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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning AUG 1, 2009 and ending	<u>JUL 31, 2010</u>							
В	Check if applicabl	Please use IRS C Name of organization	D Employer identification number							
	Addre	ss label or Thimppea Thu Volume CODE								
一	Name	type	30-0212534							
H	chang _Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/su								
F	return ☐Termir	Specific 0.10 to 373N DIDENT	1 '							
늗	lated Amen		G Gross receipts \$ 2,261,740.							
누	lreturn ∏Applic	City or town, state or country, and ZIP + 4 CHICAGO, IL 60607								
_	⊥tión pendii		H(a) Is this a group return for affiliates? Yes X No							
		1								
	SAME AS C ABOVE H(b) Are all affiliates included? Yes No									
_	I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ▶ WWW . IFYC . ORG									
			H(c) Group exemption number ear of formation: 2002 M State of legal domicile: IL							
	art I	Summary	ear of formation. ZOOZ M State of legal conficile. 11							
<u></u>		Briefly describe the organization's mission or most significant activities THE ORGAL	NT7ATTON'S MOST							
çe		· · · · · · · · · · · · · · · · · · ·	IRS, STRATEGIC PLANNING,							
Governance		Check this box If the organization discontinued its operations or disposed of m								
Veri		Number of voting members of the governing body (Part VI, line 1a)								
Ô			1.5							
		Number of independent voting members of the governing body (Part VI, line 1b)								
Ĕ	_	Total number of employees (Part V, line 2a)								
Activities &		Total number of volunteers (estimate if necessary)								
_೪	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.							
) 	D	Net unrelated business taxable income from Form 990-T, line 34	7b 0.							
		On the Annual and a serie (Death) (III has the	Prior Year Current Year							
မှ မ	1	Contributions and grants (Part VIII, line 1h)	4,550,852. 1,959,848.							
Revenue	1	Program service revenue (Part VIII, line 2g)	367,475. 298,631.							
Ä,	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<165,831.> 2,204.							
5	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,453. 1,057.							
D		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,755,949. 2,261,740.							
]	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,659. 13,921.							
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1 520 052 2 200 044							
es s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	1,530,253. 2,392,244.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	20,206.							
Š	b	Total fundraising expenses (Part IX, column (D), line 25) 216,485.	1 000 004 1 644 000							
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,007,804. 1,644,078.							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,609,716. 4,070,449.							
	19	Revenue less expenses Subtract line 18 from the 12 The last subtract line 18 from the 18 f	2,146,233. <1,808,709.>							
Net Assets or Fund Ralances			Beginning of Current Year End of Year							
Ssel	20	Total liabilities (Part X, line 16)	5,264,181. 3,473,857.							
et D	21		128,157. 146,542.							
즎	22	Ciameter Plant	5,136,024. 3,327,315.							
P	art II	Signature Block COFN 117	A d A - the head of any transition and helpf A - A							
		Under penalties of perjury, I declare that I have examined this refull induding accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	its, and to the best of my knowledge and belief, it is true, correct,							
		S. S	1/2/2011							
Sign Date										
Here Signature of officer Date										
	EBRAHIM PATEL, PRESIDENT Type or print name and title									
_	Date A Check of Branger's identifying number									
Pai	Paid Preparer's Date Date Check if Self- S									
Preparer's Furm's name (or MANNI FUET TOT C ACCOCT ASSECT I C										
Use Only yours if MANN. WEITZ & ASSOCIATES L.L.C.										
	•	self-employed), address, and 111 DEER LAKE ROAD, SUITE 125	D							
		ZIP+4 DEERFIELD, IL 60015	Phone no. ► (847)267-3400							
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No							
9320	001 02-0	pa-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate i	instructions. Form 990 (2009)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

932002 02-04-10

Form 990 (2009) ' ' INTERFAITH YOUTH CORE Part IV Checklist of Required Schedules

	•		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	_3_		X				
4	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and							
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5						
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
_	Schedule D, Part III	8		X				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			.,				
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			v				
44	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		X				
11	as applicable	44	х					
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	Λ					
	Part VI.							
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII.							
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX.							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.							
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			0				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI, XII, and XIII	12	X					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		**					
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X					
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, Part II	45		v				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X				
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10_		Λ				
••	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				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X				
		Form	990 (2	2009)				

Form 990 (2009) ' INTERFAITH YOUTH CORE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	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			
	Schedule K If "No", go to line 25	24a		X
b	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		_ ;	'
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		:	
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2009)

