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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

A I	For the	2011 calendar year, or tax year beginning AUG 1, 2011 and ending	<u>JUL 31, 2012</u>	
В	Check if applicable	C Name of organization	D Employer identific	cation number
Гх	Address	INTERFAITH YOUTH CORE		
	Name change	Doing Business As	30-0	212534
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	urte E Telephone numbe	<u> </u>
	Termin-	325 N. LASALLE STREET 775	•	573-8825
	Amende		G Gross receipts \$	3,393,132.
	Applica	CHICAGO, IL 00034	H(a) Is this a group re	
	pending	F Name and address of principal officer. EBRAHIM PATEL	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1.	Гах∙ехе	mpt status: X 501(c)(3) 501(c) ()	527 If "No," attach a	list (see instructions)
		E ► WWW.IFYC.ORG	H(c) Group exemptio	n number 🕨
			ear of formation: 2002 N	State of legal domicile: IL
Pà		Summary		
ģ		riefly describe the organization's mission or most significant activities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		
Activities & Governance	<u> </u>	NTERFAITH COOPERATION A SOCIAL NORM. THE O	<u>RGANIZATION'S</u>	MOST
Ĕ	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	
ŏ	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	21
ر ق	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	21
es	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	49
Ξ	6 T	otal number of volunteers (estimate if necessary)	6	22
Act		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	ЬΛ	let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
æ		Contributions and grants (Part VIII, line 1h)	2,415,877.	2,744,699.
Revenue		rogram service revenue (Part VIII, line 2g)	739,359.	644,797.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	947.	210.
		other revenue (Part VIII, column (A), lines 5, 6a, 8c, 9c, 10c, and 11e)	8,482.	3,426.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,164,665.	3,393,132.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,126.	49,078.
		lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,323,647.	2,462,813.
ë	l.	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ä	1	otal fundraising expenses (Part IX, column (D), line 25) 339,990.	1,266,938.	1,261,560.
		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-1,260,936.	3,773,451.
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column-(A)-line-25) levenue less expenses. Subtract line 18 from line 12	<546,046.	
es		evenue less expenses. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
ets (20 T	otal assets (Part X, line 16)	이 3,015,068.	2,629,632.
Ass	21 T		233,799.	228,682.
Net Assets or Fund Balances	22 N	let assets or fund balances Subtract line 21 from line 20	$\frac{233,733}{2,781,269}$.	2,400,950.
	art II	Signature Block		2/100/3301
	_	ies of perjury, I declare that Phave examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and belief, it is
	-	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	·	,
			3//	3/13
Sig	n	Signature of officer	Date	
Her		EBRAHIM PATEL, FOUNDER & PRESIDENT		
		Type or print name and title		, <u></u>
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	1 <u>N</u>	LARCY STEINDLER MUSICIANUS	self-employe	P00573131
Prej	parer [Firm's name MANN. WEITZ & ASSOCIATES L.L.C.	Firm's EIN	36-3963131
Use	Only	Firm's address 111 DEER LAKE ROAD, SUITE 125		
		DEERFIELD, IL 60015	Phone no. (<u>847)267-3400</u>
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-IN ITS INAUGURAL YEAR, THE PRESIDENT'S INTERFAITH AND COMMUNITY

SERVICE CAMPUS CHALLENGE INVOLVED OVER 270 COLLEGE CAMPUSES IN

LARGE-SCALE INTERFAITH ENGAGEMENT AND SERVICE INITIATIVES.

-IN PARTNERSHIP WITH DR. ALYSSA BRYANT ROCKENBACH AND DR. MATTHEW

(Code _____)(Expenses \$ _____ 481,677. Including grants of \$ _____) (Revenue \$ ______ 0.)

COMMUNICATIONS - IFYC BELIEVES COLLEGE STUDENTS HAVE THE POWER TO SHIFT THE PUBLIC DISCOURSE OF RELIGIOUS CONFLICT FROM ONE OF INEVITABLE CONFLICT TO ONE THAT SHOWCASES THE POSSIBILITY OF INTERFAITH COOPERATION. IFYC'S COMMUNICATIONS TEAM FOSTERS THE INDIVIDUAL VOICES OF OUR STUDENT LEADERS AND LIFTS UP THEIR MESSAGES THROUGH A WIDE RANGE

OF OUR STUDENT LEADERS AND LIFTS UP THEIR MESSAGES THROUGH A WIDE RANGE OF MASS AND SOCIAL MEDIA PLATFORMS. IN FISCAL YEAR 2012, IFYC ACHIEVED THE FOLLOWING IMPACT:

-883 FOUR-YEAR COLLEGES ROBUSTLY HEARD IFYC'S MESSAGE OF INTERFAITH COOPERATION.

-IFYC RECEIVED 22 MAJOR MEDIA HITS FROM NATIONAL OUTLETS SUCH AS NPR, THE NEW YORK TIMES, CNN, HUFFINGTON POST, CHICAGO MAGAZINE, THE CHICAGO

4d Other program services (Describe in Schedule O)

(Expenses \$ 389,795 • including grants of \$) (Revenue \$ 62,621 •)

le Total program service expenses 2,839,963.

Form 990 (2011) INTERFAITH Y
Part IV Checklist of Required Schedules

			Yes	No
1	Is the brganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			:
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ł
	sımılar amounts as defined ın Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
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			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ļ	
	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_	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, Parts II and IV	15	X	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٠,
	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,		İ	
	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			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
^^	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2011)
		LOHI	330 ((2011)

Form 990 (2011) 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 any government or organization in the			
	United States on Part IX, column (A), line 17 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	<u> </u>
24a				
	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
	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	05-		.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	230_		
20	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			
2.	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			
	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		_x_
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 (or a family member thereof) 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	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		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		ŀ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
•	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?	l		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	0		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	v
o=	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	2.7	1	, .
20	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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	14010.7 S. T. O. T. OSO TIBO S. TO TOQUILOS TO CONTIDIENE OUTBOOKE O			2011)
			1	• • /

	990 (2011) INTERFAITH YOUTH CORE	30-0212	<u> 534</u>	<u>P</u> a	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check of Schedule O contains a response to any question in this Part V				لـــا
	•	lf		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				ĺ
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				Ì
C	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	rtable gaming			ĺ
	(gambling) winnings to prize winners?	1	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1
	filed for the calendar year ending with or within the year covered by this return				ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	-			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a	ļ. —	X
b	If "Yes," enter the name of the foreign country			<u> </u>	l
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	ounts	-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	u _s	<u>5b</u>		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o	rganization solicit	_		
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or gifts			ĺ
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	o accounted to the payor?	-		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	S provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r	equired	7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		7c	 	^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract	T T	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form	F	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		<u></u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did th		:		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any		8		ſ
9	Sponsoring organizations maintaining donor advised funds.	.			
a	Did the organization make any taxable distributions under section 4966?	İ	9a	[l
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.	ļ			
	Initiation fees and capital contributions included on Part VIII, line 12	a			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b			İ
11	Section 501(c)(12) organizations. Enter				l
а	Gross income from members or shareholders	а			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	ь			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	11?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b d			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	,			1
	organization is licensed to issue qualified health plans	b			
C	Enter the amount of reserves on hand	<u>c </u>			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

