNATIONAL YOUTH FOUNDATION

2012 Open to Public Inspection OMB No. 1545-0047

Employer identification number

38-2935397

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 Š Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) YOUTH FOUNDATION Direct controlling INTERNATIONAL entity End-of-year assets <u>e</u> Public charity status (if section 501(c)(3)) 509(A)(3) Total income Exempt Code section ত্ত 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MARYLAND Primary activity Primary activity REAL ESTATE RENTALS 9 3 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) RESOURCES FOR YOUTH INC - 52-2085268 Name, address, and EIN of related organization of disregarded entity 32 SOUTH ST STE 500 BALTIMORE, MD 21202 PartII Part I

38-2935397 Page 2

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

Schedule R (Form 990) 2012 INTERNATIONAL YOUTH FOUNDATION

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predoming (related, excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		(g) Share of Disend-of-year and assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) SI General or managing use Partner? Use Partner? (65) Yes No	Perc	(k) entage nership
	·					**************************************				A CONTRACTOR OF THE PARTY OF TH			
					,		,						
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	anizations Taxable a	a Corpo	rration or Trust (Co	omplete if th	e organization	nanswered	"Yes" to For	n 990, Part	IV, line 34	because it ha	ad one or r	more reli	ated
(a) Name, address, and EIN of related organization	7.	Primi	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	Alling Typ	(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income	otal	(g) Share of end-of-year assets	(h) Percentage ownership	Sec Sec Sizing Count Cou	(i) Section 512(b/13) controlled entity?
				Amount L	Lillian (1977)								
232162 12-10-12			7	55					=	Sche	Schedule R (Form 990) 2012	orm 990) 2012

38-2935397

Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 schoolde			V	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\perp
1 During the tax year, did the organization engage in any of the following transaction	s with one or more rek	ire. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		2
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		***************************************		1a	×
b Gift, grant, or capital contribution to related organization(s)		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1p	×
c Gift, grant, or capital contribution from related organization(s)				2	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				-Je	×
f Dividends from related organization(s)	***************************************	***************************************		#	×
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)	***************************************	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		두	×
i Exchange of assets with related organization(s)	**************************************	4		ï	×
j Lease of facilities, equipment, or other assets to related organization(s)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		į	×
k Lease of facilities, equipment, or other assets from related organization(s)	***************************************	***************************************		¥	
1 Performance of services or membership or fundraising solicitations for related organization(s)	anízation(s)			=	×
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)	***************************************		Ē	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			t t	×
o Sharing of paid employees with related organization(s)				9	×
p Reimbursement paid to related organization(s) for expenses		4		1p	×
q Reimbursement paid by related organization(s) for expenses		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1q	×
r Other transfer of cash or property to related organization(s)				11	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete thi	s line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) RESOURCES FOR VOITHH INC	×	P 70 8 70	PMY		
		4			
(2)		Water the state of			!
(6)					
(4)					
(5)				-	
(9)					
232163 12-10-12	56		Schedule	Schedule R (Form 990) 2012	90) 2012

INTERNATIONAL YOUTH FOUNDATION Schedule R (Form 990) 2012

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

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

(k) Percentage ownership					
General or managing partner?					
(h) (i) (j) (k) Disproportion of					
(h) Disproportionate allocations?					
S S S S S S S S S S S S S S S S S S S	W				
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) 0193.7 4) Yes No					
d, par, ST4) Ye					
Predominant income parties sec. (related, unrelated, excluded from tax under section 512-514) Yes No		55 55			
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 INTERNATIONAL YOUTH FOUNDATION Part VII Supplemental Information	38-2935397	Page 5
<u>Part VII</u> Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (se	e instructions).	
	···	