Form **990** (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

Sec	tion A. Governing Body and Management	_					
		ı	i			Yes	No
1a	Enter the number of voting members of the governing body	1a_		16			
b	Enter the number of voting members that are independent	_1b	<u> </u>	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other		ļ		
	officer, director, trustee, or key employee?			-	2	X	
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			-	<u>3</u>		X
4							
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		}	5		<u>X</u>
6	Does the organization have members or stockholders?			}	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the		_		
	governing body?			-	7a_	X	37
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			-	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
_	by the following The group hadro					х	
_	The governing body?			-	8a	X	
ь	Each committee with authority to act on behalf of the governing body?		at the	-	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acneu	at trie		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Peveni	ue Code)		9		
	tion B. Follows (This decilor B requests information about policies not required by the internal re	10,000	00007			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,	Ī			
_	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	ne form?		11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld giv	e rise				
	to conflicts?				12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, '	describe				
	ın Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?			-	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?			Ļ	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		-	ł		
а	The organization's CEO, Executive Director, or top management official			-	15a	Х	
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.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				v
	taxable entity during the year?			-	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızaı	ion's		406		
<u> </u>	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL	_					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	 T /501	(c)(3)s only) avai	lahle f	or		
10	public inspection. Indicate how you make these available. Check all that apply	, ,501	Onors only avai	-451C I	J.		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	t of interest polic	cv. an	d fina	ncial	
	statements available to the public			المحارر	ru	141	
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd red	ords of the ora	anızatı	on 🕨		
	GABE HAKIM - 312-573-8826						
	910 W. VAN BUREN, 4TH FLOOR, CHICAGO, IL 60607						
					Form	990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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)	(B)				C)	_		(D)	(E)	(F)
Name and Title	Average hours	(0		Pos		n app	ΙΛΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
HOWARD MORGAN										
CHAIR	10.00	X		X		<u> </u>		0.	0.	0
TAREK ELMASRY										
DIRECTOR	0.50	X	<u> </u>					0.	0.	0
WILLIAM ENRIGHT										
DIRECTOR	0.50	X	ļ			ļ		0.	0.	0
ROBERT GERTNER										ı
DIRECTOR	0.50	X				ļ		0.	0.	0
NEAL GOLDMAN										
DIRECTOR	0.50	X						0.	0.	0
ANNE HALLETT										
DIRECTOR	0.50	X						0.	0.	0
RON KINNAMON										
DIRECTOR	0.50	X	_					0.	0.	0
JEFF LEVY		l						_	_	
DIRECTOR	0.50	X	<u> </u>					0.	0.	0
GAIL ROSSEAU								_		_
DIRECTOR	0.50	X	├					0.	0.	0
SUSAN THISTLETHWAITE								_	_	
DIRECTOR	0.50	X	<u> </u>					0.	0.	0
SUNIL GARG								_		
TREASURER	0.50	X		X				0.	0.	0
SUSAN KIPHART		l								_
DIRECTOR	0.50	X						0.	0.	0
RICHARD KIPHART	2.50	l								_
DIRECTOR	0.50	X						0.	0.	0
THOMAS LEVINSON	0.50									_
DIRECTOR	0.50	X						0.	0.	0
CONNIE DUCKWORTH	1 1 1							_		_
DIRECTOR	1.00	X	\vdash			$\vdash\vdash$		0.	0.	0
STEPHEN BELL	0.50	- -						_	_	_
DIRECTOR	0.50	X				$\vdash\vdash$		0.	0.	0
EBRAHIM PATEL	60.00				i			420 222		
FOUNDER AND PRESIDENT 932007 02-04-10	60.00	<u> </u>		X				132,028.	0.	7,793 Form 990 (2009

932007 02-04-10

Form **990** (2009)