132005 01-23-12

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

	Charle of School to O contains a response to any question in this Bart VI					\mathbf{x}
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management					<u> </u>
000	Holi A. Governing Body and Management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	21		100	1.00
14	If there are material differences in voting rights among members of the governing body, or if the governing	··-		1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		1	
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
2	officer, director, trustee, or key employee?	p	any other	2	x	
3	Did the organization delegate control over management duties customanly performed by or under the	e dire	rt supervision	_		
3	of officers, directors, or trustees, or key employees to a management company or other person?	ic dii c	or daporviolori	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 9	2 2 0 w/	as filad?	4	х	
4	Did the organization become aware during the year of a significant diversion of the organization's as		23 11100 -	5		Х
5		3613.		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	-		
/a		ppoint	One or	7a		Х
	more members of the governing body?	stockh	oldore or	/ a		Α.
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	Stocki	olders, or	7h		X
_	persons other than the governing body?	ar hu t	o followene:	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	מו טאַ נו	ie ioliowing.	00	v	
	The governing body?			8a	X	_
	Each committee with authority to act on behalf of the governing body?		- 4 4 4 -	8b	_	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	acnea	at tne			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	10.40.00	o Codo I	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)		Vac	NIS
	Dulling a second on house level observed by the second of			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	hanta	e offiliatos	<u>10a</u>		^
D	If "Yes," did the organization have written policies and procedures governing the activities of such c	napte	s, anniates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	lu bofe	ero filma the form?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy ber	ore ming the form?	11a		-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		0	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " a	escribe	l	٠,,	
	ın Schedule O how this was done			12c	X	32
13	Did the organization have a written whistleblower policy?			13	7.5	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 approv		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	X	-
b	Other officers or key employees of the organization			15b	X	-
	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		1	·
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard the organical statement of the safeguard s	ınızatı	on's	1	-	1
	exempt status with respect to such arrangements?			16b	L	L
Sec	tion C. Disclosure		<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed ►IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, ar	id fina	ncial	
	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 a	ınd red	cords of the organiza	ition:	-	
	<u>CARLY MULLINEX - 312-573-8896</u>					
	325 N. LASALLE STREET, SUITE 775, CHICAGO, IL 606	554				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** 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	(B) Average hours per week	box.	not c , unle	ss per	rtion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. WHITNEY ADDINGTON	0.50	.,						0		^
DIRECTOR	0.50	X				-		0.	_0.	0.
(2) HOWARD MORGAN	1 - 00	7.5		,,				0.	0.	0
BOARD_CHAIR	15.00	X		X				U.	0.	0.
(3) TAREK ELMASRY	0.50	v						0.	0.	0.
DIRECTOR	0.50	X	-			ļ			U •	0.
(4) REV. DR. WILLIAM ENRIGHT	0.50	x	Ì					0.	0.	0.
DIRECTOR	0.50	^				-			<u> </u>	
(5) DR. ROBERT GERTNER	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						· · · · · · · · · · · · · · · · · · ·		
(6) REV. FRED DAVIE	0.50	x		X				0.	0.	0.
SECRETARY (7) ANNE HALLETT	0.50	1		1		-		0.		•
(7) ANNE HALLETT DIRECTOR	0.50	x						0.	0.	0.
(8) RON KINNAMON	1 0.50					 				
DIRECTOR	0.50	x						0.	0.	0.
(9) JEFF LEVY								3.		
DIRECTOR	0.50	X						0.	0.	0.
(10) DR. GAIL ROSSEAU									•	
DIRECTOR	0.50	X	ŀ			ŀ		0.	0.	0.
(11) REV. DR. SUSAN THISTLETHWAITE										
DIRECTOR	0.50	X						0.	0.	0.
(12) SUNIL GARG										
DIRECTOR	0.50	X						0.	0.	0.
(13) SUSAN KIPHART										
DIRECTOR	0.50	X						0.	0.	0.
(14) RICHARD KIPHART										
DIRECTOR	0.50	X				ļ		0.	0.	0.
(15) CONNIE DUCKWORTH										
DIRECTOR	0.50	X	lacksquare			<u> </u>		0.	0.	0.
(16) STEPHEN BELL										
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	_0.	0.
(17) S.A.IBRAHIM										_
DIRECTOR	0.50	X	L_					0.	0.	0 . Form 990 (2011)

Name and title	Part VII Section A. Officers, Directors, Tr		mplo 	oyee			High	est	1		Ī		(F)	
Nour Series Nour Seri	(A)	(B) Average	ļ		•	•	1		(D)	(E)		Fe [.]	(F)	ď
Compensation Contractions Con	Name and title			not c	heck	more	than		· .	•	,			
Note Part		week								•	i i			-
organizations State Stat		1 '	gcto	Ì						_				
organizations State Stat			- E	, s			ated		organization	(W-2/1099-MIS	기			
organizations State Stat			nstee	trust		8	npens		(W-2/1099-MISC)			•		
1.61 MINSTON TERARIM 0.50 X		•	dal	igo a		lg v	st co	5						
1.61 MINSTON TERARIM 0.50 X		O)	Mpu	Institu	Office	Key er	Highe Pige	Form						
(19) ANSAF KAREEM DIRECTOR 0.50 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(18) WINSTON IBRAHIM													
DIRECTOR O	DIRECTOR	0.50	X	ļ	_		ļ		0.		0.			0.
20 ALAN SOLOW DIRECTOR D		0.50									^			^
DIRECTOR 0.50 X 0. 0. 0. 0.		0.50	A	\vdash		-	╁		0.		٠.			<u> </u>
221 ANDREA SOLOW DIRECTORS DIRECTOR		0.50	x						0.		0 -			0.
DIRECTOR Call Cal		0.30	1				+-	\vdash	1		•			
(22) BERAHIM PATEL FOUNDER AND PRESIDENT FO		0.50	x						0.		0.			0.
(23) GABE HAXIM VP OF STRAT/OPS, TREASURER 60.00										-				
VP OF STRAT/OPS TREASURER 60.00 X 105,468. 0. 4,786.	FOUNDER AND PRESIDENT	60.00			X				181,970.		0.	1	0,0	<u>60.</u>
(24) APRIL MENDEZ VP OF LEADERSHIP (52) RICHARD VAN HEES VP OF DEVELOPMENT (60.00	(23) GABE HAKIM					1								
VP OF LEADERSHIP 60.00 X 1.02,872. 0. 5,781.	VP OF STRAT/OPS, TREASURER	60.00	ļ	ļ	X	ļ	1		105,468.		0.		4,7	<u>86.</u>
10 Sub-total		60.00			Ì		.,		100 070		,		- 7·	01
1b Sub-total		80.00	 	-	-				102,672.	-	٠.	-	<i>)</i> , /	<u>o </u>
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) None 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 Port the organization Port the organization Port the organization Port to organization Port the organization Port the organization Port the organization Port Individual Port Port Port Port Port Port Port Port		60.00					x		103.232.		0.	1 (0.0	60.
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation 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 \$\infty\$				-,	•		,	,	3			3		X
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rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation 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 0	and related organizations greater than \$15	50,000? If "Yes	, " cc	mpl	ete S	Sch	edul	e J	for such individual			4	X	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	• •							ela	ted organization or indiv	idual for services				
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\$100,000 of compensation from the organization 0	Name and busines	s address	N	ON	E				Description of s	services		ompe	nsatio	n
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\$100,000 of compensation from the organization 0			-						<u></u>					
		_	not li	ımıte	ed to		_	ste	d above) who received n	nore than				
	\$ 100,000 or compensation from the organ	iization -					<u>U</u>					Form	990 6	2011\