Form **8868**

(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Hevarius Servica File a Sep	arate abb	ilication for each return.				
If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			×X	
If you are filing for an Additional (Not Automatic) 3-Month Ex	-					
Do not complete Part II unless you have already been granted						
Electronic filling (e-file). You can electronically file Form 8868 if	you need:	a 3-month automatic extension of tir	ne to file	(6 months for a corp	poration	
required to file Form 990-1), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	ile Form 8	3868 to request an	extension	
of time to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With C	ertain	
Personal Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details	on the ele	ectronic filing of this	form,	
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits	8.					
Part 1 Automatic 3-Month Extension of Time	e. Only a	submit original (no copies ne	eded).			
A corporation required to file Form 990-T and requesting an autor	matic 6⋅m	onth extension - check this box and	complete	1		
Part I only		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			▶ ∐	
All other corporations (including 1120-C filers), partnerships, REM to file income tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exte	nsion of time		
Type or Name of exempt organization or other filer, see instru	ctions.		Employe	Employer identification number (EIN) or		
print INTERNATIONAL YOUTH FOUNDA!	DT ∩NT			38-2935397		
File by the		tions	Social e			
Ming your 32 SOUTH STREET NO. 500				Social security number (SSN		
histractions. City, town or post office, state, and ZIP code. For a fo	reign add	iress, see instructions.				
BALTIMORE, MD 21202	y					
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		***************************************	01	
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720			09	
Form 990-PF	04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990-T (trust other than above)	06	Form 8870				
SAMANTHA BARBEI	\$					
• The books are in the care of > 32 SOUTH STREET	NO, NO	. 500 ~ BALTIMORE,	MD 2	1202		
Telephone No. ► 410-951-1500		FAX No. >				
• If the organization does not have an office or place of business	in the Ur	ited States, check this box			· 🗌	
• If this is for a Group Return, enter the organization's four digit (Broup Exe	mption Number (GEN) Ii	ithis is fo	r the whole group,	check this	
		ch a list with the names and EINs of		ers the extension is	s for.	
1 I request an automatic 3 month (6 months for a corporation	•					
	organiza	tion return for the organization name	d above.	The extension		
is for the organization's return for:						
► X calendar year 2012 or						
tax year beginning	, an	d ending		- ·		
A state house and in the different value 40 ments about any configuration.						
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
Change in accounting period						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ei	nter the tentative tax, less any				
nonrefundable credits. See instructions.		3a \$			0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter anv	refundable credits and				
estimated tax payments made. Include any prior year overprior			\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
Caution. If you are going to make an electronic fund withdrawal w			rm 8879.	EO for payment ins	0. tructions.	
LHA For Privacy Act and Paperwork Reduction Act Notice,				Form 8868 (R		

223841 01-21-13

Form 886	88 (Rev. 1-2013)					Page 2	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check thi	s box		X	
	ly complete Part II if you have already been granted an			iled Forn	n 8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	ıal (no	copies nee	ded).	
			Enter filer's	identify	ing number, s	ee instructions	
Type or					Employer identification number (EIN) o		
print							
File by the	· · · · · · · · · · · · · · · · · · ·				<u> 38-29</u>	35397	
due date for filing your	our Number, street, and foom of some no. If a P.O. box, see instructions.				ecurity number	er (SSN)	
return. See instructions.	un. See 32 SOUTH STREET, NO. 500						
HISTORICHOUS.	City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.				
	BALTIMORE, MD 21202						
						F 2 1 2 1	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 1	
Applicati		Bothus	TAuntinatina			Return	
Application In Factor	0))	Return					
Is For	or Form 990-EZ	Code 01	is For Co				
Form 990		02					
	0 (individual)	02	Form 1041-A Form 4720				
Form 990		04	Form 4720 C				
	T (sec. 401(a) or 408(a) trust)	05	**************************************				
	T (trust other than above)	06	Form 8870 11				
	not complete Part II if you were not already granted	<u> </u>		ouch til	ad Farm 9969		
9701100	SAMANTHA BARBER		racio o-montri extension on a previ	IUUSIY III	ear on in book	74,	
• The bo	oks are in the care of 32 SOUTH STREET		. 500 - BATOTMORE	MD 2	21202		
	one No. ► 410-951-1500		FAX No. ►				
	rganization does not have an office or place of business	in the Un					
• If this is	of or a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN)	this is fo	r the whole a	roup, check this	
box 🕨 🛚	, if it is for part of the group, check this box						
	uest an additional 3-month extension of time until						
	calendar year 2012, or other tax year beginning		, and ending	1		_	
	Change in accounting period						
7 Stat	e in detail why you need the extension						
IN	FORMATION REQUIRED TO FILE A	COME	LETE AND ACCURATE	RETU	RN WILI	NOT BE	
AV.	AILABLE UNTIL AFTER THE FIRS	T EXT	PENDED DUE DATE.				
8a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, er	nter the tentative tax, less any				
nonr	nonrefundable credits. See instructions.			8a	\$	0.	
b If thi	s application is for Form 990-PF, 990-T, 4720, or 6069, ϵ	enter any	refundable credits and estimated	1 .			
tax p	ayments made. Include any prior year overpayment allo	owed as a	credit and any amount paid				
prev	riously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System), See instructions.				\$	0.		
	Signature and Verification	on mus	t be completed for Part II o				
Inder penal	ties of perjury, Locclare that I <u>have examined thi</u> s form, includin rect, and complite, sogthat Tam authorized to prepare this for	ng accompa	anying schedules and statements, and to	the best o	f my knowledge	and belief,	
	1 (177) 17 (2)				N//	/ /3	
Signature 🕨	Title C	PA		Date	► U· 'l'	<i></i>	
	1				C 00		

Form 8868 (Rev. 1-2013)