Form 990 (2009) INTERFAIT	TUOY H	1 (COL	RE				·	<u> 30-02</u>	12	534	Pa	ge 8
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)				
Name and title	(B) Average hours	(cl		Pos		app	ıty)	(D) Reportable compensation	(E) Reportable compensation	n	Esti amo	(F) mateo ount c	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		comp fro orga	m the nızatı relate	e on ed
APRIL MENDEZ VP OF GLOBAL LEADERSHIP	60.00			х				92,747.		0.	5	, 42	29.
CHARLES LEVESQUE	- 0000												
<u>coo</u>	50.00		_	X		-		109,594.		0.	5	, 42	<u> 19.</u>
RICHARD VAN HEES VP OF DEVELOPMENT	50.00			х				55,978.		0.	5	, 42	29.
GABE HAKIM													
VP OF STRATEGY & OPERATIONS	50.00			X				0.		0.			0.
DANIEL PAWLUS VP OF COMMUNICATIONS	50.00			х				1,400.		0.			0.
			_										
						<u> </u>	_						
1b Total	<u> </u>]			<u></u>	391,747.		0.	24	., 08	30.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	0,000 in reportable	•			2
compensation from the organization											1	Yes	<u>2</u> No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y en	plo	yee,	or h	highest compensated er	nployee on		3		x
4 For any individual listed on line 1a, is the su									the organization				x
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1						ices rendered to		4		
the organization? If "Yes," complete Sched Section B. Independent Contractors	ule J for such	pers	on								5		<u>X</u>
Complete this table for your five highest co the organization. NONE	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation fro	om _	
the organization. NONE (A) Name and business	address							(B) Description of s	services	С	(C)		
											_		
								d about the control	Ab				
Total number of independent contractors (i \$100,000 in compensation from the organic	_	101	mite	a to		se II	stec	above) who received in	iore than				
					_						Form 9	90 (2	009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	, ,, ,	tions must complete all not required to comple		
	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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	13,921.	13,921.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	558,007.	326,631.	116,544.	114,832.
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	1,456,607.	1,212,674.	167,934.	75,999.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	- ,			
9	Other employee benefits	174,760.	127,299.	20,602.	<u> 26,859.</u>
10	Payroll taxes	202,870.	165,489.	22,322.	15,059.
11	Fees for services (non-employees)				
а	Management				
b	Legal	17,267.	10,079.	7,188.	
С	Accounting	11,889.	230.	11,659.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	20,206.			20,206.
f	Investment management fees				
g		274,533.	184,102.	45,161.	45,270.
12	Advertising and promotion				
13	Office expenses	407,258.	345,244.	48,590.	13,424.
14	Information technology	17,180.	6,569.	8,603.	2,008.
15	Royalties			1-0 -00	
16	Occupancy	176,497.	2,775.	173,722.	
17	Travel	527,496.	521,750.	681.	5,065.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		0.1.5	4 205	
19	Conferences, conventions, and meetings	2,278.	916.	1,325.	37.
20	Interest				
21	Payments to affiliates	00 100		00 400	
22	Depreciation, depletion, and amortization	28,499.		28,499.	
23	Insurance	19,479.	7,560.	11,919.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	THE COLUMN THE PROPERTY OF CALL	199,580.	199,580.		
a b	A	40,335.	12,697.	12,848.	14,790.
C	STAFF DEVELOPMENT	6,440.	4,761.	1,679.	11,1000
ď	DOOM A CURCON TRATONIC	3,498.	2,674.	388.	436.
e	D10 D000	<88,151.		1.	<117,500.
_	All other expenses	100,101	25,540.		
25	Total functional expenses. Add lines 1 through 24f	4,070,449.	3,174,299.	679,665.	216,485.
26	Joint costs Check here Inf following	_, _, _, _, _, _,		<u> </u>	
_0	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Part X	Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		263,968.	1	316,307
2	Savings and temporary cash investments	1,554,896.	2	1,754,835	
3	Pledges and grants receivable, net		3,201,517.	3	1,242,580
4	Accounts receivable, net	<u> </u>	159,452.	4	73,938
5	Receivables from current and former officers, di				
	employees, and highest compensated employe				
	of Schedule L		5		
6	Receivables from other disqualified persons (as	defined under section			
	4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
	Part II of Schedule L			6	
2 7	Notes and loans receivable, net			7	
Assets 4 8 6 6 8 6 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Inventories for sale or use	Г		8	
₹ 9	Prepaid expenses and deferred charges		24,324.	9	38,320
10a	Land, buildings, and equipment cost or other	1	<u> </u>		
	basis Complete Part VI of Schedule D	10a 138,756.			
ь		10b 90,879.	60,024.	10c	47,877
11	Investments - publicly traded securities	•	11		
12	Investments - other securities See Part IV, line		12		
13	Investments - program-related See Part IV, line	11		13	
14	Intangible assets		14		
15	Other assets See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	5,264,181.	16	3,473,857
17	Accounts payable and accrued expenses	128,157.	17	129,042	
18	Grants payable	•	18		
19	Deferred revenue		19	17,500	
20	Tax-exempt bond liabilities	Ī		20	•
	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
21 22 22 22 22 23 23 23	Payables to current and former officers, director		· · · · · · · · · · · · · · · · · · ·		
	highest compensated employees, and disqualifi				
دُّ	of Schedule L		,	22	,
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	· · · · · · · · · · · · · · · · · · ·		24	
25	Other liabilities Complete Part X of Schedule D			25	•
26	Total liabilities. Add lines 17 through 25		128,157.	26	146,542
	Organizations that follow SFAS 117, check he	ere X and complete			-
ဂ္ဂ	lines 27 through 29, and lines 33 and 34.	-		1	
ဋ 27	Unrestricted net assets		1,926,271.	27	1,528,380
g 28	Temporarily restricted net assets		3,209,753.	28	1,798,935
n 29	Permanently restricted net assets		29		
5	Organizations that do not follow SFAS 117, c	heck here ▶ ☐ and			
5	complete lines 30 through 34.				
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds			30	
31	Paid in or capital surplus, or land, building, or ed			31	
32	Retained earnings, endowment, accumulated in			32	
ž 33	Total net assets or fund balances		5,136,024.	33	3,327,315
34	Total liabilities and net assets/fund balances		5,264,181.	34	3,473,857