					UTH CORE			30-0212	534 Page 9
Pa	rt V	111	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a					
2 2	1		Membership dues	1b					
ξĀ	1		Fundraising events	1c			ļ		
<u> </u>			Related organizations	1d	061 005		Ì		
S.E	,		Government grants (contribut		261,805.		İ		
e ti	•	f	All other contributions, gifts, gran				1		
ĘĘ			similar amounts not included abo	ve $1f 2$	482,894.	-	1		
g		g	Noncash contributions included in lines	1a-1f \$	121,498.	0 744 600			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			2,744,699.			<u></u>
					Business Code				
<u>8</u>	2	а	UNIVERSITY REVE		900099	476,620.	476,620.		
e C		b	SEMINARS, WORKS	HOPS	900099	70,300.	70,300.		
n S		С	HONORARIUMS		900099	40,171.	40,171.		
e a		d	SURVEY REVENUE		900099	30,500.	30,500.		
Program Service Revenue		е	PUBLICATIONS PR		900099_	27,206.	27,206.		
<u> </u>		f	All other program service reve	enue		644 505			
\rightarrow		g	Total. Add lines 2a-2f		<u> </u>	644,797.			
	3		Investment income (including	dividends, intere		010			210
			other similar amounts)			210.			210.
	4 Income from investment of tax-exempt bond pro				proceeds				
	5		Royalties						
	_			(i) Real	(ii) Personal				
	6		Gross rents						
		b	Less rental expenses				İ		
			Rental income or (loss)				1		-
			Net rental income or (loss)	(A) Convention	(i) Other				
	7	а	Gross amount from sales of	(i) Securities	(ıi) Other				
į		_	assets other than inventory Less cost or other basis		-	1			
-		D							-
		_	and sales expenses Gain or (loss)		 				
			Net gain or (loss)		·				
			Gross income from fundraisin	a evente (not					
Other Revenue	•	a	including \$	-					•
Ş			contributions reported on line				ļ		
~			Part IV, line 18	a (c) (c) (c)					
He		h	Less direct expenses	b					
δ			Net income or (loss) from fund	-	•				
			Gross income from gaming ac	=		-			
	-		Part IV, line 19	а]		
		ь	Less direct expenses	b]		
			Net income or (loss) from gan	ning activities	•		İ		
			Gross sales of inventory, less	_					
			and allowances	а					
		b	Less: cost of goods sold	b					
		c	Net income or (loss) from sale	es of inventory					
			Miscellaneous Revenu	ie	Business Code				
	11	а	OTHER		900099	3,426.	3,426.		
		b							
		С					. <u> </u>		
		d	All other revenue						
		е	Total. Add lines 11a-11d		•	3,426.	640 000		04.0
13200	12		Total revenue. See instructions.			3,393,132.	648,223.	0.	210.
13200 01-23	- 12								Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	Check if Schedule O contains a responsion triclude amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	13,441.	13,441.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	30,637.	30,637.		
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,	•			
	trustees, and key employees	312,597.	199,927.	112,670.	
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 salanes and wages	1,802,918.	1,291,260.	270,919.	240,739
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	181,646.	154,123.	5,473.	22,050
10	Payroll taxes	165,652.	116,573.	30,228.	18,851
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,000.		3,000.	
C	Accounting	16,927.		16,927.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
g	Other	267,762.	238,388.	27,637.	1,737
12	Advertising and promotion				
13	Office expenses	287,944.	269,548.	7,024.	11,372
14	Information technology	120,876.	98,829.	17,931.	4,116
15	Royalties				
16	Occupancy	236,931.	173,224.	40,592.	23,115
17	Travel	195,444.	176,488.	10,966.	7,990
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,683.	4,750.	1,533.	1,400
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	66,366.	48,447.	11,946.	5,973
23	Insurance	24,284.	<1,060.	> 25,294.	50
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF DEVELOPMENT	9,882.	7,088.	1,624.	1,170
b	OTHER	9,235.	778.	8,171.	286
С	BOOKS & SUBSCRIPTIONS	8,988.	7,994.	994.	
d	FEES AND CHARGES	6,238.	4,528.	569.	1,141
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,773,451.	2,839,963.	593,498.	339,990
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 I if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			173,403.	1	340,504.
	2	Savings and temporary cash investments			1,440,914.	2	1,354,356.
	3	Pledges and grants receivable, net			1,059,051.	3	613,770.
	4	Accounts receivable, net			141,943.	4	124,187.
	5	Receivables from current and former officers, di	rectors,	trustees, key			
		employees, and highest compensated employee	es Com	plete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sections					
		employees' beneficiary organizations (see instru	ctions)			6_	
Assets	7	Notes and loans receivable, net				7_	
Ass	8	Inventories for sale or use				8	
-	9	Prepaid expenses and deferred charges			58,089.	9	51,837.
	10a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	286,270.			
	b	Less accumulated depreciation	10b	141,292.	141,668.	10c	144,978.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11			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	3,015,068.	16	2,629,632.		
	17	Accounts payable and accrued expenses	217,262.	17	187,182.		
	18	Grants payable		18			
	19	Deferred revenue			16,537.	19	41,500.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete	Part IV o	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, truste	ees, key employees,			
jab		highest compensated employees, and disqualifi	ed pers	ons Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		·		23	
	24	Unsecured notes and loans payable to unrelate	•			24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24).	. Complete Part X of			
	1	Schedule D			000 500	25	000 600
	26	Total liabilities. Add lines 17 through 25		[••]	233,799.	26	228,682.
		Organizations that follow SFAS 117, check he	ere 🕨	LX and complete			
Ses		lines 27 through 29, and lines 33 and 34.			1 276 246		1 540 001
<u>a</u>	27	Unrestricted net assets			1,276,346.		1,540,001.
Bal	28	Temporarily restricted net assets			1,504,923.	28	860,949.
<u>n</u>	29	Permanently restricted net assets		.		29	
Ę		Organizations that do not follow SFAS 117, c	neck ne	ere 🕨 🗀 and			
0		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, d	or other funds	2 701 260	32	2 400 050
_	33	Total net assets or fund balances		}	2,781,269.	33	2,400,950.
	34	Total liabilities and net assets/fund balances			3,015,068.	34	2,629,632.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

132012

SCHEDULE A

Department of the Treasury

(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.

Employer identification number

Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

OMB No 1545-0047

			ITH YOUTH CO						30	0-0212	<u> 534</u>	
Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions				
The organ	nization is not a	a private foundation t	pecause it is (For lines 1	1 through	11, check	only one b	ox)					
1 🛄	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2			0(b)(1)(A)(ii). (Attach Sc									
з 🔲	A hospital or	a cooperative hospit	al service organization of	described	n section	170(b)(1)	A)(iii).					
4 🗀	A medical res	search organization o	perated in conjunction	wrth a hos	prtal desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter ti	he hospital'	s nam	ıe,
	city, and stat	e										
5 🔲	An organizati	on operated for the t	penefit of a college or ur	niversity ov	wned or op	perated by	a govern	nental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	te Part II)									
6 🔲	A federal, sta	ite, or local governme	ent or governmental und	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rece	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic desci	nbed ii	n
	section 170((b)(1)(A)(vi). (Complet	te Part II)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🗌	An organizati	on that normally rece	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, an	nd gross rec	eipts	from
	activities rela	ited to its exempt fun	octions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon a	after June 3	0, 197	'5
	See section	509(a)(2). (Complete	Part III)									
10 🔲	An organizat	ion organized and op	erated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	1).				
11 🗀	An organizat	ion organized and op	erated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	f one o	or
	more publicly	y supported organiza	tions described in section	on 509(a)(°	1) or section	on 509(a)(2) See se o	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporti <u>ng</u>	organization and compli							•		
	a L Type		-		e III - Func				d 📖	Type III - C		
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	durectly o	r indirectly	by one o	r more dis	qualified p	persons oth	er tha	'n
	foundation m	nanagers and other th	nan one or more publicly	y supporte	ed organiza	itions desc	cribed in s	ection 509	9(a)(1) or s	section 509	(a)(2)	
f	If the organiz	ation received a writt	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check th										
g	_		rganization accepted ar			•		• •		1		
			rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıi) and (III) below,		Yes	No
	•		ipported organization?							11g(i)		<u> </u>
	. ,	•	described in (i) above?		_					11g(ii)		-
	• •	•	person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
		1	(iii) Type of	b: 3 1- 45-		() D.d	4.6 . 4b _	(vi) le	the			
	of supported	(ii) EIN	organization		organization sted in your			(vi) ls organizati	on in col. L	(vii) Am		f
org	anization		(described on lines 1-9		document?	(i) of you		(i) organiz U.S	ed in the	sup	ort	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(coo management)	1.55	1.10	1.00		1.00				
		:										
				 		<u> </u>						
				<u> </u>	 				† †			
				İ .				<u> </u>				
					1				† †		-	
Total				1								
	Paperwork Re	eduction Act Notice	, see the Instructions for	or	•			Schedul	e A (Forn	n 990 or 99	0-EZ)	2011

Form 990 or 990-EZ.

13

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

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

Sec	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	874,768.	1654491.	1959848.	2415877.	1744699.	8649683.
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	874,768.	1654491.	1959848.	2415877.	1744699.	8649683.
	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)						2513928.
6	Public support. Subtract line 5 from line 4						6135755.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	874,768.	1654491.	1959848.	2415877.	1744699.	8649683.
8	Gross income from interest,	•					
	dividends, payments received on						
	securities loans, rents, royalties		i				
	and income from similar sources	113,847.	42,070.	2,204.	947.	210.	159,278.
9	Net income from unrelated business			-			
	activities, whether or not the		į				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	3,216.	3,453.	1,057.	8,482.	3,426.	19,634.
11	Total support. Add lines 7 through 10						8828595.
12	Gross receipts from related activities,	etc (see instruction	ons)			12 2	,341,208.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ex year as a section	n 501(c)(3)	
	organization, check this box and stop	here					▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (i	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<u>69.50 %</u>
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	<u>70.73 %</u>
16a	33 1/3% support test - 2011. If the o	•		•	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies					•	$\triangleright [X]$
b	33 1/3% support test - 2010. If the o				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the "fac			-	•	t IV how the organ	nization
	meets the "facts-and-circumstances"	-	•		•		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ		-		• • •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2011

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

Sact	qualify under the tests listed be	elow, please com	plete Part II)			-	-
	ion A. Public Support	(=) 0007	T (b) 0000	(a) 0000	(=0.00±0	(-) 0044	(6 T-4-1
	lar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Sifts, grants, contributions, and		1				
	nembership fees received (Do not						
	nclude any "unusual grants ")		-		1		
n fo a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in iny activity that is related to the organization's tax-exempt purpose						
3 (Gross receipts from activities that						
а	re not an unrelated trade or bus-						
ır	ness under section 513				ļ		
12	ax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf						
5 T	he value of services or facilities						
ft	urnished by a governmental unit to				1		
ti	he organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and						
	received from disqualified persons				1		
b A	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	Add lines 7a and 7b						
_	Public support (Subtract line 7c from line 6)				<u> </u>	1	
	ion B. Total Support	·		I	ı	1	
	lar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	mounts from line 6	(4) 2001	(5) 2000	(5) 2000	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	(6) 2011	(A) (Otto)
10a G d s	drounts from line of fross income from interest, lividends, payments received on ecurities loans, rents, royalties and income from similar sources						
b U	Inrelated business taxable income						
•	less section 511 taxes) from businesses cquired after June 30, 1975						
c A	Add lines 10a and 10b						
a	let income from unrelated business ictivities not included in line 10b, whether or not the business is egularly carned on						
12 0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	otal support (Add lines 9, 10c, 11, and 12)		1]	<u> </u>		
14 F	First five years. If the Form 990 is for	the organization'	s first, second, thir	rd, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organiz	ation,
	heck this box and stop here	•					▶□
Sect	ion C. Computation of Publi	c Support Pe	rcentage				
15 F	Public support percentage for 2011 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2010			•	· 	16	%
Sect	ion D. Computation of Inves	tment Incom	e Percentage				
17 li	nvestment income percentage for 20	11 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18 li	nvestment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 3	3 1/3% support tests - 2011. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	
n	nore than 33 1/3%, check this box ar	nd stop here. The	e organization qual	lifies as a publicly	supported organi	zation	. ▶□
b 3	3 1/3% support tests - 2010. If the	organization did i	not check a box or	line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
	ne 18 is not more than 33 1/3%, che		•			-	
2U F	Private foundation. If the organization	Tulu FIOL CHECK A	DUX OF THE 14, 19	a, of 190, check th	iis dux and see (ISTRUCTIONS	

132023 01-24-12

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.