Form **990** (2009)

Pa	rt At Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Cother			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Employer identification number

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

INTERFAITH YOUTH CORE 30-0212534 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 b Type II c ____ Type III - Functionally integrated d ____ Type III - Other 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, Yes 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? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990 EZ) 2009 INTERFAITH YOUTH CORE 30-0212534 Page 2 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) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 1 Gifts, grants, contributions, and membership fees received (Do not 512,634. 1106122. 874,768. 1654491. 1959848. 6107863. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 512,634. 1106122. 874,768. 1654491. 1959848. 6107863. 4 Total. Add lines 1 through 3 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. 1927590. column (f) 4180273. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007(d) 2008(e) 2009 (f) Total 1959848. 1106122. 874,768. 1654491. 6107863. 512,634. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,615. 91,909. 113,847. 42,070. 2,204. 257,645. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 889 5,414 3,216. 3,453. 1,057. 14,029. assets (Explain in Part IV) 6379537. 11 Total support. Add lines 7 through 10 1,121,385. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

	organization, check this box and stop nere			
Sec	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	65.53	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	67.21	%
16a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m stop here. The organization qualifies as a publicly supported organization	ore, ch		X
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization	or more	e, check this box	
17a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai			
b	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, and	▶[I line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization contains a public organization org		. 1	
1Ω	Private foundation, if the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see	instructions	i

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Oi	ganizations	Described in	Section 509(a	(Complete only	ıf you (checked the bo	x on line 9 of Part I.
Section A. Public Support		# L 0000	4 3 0007	1 0000	, ,	1,0000	(0 T-1-1
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		e) 2009	(f) Total
1 Gifts, grants, contributions, and	ļ						
membership fees received (Do not							
include any "unusual grants ")			·-·		-		
2 Gross receipts from admissions, merchandise sold or services per-					1		
formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose					┼		
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513					-		
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6)							
Section B. Total Support				•	•	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						•	•
10a Gross income from interest,							
dividends, payments received on					1		
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 11 Net income from unrelated business					1		
activities not included in line 10b,							
whether or not the business is					1		
regularly carried on				 	-		
12 Other income Do not include gain or loss from the sale of capital							
assets (Explain in Part IV)					<u> </u>		
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, thi	rd, fourth, or fifth t	tax year as a section	on 501	(c)(3) organiz	ration,
check this box and stop here							▶∟_
Section C. Computation of Public					1 1		
15 Public support percentage for 2009 (lin			column (f))		15		%
16 Public support percentage from 2008					16		%
Section D. Computation of Inves	tment Incom	e Percentage			1 1		
17 Investment income percentage for 200)9 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17		9/
18 Investment income percentage from 2					18		9/
19a 33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3	%, and line 1	17 is not
more than 33 1/3%, check this box an							▶□
b 33 1/3% support tests - 2008. If the						an 33 1/3%, a	and
line 18 is not more than 33 1/3%, chec							▶□
20 Private foundation. If the organization		-					▶□
			· · · · · · · · · · · · · · · · · · ·				0 or 990-EZ) 200

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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