OMB No 1545-0047 Openito Rublic

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		or Accounts Complete if the
Fai			Accounts. Complete ii trie
	organization answered "Yes" to Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds 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)	ļ	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	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?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
,	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	t IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization 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	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng 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	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er 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 (As	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	ibes these items	•
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items		2
	(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 financial o	
~	the following amounts required to be reported under SFAS 1	_	ani, provide
_	Revenues included in Form 990, Part VIII, line 1	TO POO 300) relating to these items	▶ ¢
a			
D	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 INTERFAI	TH YOUTH	CORE					30-02	12534	Page 2
Pai	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	s, checl	k any of the	following tha	t are a sig	gnıficant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	c		Loan or exc	hange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how th	ney further tl	he organizati	on's exen	npt purpo	ose in Par	t XIV	
5	During the year, did the organization solicit or i									
	to be sold to raise funds rather than to be mair								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange					"Yes" to I	Form 990	, Part IV, I		
· · · · ·	reported an amount on Form 990, Part			J						
1a	Is the organization an agent, trustee, custodial	n or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	llowing	table						
_	, oo, o, p, a, r, r, o a, r, g, r, o, r, r, r, a, r, r, r, a, r, r, r, r, r, r, r, r, r, r, r, r, r,								Amount	- , , -
С	Beginning balance						1c			
d	Additions during the year						1d			_
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on For	m 990 Part X line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,						<u> </u>	00	
Pai		he organization ar	swered	"Yes" to Fo	rm 990. Part	IV. line 10	0			
<u> </u>		(a) Current year	_	rior year	(c) Two year	ĭ		ears hack	(e) Four	vears hack
1a	Beginning of year balance	(a) Curront your	10)	nor your	(c) the jour	o baok	(4) 111100 j	ouro buon	(0) / 00	youro buon
b	Contributions		ļ							
	Net investment earnings, gains, and losses					-				-
c d	Grants or scholarships									
u	Other expenditures for facilities									
C	and programs					1				
	Administrative expenses									
'	End of year balance		-							
9 2	Provide the estimated percentage of the curre	nt year end balanc	na (lina 1	a column (s)) held as				i	
	Board designated or quasi-endowment	rit year end balant	% %	g, column (a	ijj Held as					
a	Permanent endowment	<u> </u>	_″							
b	Temporarily restricted endowment	% %								
C	The percentages in lines 2a, 2b, and 2c should									
20	Are there endowment funds not in the possess		ation the	at are held a	nd administs	rad for th	ne organi	zation		
Ja	by	sion of the organiz	auon uie	at are rielu a	ila aariiiliste	iled for ti	ie organiz	Lation	[·	Yes No
	-								3a(i)	163 140
	(i) unrelated organizations									- -
	(ii) related organizations	estad as required a	on Cobor	tulo D2					3a(ii) 3b	
	If "Yes" to 3a(ii), are the related organizations in Describe in Part XIV the intended uses of the control of t								_30	
Dai	t VI Land, Buildings, and Equipme									
					ar ather	(a) As			(d) Book	volue
	Description of property	(a) Cost or of basis (investi		, , ,	or other (other)		cumulate reciation	l l	(d) Book	value
	I and	Dasis (ii ivesti	nenty	Dasis	(50161)	uep	, colation	-		
	Land	 						-		
þ	Buildings				7 176				25	476.
C	Leasehold improvements	 			7,476.		62 A	01		
d	Equipment				3,452.		63,4			,051.
	Other		V		5,342.		77,8	71.		451.
<u>I ota</u>	I. Add lines 1a through 1e. (Column (d) must equ	uai ⊢orm 990, Part	x, colur	ກກ (<i>ປ</i> ະ), line 1	U(C).)				144	.,978.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 INTERFAITH YOUTH CORE					0212534	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Fina	ncial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		3,393	,132.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2_		3,773	,451.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			,319.
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			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10		<380	<u>,319.</u> :
Par	t-XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Reve	nue per	Returr		
1	Total revenue, gains, and other support per audited financial statements				1	3,483	<u>,510.</u>
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		90,378	-		
С	Recoveries of prior year grants	2c			╣ .		
d	Other (Describe in Part XIV)	2d			- ·		
е	Add lines 2a through 2d				2e	90	,378.
3	Subtract line 2e from line 1				3	3,393	<u>,132.</u>
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			-		•
C	Add lines 4a and 4b				4c	2 202	0.
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII: Reconciliation of Expenses per Audited Financial Statem	onto W	ith Evn	00000 00	5 T Dotu	3,393	,132.
		ients w	iui Exp	enses pe			020
1	Total expenses and losses per audited financial statements				1	3,863	, 029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ما		90,378			
a	Donated services and use of facilities	2a		90,370	-		
b	Prior year adjustments Other losses	2b 2c			⊣		
C	Other (Describe in Part XIV.)	2d			-		
d e	Add lines 2a through 2d	_ <u>Zu</u> _			2e	9.0	,378.
3	Subtract line 2e from line 1				3	3,773	<u>/5/0-</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					3,113	, = 3 1 •
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
h	Other (Describe in Part XIV)	4b	 -		┥		
	Add lines 4a and 4b	10			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	3.773	451.
	t XIV Supplemental Information					3,773	, 101.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	III. lines 1a	a and 4. P	art IV. lines	1b and	2b. Part V. line	4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp						.,
		•		,			
			-				
							
					School	lule D (Form 9	w 11 7 11 1

SCHEDULE F (Form 990)

Department of the Treasury

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. 2011
Open to Public Inspection

Name of the organization

Employer identification number

INTERFAITH YOUT				30-021253	
Part I General Infor	rmation on A	ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
to Form 990, Par	t IV, line 14b				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gr		
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	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 outs	side the
United States					
			an be duplicated if additional space is		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in region	investments
		in region	,		in region
				IFYC AND THREE FAITHS	
				FORUM LAUNCHED A	
				PARTNERSHIP THROUGH THE	
EUROPE	0	0	PROGRAM SERVICE	"INTERFAITH CONNECTORS"	3,783.
				IFYC INTERFAITH LEADERS	
				FOR SOCIAL ACTION (ILSA)	
SOUTH ASIA	0	0	PROGRAM SERVICE	WILL CREATE A NETWORK OF INTERFAITH LEADERS WHO	60,871.
SOUTH ASIA		<u> </u>	FROGRAM SERVICE	INTERPATTH BEADERS WHO	00,871.
!					
SOUTH ASIA	o	0	GRANTS TO RECIPIENTS		29,900.
BOOTH ABIA	,		SIGNIE TO ABOTT IMATE		25,500.
EUROPE (INCLUDING					
ICELAND & GREENLAND)]				
<u></u>	o	0	GRANT TO RECIPIENTS		737.
				1	
3 a Sub-total	0	0			9E 201
b Total from continuation	-				95,291.
sheets to Part I	۱ ,	0			0.
c Totals (add lines 3a	Ĭ				
and 3b)	o	0			95 291

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

Schedule F (Form 990) 2011

132071

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2011 INTERFAITH YOUTH CORE

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 Check this box if no one recipient received more than \$5,000 30-0212534 INTERFAITH YOUTH CORE

Page 2

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Part II Co	

									•
(i) Method of valuation (book, FMV, appraisal, other)		воок					•	0	Schedule F (Form 990) 2011
(h) Description of non-cash assistance									Sched
(g) Amount of non-cash assistance	,	0					cempt by	^ ^	
(f) Manner of cash disbursement		CHECK					recognized as tax-e)		
(e) Amount of cash grant		8,500.					foreign country,		യ
(d) Purpose of grant	SAHER WAS SELECTED AS A NATIONAL PARTNER FOR THE ILSA PROGRAM,	THE GRANT TRANSFER TO					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	n 501(c)(3) equivalency letter	SEE PART V FOR COLUMN (D) DESCRIPTIONS
(c) Region		SOUTH ASIA					ns listed above that are	the IHS, or for which the grantee or counsel has provided a section 5U1(c)(3) Enter total number of other organizations or entities	FOR COLUMN
(b) IRS code section and EIN (if applicable)	-	94					recipient organizatior	he grantee or counse other organizations o	SEE PART V
1 (a) Name of organization						,	2 Enter total number of	the IHS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entities	772 3-12

Page 3

30-0212534

INTERFAITH YOUTH CORE

Schedule F (Form 990) 2011

Pवंतरीं। 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.

1	1	ı	ı	•	1	1	
(h) Method of valuation (book, FMV, appraisal, other)							
(g) Description of non-cash assistance							
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region							
(a) Type of grant or assistance (b) Region							

Schedule F (Form 990) 2011

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) 2011

X No

Yes

6

for Form 5713)

Part V | Supplemental Information

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: IFYC AWARDS MINI GRANTS TO ORGANIZATIONS FOR PROJECTS AND INITIATIVES DESIGNED TO FOSTER RELIGIOUS PLURALISM. **IFYC** REOUIRES MINI GRANT RECIPIENTS TO SUBMIT PROJECT REPORTS THAT EXPLAIN HOW GRANT FUNDS WERE SPENT AND UTILIZED.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

(E) SPECIFIC TYPES OF SERVICES IN REGION: IFYC AND THREE FAITHS FORUM LAUNCHED A PARTNERSHIP THROUGH THE "INTERFAITH CONNECTORS" PROGRAM, AN INTERFAITH EDUCATION AND LEADERSHIP TRAINING OPPORTUNITY FOR FIRST-YEAR AND SECOND-YEAR UNIVERSITY STUDENTS BASED IN LONDON. TWELVE INTERFAITH LEADERS FROM FOUR LONDON UNIVERSITIES RECEIVED INTENSIVE TRAINING AND NOW LEAD DIALOGUE EXPERIENCES FOR SECONDARY SCHOOL STUDENTS IN ADDITION TO ORGANIZING SOCIAL ACTION PROJECTS ON THEIR CAMPUSES.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: IFYC INTERFAITH LEADERS FOR SOCIAL ACTION (ILSA) WILL CREATE A NETWORK OF INTERFAITH LEADERS WHO ARE ORIENTED, EQUIPPED, AND COMMITTED TO ADVANCING INTERFAITH COOPERATION THROUGH SOCIAL ACTION. THE PROGRAM'S INTENT WAS TO CREATE, MOBILIZE, AND EMPOWER A COHORT OF 50 INTERFAITH LEADERS AND 16 NGOS WHO WILL BE TRAINED TO BUILD INTERFAITH COOPERATION IN THEIR COMMUNITIES. THESE INTERFAITH LEADERS WILL LEAD INTERFAITH SOCIAL ACTION PROJECTS IN THEIR CITIES, SPECIFICALLY WITHIN COMMUNITIES WHERE INTERFAITH COOPERATION IS CHALLENGED.

PART II, COLUMN (D):

132075 01-23-12

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2011 Open to Public Inspection	
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Employer identification number

▶ Attach to Form 990.

30-0212534	X Yes No	e 21, for any	(h) Purpose of grant or assistance					Saturda 1 (Form 000) (0044)
	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection se of grant funds in the United States	es" to Form 990, Part IV, line dditional space is needed	(g) Description of non-cash assistance					
	for the grants or assi	Inization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)					
	grantees' eligibility	complete if the organa \$5,000. Part II.	(e) Amount of non-cash assistance					
	or assistance, the funds in the United	e United States. C	(d) Amount of cash grant				listed in the line 1 table	
CORE		Organizations in the	(c) IRC section if applicable					anne -
	o substantiate the tance?	Sovernments and	(b) EIN				nd government org	ווצופס ווו ווופ וווופ
INTERFAITH YOUTH Part General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	<u> </u>	1 (a) Name and address of organization or government				ŀ	3 Enter total number of other organizations listed in the line I table

Schedule I (Form 990) (2011) INTERFAITH YOUTH CORE

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. PartIII

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
IS PART OF THE ONE CHICAGO, ONE NATION PROGRAM, PYC GAVE OUT MINI-GRANTS TO VARIOUS COMMUNITY MBASSADORS. DURING THE SPRING OF 2011, THE COMMUNITY AMBASSADORS LED INTERFAITH EFFORTS TO	2	1,590,	0		•
HE IPYC SUMMER AND WINTER INTERNSHIP PROGRAMS: IVES EXCEPTIONAL UNDERGRADUATE STUDENTS THE OPPORTUNITY TO WORK ALONGSIDE IFYC STAFF WHILE BEVELOPING VALUABLE SKILLS TO SUPPORT THEIR OWN	9	7,120,	0		
IUNDREDS OF INTERFAITH YOUTH CORE (IFYC) ALUMNI RE PART OF A GROWING MOVEMENT OF YOUNG LEADERS FORKING TO MAKE INTERFAITH COOPERATION A SOCIAL FORM ON CAMPUSES, AT WORK, AND IN THEIR	6	4,731,	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: IFYC AWARDS MINI GRANTS TO ORGANIZATIONS FOR	oart to provide the information re IFYC AWARDS MINI	required in Part I,	line 2, and any other additional information of the ORGANIZATIONS FOR	additional information ATIONS FOR	
E I		RELIGIOUS PLUR	ALISM.	IFYC FYDLAIN HOW	
SRANT FUNDS WERE SPENT AND UTILIZED.					

PART III, COLUMN (A):

ONE NATION (A) TYPE OF GRANT OR ASSISTANCE: AS PART OF THE ONE CHICAGO,

PROGRAM, IFYC GAVE OUT MINI-GRANTS TO VARIOUS COMMUNITY AMBASSADORS.

THE COMMUNITY AMBASSADORS LED INTERFAITH DURING THE SPRING OF 2011

132102 01-27-12

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Schedule I (Form 990) (2011)

EFFORTS TO ADDRESS LOCAL ISSUES SUCH AS HUNGER, HOMELESSNESS, POVERTY,

HUMAN TRAFFICKING, ENVIRONMENT, LITERACY, BILINGUAL EDUCATION, MENTAL

HEALTH, AND LEADERSHIP DEVELOPMENT FOR UNDER-SERVED YOUTH. COMMUNITY

AMBASSADORS ALSO MOBILIZED OTHERS TO BUILD INTERFAITH RELATIONSHIPS

ROOTED IN SHARED VALUES AND COMMON CONCERNS. THE PROGRAM OFFICIALLY

ENDED IN FISCAL YEAR 2011, BUT ONE OF THE REMAINING PAYMENTS WAS MADE IN

FISCAL YEAR 2012.