TNTERFAITH YOUTH CORE

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		e or Accounts Complete of the					
Pai			is of Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line		(h) Funda and other accounts					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in							
	are the organization's property, subject to the organization's	•	L Yes No					
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos						
	impermissible private benefit?		Yes No					
Pai			Part IV, line 7					
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area					
	Protection of natural habitat	Preservation of a ce	rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last					
	day of the tax year							
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d	0.1							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax					
	year ▶							
4	Number of states where property subject to conservation ea	sement is located >						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	f					
	violations, and enforcement of the conservation easements i	it holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	dunng the year					
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) above							
-	and section 170(h)(4)(B)(ii)?	•	Yes No					
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	se statement, and balance sheet, and					
-	include, if applicable, the text of the footnote to the organiza							
	conservation easements							
Pa	t III Organizations Maintaining Collections o	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, no	ot to report in its revenue statement and	balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e							
	the footnote to its financial statements that describes these							
h	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasures.					
~	or other similar assets held for public exhibition, education, of							
	these items		, p					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X		► \$ ► \$					
2	If the organization received or held works of art, historical tre	easures or other similar assets for financ						
2	the following amounts required to be reported under SFAS 1		as gain, promot					
_	Revenues included in Form 990, Part VIII, line 1	. 10 folding to these items	▶ \$					
a			► \$ ► \$					
b	Assets included in Form 990, Part X		Ψ					

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Schedule D (Form 990) 2009

		ITH YOUTH	_					<u> 30-02</u>			
Par	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	ıt are a sıç	gnificant	use of its	collectio	n item	IS
	(check all that apply)										
а	Public exhibition	c			hange progra	ams					
b	Scholarly research	e	• 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organızatı	on's exen	npt purpo	ose in Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets		_	<u>, </u>	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if org	ganization ar	nswered "Ye	s" to Forn	n 990, Pa	ırt IV, line	9, or		
	reported an amount on Form 990, Pa				- -						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not i	ncluded	<u></u>	٦	_	_
	on Form 990, Part X?								」Yes		J No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table				_			
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		7		_
	Did the organization include an amount on Fe	orm 990, Part X, line	217					L	. Yes		J No
	If "Yes," explain the arrangement in Part XIV	<u> </u>		*** * * *							
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	rears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions								ļ		
С	Net investment earnings, gains, and losses			· -					ļ		
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance								l		
2	Provide the estimated percentage of the year	r end balance held a									
а	Board designated or quasi-endowment		%								
Ь	Permanent endowment	%									
С		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ie organiz	zation			
	by								[Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			==					3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations	·							_3b_		
Po:	Describe in Part XIV the intended uses of the tVI Investments - Land, Building				David V. Juna	10					
Par											
	Description of investment	(a) Cost or o basis (investi			or other (other)		reciation	ed	(d) Boo	k valu	e
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			13	8,756.		90,8	79.	4	<u>7,8</u>	<u>77.</u>
e_	Other										
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c).)				4	<u>7,8</u>	<u>77.</u>

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

	dule D (Form 990) 2009 INTERFAITH YOUTH CORE			30	-0212534	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Financial Sta	ateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,261	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,070	449.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3_		<1,808	<u>.709.</u> :
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		_6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		<1,808	<u>.709.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	its W	ith Revenue pe	r Hetu		
1	Total revenue, gains, and other support per audited financial statements			1	2,295	025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b	33,28	5.		
¢	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		285.
3	Subtract line 2e from line 1			3	2,261	740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b			-	
-	Add lines 4a and 4b			<u>4c</u>		0.
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t XIII Reconciliation of Expenses per Audited Financial Stateme	nto M	lith Expanses n	or Poi	2,261	740.
		IILS V	nui Expenses p	1 .	4,103	724
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			1	4,103,	, / 34.
2	Donated services and use of facilities	ا مم ا	33,28	_		
a _	Prior year adjustments	2a 2b	33,20.	.		
b	Other losses	2c		_		
ا ا	Other (Describe in Part XIV)	2d		_		
e	Add lines 2a through 2d	_ Zu			33	285.
3	Subtract line 2e from line 1			3	4,070	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				1,010	447.
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b			4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,070,	
	t XIV Supplemental Information			/		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1	a and 4, Part IV, line	s 1b an	d 2b, Part V, line	4, Part
X, line	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple	ete this	part to provide any	addıtıor	nal information	
	-					
	_					
	-					
		-		Sob	edule D /Form 0	2000

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.