- (A) TYPE OF GRANT OR ASSISTANCE: THE IFYC SUMMER AND WINTER INTERNSHIP

 PROGRAMS GIVES EXCEPTIONAL UNDERGRADUATE STUDENTS THE OPPORTUNITY TO WORK

 ALONGSIDE IFYC STAFF WHILE DEVELOPING VALUABLE SKILLS TO SUPPORT THEIR

 OWN INTERFAITH ORGANIZING WORK AND PROFESSIONAL DEVELOPMENT.
- (A) TYPE OF GRANT OR ASSISTANCE: HUNDREDS OF INTERFAITH YOUTH CORE

 (IFYC) ALUMNI ARE PART OF A GROWING MOVEMENT OF YOUNG LEADERS WORKING TO

 MAKE INTERFAITH COOPERATION A SOCIAL NORM ON CAMPUSES, AT WORK, AND IN

 THEIR COMMUNITIES. ONE OF THE WAYS IFYC ADVANCES INTERFAITH COOPERATION

 IS BY AWARDING PROFESSIONAL DEVELOPMENT FUNDS TO ALUMNI WHO ARE COMMITTED

 TO ADVANCING THEIR PERSONAL AND PROFESSIONAL INTERFAITH LEADERSHIP. IFYC

 AWARDS MONEY TO ALUMNI FOR INITIATIVES, EVENTS, TRAININGS, AND PROJECTS

 THAT MEET THIS GOAL THROUGH THE ALUMNI PROFESSIONAL DEVELOPMENT FUND.

 IFYC SEEKS TO CONTRIBUTE TO THE PROFESSIONAL DEVELOPMENT OF ALUMNI WHO

 ARE INTERESTED IN CAREERS IN HIGHER EDUCATION AND RELIGIOUS/NONRELIGIOUS

 COMMUNITIES, ALUMNI WHO ARE BUDDING SOCIAL ENTREPRENEURS, AND ALUMNI WHO

 ASPIRE TO BUILD MEDIA PLATFORMS THAT HELP ADVANCE INTERFAITH COOPERATION.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Compensated Employees

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

2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

INTERFAITH YOUTH CORE

Employer identification number

30-0212534

Pa	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			1	
	X First-class or charter travel				
	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)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,				
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	-	
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 Explain in Part III				
	X Compensation committee				
	Independent compensation consultant X Compensation survey or study		i		
	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		X	
b	4b		X		
 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 					
	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		1		
	contingent on the revenues of		-		
а	The organization?	5a		X	
b	Any related organization?	5b		X	
	If "Yes" to line 5a or 5b, describe in Part III		ļ]	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1		
	contingent on the net earnings of			l	
а	The organization?	<u>6a</u>	ļ	X	
b	Any related organization?	6b		Х	
_	If "Yes" to line 6a or 6b, describe in Part III.		1		
7					
_	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		X	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		l	

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

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	0	(Q)	(9)	(E)
		(2)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(I)(B)	reported as deferred in prior Form 990
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	Ξ							
15	Ξ							
	Ξ							
16								

Schedule J (Form 990) 2011

Partill | Supplemental Information

Schedule J (Form 990) 2011

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

THE ORGANIZATION FOR PART I, LINE 1A: FIRST CLASS FLIGHTS WERE PAID BY THE FOUNDER AND PRESIDENT ON LONG FLIGHTS WHERE HE COULD COMPLETE WORK.

ø - THE FOUNDER AND PRESIDENT UTILIZED FUNDS FROM TRAVEL FOR COMPANIONS GRANT THAT WERE DESIGNATED FOR HIM WITH THE INTENTION OF ALLOWING HIS WIFE

THE FUNDS WERE MADE AVAILABLE TO HAVE HIS WIFE TRAVEL TO TRAVEL WITH HIM.

WITH HIM ON THE ROAD AS HE TRAVELS FREQUENTLY. THE AMOUNTS FOR SPOUSAL

TRAVEL WERE INCLUDED AS TAXABLE FRINGE BENEFITS ON THE FOUNDER AND

PRESIDENT'S 2011 W-2.

PART I, LINE 1B: CURRENTLY THERE IS NO WRITTEN POLICY ABOUT THE

PRESIDENT'S ABILITY TO UPGRADE TO FIRST CLASS WHEN BEING REIMBURSED BY THE

ORGANIZATION; HOWEVER IFYC IS IN THE PROCESS OF DRAFTING A POLICY THAT WILL

ADDITIONALLY THERE IS NO WRITTEN POLICY REGARDING ADDRESS THIS SITUATION. THE ORGANIZATION WILL NO LONGER IN THE FUTURE, HOWEVER, SPOUSAL TRAVEL,

ACCEPTING GRANT MONEY FOR WHICH THE PURPOSE IS FOR SPOUSAL TRAVEL.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

INTERFAITH YOUTH CORE

Employer identification number

30-0212534

Pai	<u>τι</u>	Types of Property									
			(a) Check if	(b) Number of	(c) Noncash contr	nbution		(d) Method of det	erminii	na	
			applicable	contributions or items contributed	amounts repor	rted on		cash contribut			s
1	Art - W	orks of art									
2	Art - H	istorical treasures									
3	Art - F	ractional interests									
4	Books	and publications									
5		ng and household goods									
6	Cars a	and other vehicles									
7	Boats	and planes									
8	Intelle	ctual property									
9	Secur	ties - Publicly traded	X	1	121,	498.	FAIR	MARKET	VAI	LUE	
10	Secur	ties - Closely held stock			_						
11	Secur	ties - Partnership, LLC, or									
	trust ir	nterests									
12	Secur	ties - Miscellaneous									
13	Qualifi	ed conservation contribution -								_	
	Histor	c structures									
14	Qualifi	ed conservation contribution - Other									
15	Real e	state - Residential									
16	Real e	state · Commercial									
17	Real e	state - Other									
18	Collec	tibles			_			7	·		
19	Food i	nventory									
20	Drugs	and medical supplies									
21	Taxide	ermy									
22	Histor	ical artifacts								_	
23	Scient	rific specimens									
24	Arche	ological artifacts									
25	Other	> ()			_						
26	Other)									
27	Other										
28	Other	_									
29	Numb	er of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions						
	for wh	ich the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
										Yes	No
30a	During	the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lin	es 1.28 th	at it must	hold for			i
	at leas	st three years from the date of the initial	contribution	, and which is not	required to be use	ed for exen	npt purpo	ses for			
	the en	tire holding period?							30a		_X_
b	If "Yes	s," describe the arrangement in Part II									
31									<u> </u>		
32a	Does 1	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contri									X	
b	if "Yes	If "Yes," describe in Part II									
33	If the	organization did not report an amount in	column (c)	for a type of prope	rty for which colur	nn (a) is ch	necked,]	
	descri	describe in Part II.									
LHA	For	Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	O			Schedule M (Form 9	990) (2011)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMÉ No 1545-0047