OMB No 1545-0047
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2009
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Increation

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

INTERFAITH YOU	TH CORE			30-02125	34
		ctivities Out	tside the United States. Comp		
to Form 990, Pa	rt IV, line 14b				
1 For grantmakers. Doe	s the organization	maintain record	ds to substantiate the amount of the g	grants or assistance, the	
grantees' eligibility for t	he grants or assis	stance, and the	selection criteria used to award the gr	rants or assistance?	Yes No
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds outside the United Sta	ates.
	1		Iditional space is needed)		
(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
				STAFF MEMBERS WENT TO MEET WITH ORGANIZATIONS & CONDUCT INTERFAITH	
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICE	ORGANIZING TRAINING	5,319.
				STAFF WORKED WITH A HOST ORGANIZATION TO WORK WITH COMMUNITY MEMBERS	
EUROPE	0	10	PROGRAM SERVICE	TO ENHANCE INTERFAITH	302,050.
				STAFF MEMBERS WENT TO THE MIDDLE EAST TO MEET WITH ORGANIZATIONS &	
MIDDLE EAST	0	0	PROGRAM SERVICE	CONDUCT INTERFAITH	719.
				STAFF WORKED WITH A HOST ORGANIZATION TO WORK WITH COMMUNITY MEMBERS	
NORTH AMERICA	0	8	PROGRAM SERVICES	TO ENHANCE INTERFAITH	176,363.
RUSSIA AND NEWLY					
INDEPENDENT STATES	0	0	PROGRAM SERVICE	STAFF SPEAKING TOUR.	6,398.
				STAFF MEMBERS WENT TO INDIA TO MEET WITH ORGANIZATIONS & CONDUCT	
SOUTH ASIA	0	0	PROGRAM SERVICE	INTERFAITH ORGANIZING	29,021.
				RECEIVED TRAINING AND INFORMATION REGARDING MALARIA, INFECTIOUS	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICE	DISEASE, AND HEALTHCARE	103,087,
Totals		18			622 957
	<u> </u>		, see the Instructions for Form 990.	Schedule F	(Form 990) 2009

SEE PART IV FOR COLUMN (E) DESCRIPTIONS

932071

30-0212534

Page 3

INTERFAITH YOUTH CORE

Schedule F (Form 990) 2009

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

Use Schedule F-1 (Form 990) if additional space is needed

	•	,	1	Ī	,		1	
(h) Method of valuation (book, FMV, appraisal, other)	,							Schedule F (Form 990) 2009
(g) Description of non-cash assistance								Schedu
(f) Amount of non-cash assistance					-			
(e) Manner of cash disbursement								:
(d) Amount of cash grant								_
lumber of cipients								-
(b) Region								
(a) Type of grant or assistance (b) Region rec								

Schedule F (Form 990) 2009 INTERFAITH YOUTH CORE	<u> 30-0212534</u>	Page 4
Part IV Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any additional information		
REGION: SUB-SAHARAN AFRICA		
(E) SPECIFIC TYPES OF SERVICES IN REGION: RECEIVED TRAINING	3 AND	
INFORMATION REGARDING MALARIA, INFECTIOUS DISEASE, AND HEAD	<u> THCARE</u>	
THER ACCORDING THE CHIR CANADAN ACRICA DECERTION OF A THIRD AND	ND THEODMANT	ONT
INFRASTRUCTURE IN SUB-SAHARAN AFRICA. RECEIVED TRAINING AI	ND INFORMATI	ON
REGARDING NGO AND FAITH COMMUNITY RESPONSES TO HEALTH CRISI	FC TN	
REGARDING NGO AND PATTH COMMONTH REDPONDED TO HEADTH CRIDI	3D IN	
SUB-SAHARAN AFRICA.		
DOD DIMINUM IN RECIT		
	-	
		
	<u> </u>	
		<u> </u>
W- 11 - W - 12 - W -		
	<u> </u>	

Complete this part to provide the information required in Part I, line 2, and any additional information

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA & PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF MEMBERS WENT TO MEET

WITH ORGANIZATIONS & CONDUCT INTERFAITH ORGANIZING TRAINING SESSIONS.

OTHER STAFF WENT TO ANOTHER COUNTRY TO ATTEND INTERFAITH CONFERENCE.

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF WORKED WITH A HOST

ORGANIZATION TO WORK WITH COMMUNITY MEMBERS TO ENHANCE INTERFAITH

DIALOGUE. STAFF WENT TO OTHER EUROPEAN COUNTRIES TO MEET WITH

ORGANIZATIONS AND CONDUCT INTERFAITH ORGANIZING TRAINING SESSIONS.

REGION: MIDDLE EAST

(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF MEMBERS WENT TO THE

MIDDLE EAST TO MEET WITH ORGANIZATIONS & CONDUCT INTERFAITH ORGANIZING

TRAINING SESSIONS.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF WORKED WITH A HOST

ORGANIZATION TO WORK WITH COMMUNITY MEMBERS TO ENHANCE INTERFAITH

DIALOGUE IN CANADA; WENT TO MEET WITH POSSIBLE FELLOWS; ATTENDED AN

INTERFAITH CONFERENCE IN NORTH AMERICA.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: STAFF MEMBERS WENT TO INDIA TO

MEET WITH ORGANIZATIONS & CONDUCT INTERFAITH ORGANIZING TRAINING SESSIONS

WITH A STATE DEPARTMENT DELEGATION.

SCHEDUĻE Ġ

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number

30-0212534

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants a X Mail solicitations Internet and email solicitations f X Solicitation of government grants X Phone solicitations a X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (Hi) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) TER MOLEN WATKINS & DEVELOP 3 YEAR Yes No FUNDRAISING PLAN 1,907,706. 20,206.1,907,706. BRANDT

otal	•	•	•	1,907,706.	20,206.	1,907,706
3 List all states in which t	he organization is register	red or licensed to solicit f	unds or h			
- -	 .					
						
<u> </u>						
HA For Privacy Act and F	Paperwork Reduction Ac	t Notice, see the Instru	tions for	Form 990 or 990-EZ.	Schedule G (For	m 990 or 990-EZ) 200

932081 02-03-10

932082 02-03-10

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990 EZ) 2009 INTERFAITH YOUTH CORE	30-021	253	4 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	3a %			
b An outside facility	3b %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	d records			
Name				•
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	le?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and to	ne amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party				
		}		
Name				
Address >				
16 Gaming manager information				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	spent in the			
organization's own exempt activities during the tax year > \$				

CHEDU-	LEI	6
	CHEDU	orm 99

Department of the Treasury Internal Revenue Service

Grants Governn

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

2009
Open to Public Inspection

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

▶ Attach to Form 990.

lentification number 30-0212534		2		A	if grant nce					rm 990) 2009
Employer identification number 30-0212534		ion X Yes	IV, line 21, for any	al space is needed	(h) Purpose of grant or assistance					Schedule I (Form 990) 2009
	:	stance, and the select	ss" to Form 990, Part	(Form 990) if addition	(g) Description of non-cash assistance					
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection of grant funds in the United States	nization answered "Ye	t IV and Schedule I-1	(f) Method of valuation (book, EMV, appraisal, other)					
:		grantees' eligibility	omplete if the organ	an \$5,000 Use Par	(e) Amount of non-cash assistance					
		or assistance, the	United States.	t received more th	(d) Amount of cash grant					or Form 990.
ORE		amount of the grants	Organizations in the	box if no one recipien	(c) IRC section if applicable				anizations	see the Instructions f
1 YOUTH CO	d Assistance	substantiate the tance?	overnments and	5,000 Check this	(b) EIN				d government org	tion Act Notice, s
Name of the organization INTERFAITH YOUTH CORE	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance? Describe in Bart IV the organization's procedures for monitoring the use of grant finds in the United States.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Name of t	Parti	1 Doe	1 5 1		1 (a)				2 Ente	₄

33

INTERFAITH YOUTH CORE Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Page 2

30-0212534

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance'
IFYC GAVE MINI GRANTS TO OTHER INDIVIDUALS THROUGH OUR GRANT WITH WALTER & ELISE HAAS FUND. INDIVIDUALS APPLYING FOR THE MINI GRANTS WERE REQUIRED TO COMPLETE APPLICATIONS AND IFYC HAD A	11	13,921,	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	ide the informatio	n required in Part I, I	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: IFYC GAVE	SAVE MINI	GRANTS TO	GRANTS TO OTHER INDIVIDUALS	IVIDUALS	
THROUGH OUR GRANT WITH WALTER & EL	ELISE HAAS	FUND.	DIVIDUALS .	INDIVIDUALS APPLYING FOR	
THE MINI GRANTS WERE REQUIRED TO C	COMPLETE	APPLICATIO	APPLICATIONS AND IFYC HAD	C HAD A SET	
OF CRITERIA FOR AWARDING THE MINI-GRANTS.	-GRANTS.	FUNDS WER	FUNDS WERE GRANTED	FOR PROGRAM	
SUPPLIES TO CARRY OUT THE PROJECT.		ONITORED P	IFYC MONITORED PROJECTS THROUGH	ROUGH	

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: IFYC GAVE MINI GRANTS TO OTHER

CHECK-INS AND PROJECT REPORTS WHICH INCLUDED PROJECT DOCUMENTATION

932102 02-02-10

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number 30-0212534

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPLEMENTATION AND EVALUATION (SPIE), LEADERSHIP AND OUTREACH EDUCATION
AND TRAINING. IN THE AREA OF INTERNATIONAL PROGRAMS, IFYC IMPLEMENTED
ITS FAITHS ACT FELLOWS PROGRAM IN FY 2009. THIS PROGRAM, FUNDED BY THE
TONY BLAIR FAITH FOUNDATION, SEEKS TO UTILIZE INTERFAITH LEADERSHIP
TRAINING AND ORGANIZING TO ADVANCE THE MILLENNIUM DEVELOPMENT GOAL OF
THE ERADICATION OF DEATHS DUE TO MALARIA. SPECIFICALLY, 30 FAITHS ACTS
FELLOWS ARE WORKING IN THE US, CANADA AND THE UNITED KINGDOM TO RAISE
AWARENESS OF MALARIA AND BUILD INTERFAITH INITIATIVES TO COMBAT ITS
TOLL.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OUTREACH EDUCATION AND TRAINING (OET): THE OET DEPARTMENT IS CHARGED
WITH PROVIDING TRAINING ON RELIGIOUS PLURALISM TO YOUNG PEOPLE AND
THEIR ALLIES. OET STAFF MEMBERS DELIVER TRAINING SESSIONS AT COLLEGES
AND UNIVERSITIES ACROSS THE COUNTRY WITH THE GOAL OF BUILDING A SOCIAL
NORM OF RELIGIOUS PLURALISM ON THESE CAMPUSES.
EXPENSES \$ 500989. INCLUDING GRANTS OF \$ 13921. REVENUE \$ 69050.
COMMUNICATIONS
EXPENSES \$ 88766. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EXPENSES \$ 00700. INCLUSING GRANTS OF \$ 0. KBVENCE \$ 0.
SEARCH INSTITUTE - IFYC HAS A CONTRACT WITH THE SEARCH INSTITUTE TO
WORK WITH SEARCH TO ENGAGE, TRAIN AND COMMUNICATE WTH FOUR INTERFAITH
ORGANIZATIONS IN CHICAGO AND IN NEW ORLEANS, PHILADELPHIA AND
MINNEAPOLIS AND PROVIDE THESE ORGANIZATIONS WITH TECHNICAL ASSISTANCE
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

SCHEDULE O'

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number 3.0 – 0.21.25.34

INTERPATITI TOUTH CORE 50-0212534
AS THEY IMPLEMENT THEIR WORK PLANS. THE ORGANIZATION IS ALSO
DEVELOPING THE CAPACITY OF LOCAL INTERFAITH INITIATIVES IN CHICAGO.
EXPENSES \$ 11595. INCLUDING GRANTS OF \$ 0. REVENUE \$ 30172.
STRATEGIC PARTNERSHIPS - TO DEVELOP BUSINESS IN STRATEGIC SECTORS
(HIGHER EDUCATION AND PUBLIC POLICY) BY EXECUTING VARIOUS FORMS OF
OUTREACH AND ENGAGEMENT IN THOSE SECTORS.
EXPENSES \$ 159310. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 2: SUSAN AND RICHARD KIPHART ARE BOTH
ON THE BOARD OF DIRECTORS AND ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD MEMBERS ELECT NEW MEMBERS
TO THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE DISTRIBUTED TO ALL
OF THE BOARD MEMBERS. THE FINANCE AUDIT COMPENSATION AND EVALUATION (FACE)
COMMITTEE WILL REVIEW THE TAX RETURN AND AUTHORIZED INDIVIDUALS WILL SIGN
IT.
FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS ARE REQUIRED TO COMPLETE
A CONFLICT OF INTEREST STATEMENT. THE COO REVIEWS DIRECTOR'S CONFLICT OF
INTEREST STATEMENTS AND REVIEWS PERSONNEL POLICY HANDWOOK WITH EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 15: EACH FISCAL YEAR THE BOARD REVIEWS
THE COMPENSATION OF THE EXECUTIVE DIRECTOR. COMPENSATION IS SET AFTER

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

932211 02-03-10 Schedule O (Form 990) 2009

SCHEDULE O'

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** INTERFAITH YOUTH CORE 30-0212534 REVIEW OF COMPARABLE DATA AT OTHER ORGANIZATIONS AND AN ASSESSMENT OF THE EXECUTIVE DIRECTOR'S PERFORMANCE. THE FINANCE, AUDIT, COMPENSATION AND EVALUATION (FACE) COMMITTEE CONDUCTS THIS ANALYSIS. THE BOARD APPROVES THE BUDGET, WHICH INCLUDES COMPENSATION LEVELS FOR STAFF. FORM 990, PART VI, SECTION C, LINE 19: SOME DOCUMENTS SUCH AS THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC IN THE ANNUAL REPORT.

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

Schedule O (Form 990) 2009