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number 30-0212534

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIGNIFICANT ACTIVITIES INCLUDE: CAMPUS PARTNERSHIPS, LEADERSHIP AND
COMMUNICATIONS.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
PRESIDENT'S CHALLENGE: THE PRESIDENT HAS EMPHASIZED INTERFAITH
COOPERATION AND COMMUNITY SERVICE AS AN IMPORTANT WAY TO BUILD
UNDERSTANDING BETWEEN DIFFERENT COMMUNITIES AND CONTRIBUTE TO THE
COMMON GOOD. AS A RESULT, THE WHITE HOUSE LAUNCHED THE PRESIDENT'S
INTERFAITH AND COMMUNITY SERVICE CAMPUS CHALLENGE IN 2010, AN
INITIATIVE INVITING INSTITUTIONS OF HIGHER EDUCATION TO COMMIT TO A
YEAR OF INTERFAITH AND COMMUNITY SERVICE PROGRAMMING ON CAMPUS.
PRESIDENT'S CHALLENGE INSTITUTIONS MOBILIZE THEIR CAMPUSES TO ADDRESS
ONE OF THE KENNEDY SERVE AMERICA ACT SERVICE PRIORITIES WHILE ENGAGING
THE RELIGIOUS AND NONRELIGIOUS DIVERSITY IN THEIR COMMUNITIES. OVER
350 CAMPUSES ARE INVOLVED.
2. THE CAMPUS RELIGIOUS AND SPIRITUAL CLIMATE SURVEY (CRSCS): THE
SURVEY IS OFFERED IN PARTNERSHIP WITH DR. ALYSSA BRYANT ROCKENBACH AND
DR. MATTHEW MAYHEW. THE SURVEY IS A TEMPERATURE CHECK FOR HOW STUDENTS
NAVIGATE RELIGIOUS DIVERSITY'S CHALLENGES AND POSSIBILITIES. AS
RELIGIOUS DIVERSITY BECOMES AN INCREASINGLY SALIENT - AND DIVISIVE -
REALITY IN AMERICA PUBLIC DISCOURSE AND CIVIC LIFE, MANY COLLEGES AND
UNIVERSITIES ARE ASKING HOW THEIR CAMPUS CAN POSITIVELY ENGAGE THIS
DIVERSITY. CAMPUS CLIMATE ASSESSMENT HAS BEEN INSTRUMENTAL IN HELPING
COLLEGES AND UNIVERSITIES CULTIVATE POSITIVE CLIMATES AROUND OTHER

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

Schedule O (Form 990 or 990-EZ) (2011)

INTERFAITH YOUTH CORE

Employer identification number 30-0212534

TYPES OF DIVERSITY. THE CAMPUS RELIGIOUS AND SPIRITUAL CLIMATE SURVEY (CRSCS) IS A UNIQUE, THEORETICALLY-BASED, AND EMPIRICALLY VALIDATED ASSESSMENT TOOL DESIGNED TO ASSIST CAMPUS LEADERS IN CREATING CLIMATES THAT EMBRACE THE CHALLENGES AND REALIZE THE POSSIBILITIES OF SUPPORTING DIVERSE RELIGIOUS AND NON-RELIGIOUS WORLDVIEWS ON CAMPUS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: INTERNATIONAL PARTNERSHIPS: THE INTERFAITH LEADERS FOR SOCIAL ACTION PROGRAM (ILSA) BEGAN WITH A GRANT FROM THE BUREAU OF DEMOCRACY, HUMAN RIGHTS, AND LABOR (U.S. DEPARTMENT OF STATE) IN JANUARY 2011. THE ILSA PROGRAM WAS ESTABLISHED TO CREATE A NETWORK OF INTERFAITH LEADERS WHO ARE ORIENTED, EQUIPPED, AND COMMITTED TO ADVANCING INTERFAITH COOPERATION THROUGH SOCIAL ACTION IN INDIA. IFYC DECIDED TO END THE ILSA PROGRAM IN ORDER TO REMAIN STRATEGICALLY ALIGNED TO ITS MAIN PROGRAMS THAT HAVE A DOMESTIC FOCUS ON AMERICAN UNIVERSITIES AND COLLEGES. THE ILSA PROGRAM OFFICIALLY ENDED JULY 31, 2012.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TO IFYC THROUGH THE NEWLY-LAUNCHED ALUMNI FACEBOOK, TWITTER CHANNELS, AND ONGOING COMMUNICATION WITH IFYC'S DIRECTOR OF ALUMNI RELATIONS. -IFYC FACILITATED 24 ALUMNI JOB PLACEMENTS, FELLOWSHIPS, OR INTERNSHIPS AT INSTITUTIONS IN STRATEGIC SECTORS AND 20 IFYC ALUMNI PRESENTED THE VISION OF INTERFAITH COOPERATION AT 26 VENUES THROUGHOUT THE COUNTRY, REACHING OVER 3,500 PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: MAYHEW, IFYC LAUNCHED THE CAMPUS RELIGIOUS AND SPIRITUAL CLIMATE

SURVEY, WHICH ASSESSES HOW COLLEGE STUDENTS NAVIGATE RELIGIOUS

Schedule O (Form 990 or 990-EZ) (2011)

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IBRAHIM AND WINSTON IBRAHIM ARE FATHER AND SON.

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 **Employer identification number** Name of the organization 30-0212534 INTERFAITH YOUTH CORE ANDREA AND ALAN SOLOW ARE MARRIED. FORM 990, PART VI, SECTION A, LINE 4: IN FISCAL YEAR 2012, IFYC'S BOARD OF DIRECTORS COMPLETED A REVIEW OF THE ORGANIZATION'S BYLAWS AND MADE THE FOLLOWING SIGNIFICANT CHANGES: -THE MINIMUM NUMBER OF DIRECTORS WAS RAISED TO 20, AND THE MAXIMUM NUMBER OF DIRECTORS WAS RAISED TO 25. -THE NUMBER OF OFFICERS OF THE ORGANIZATION WAS SET AT FOUR: CHAIR, SECRETARY, PRESIDENT AND TREASURER. -TWO CLASSES OF DIRECTORS WERE ESTABLISHED IN THE BYLAWS: INDIVIDUAL CLASS AND SHARED CLASS. NO MORE THAN EIGHT OF THE DIRECTORS MAY BE SHARED CLASS DIRECTORS, AND THE REMAINING DIRECTORS SHALL BE INDIVIDUAL CLASS DIRECTORS. EACH DIRECTOR, REGARDLESS OF HER OR HIS CLASS, SHALL HAVE ALL THE RIGHTS AND RESPONSIBILITIES OF DIRECTORS AS PROVIDED BY APPLICABLE LAW AND THESE BYLAWS, EXCEPT THAT SHARED CLASS DIRECTORS SHALL HAVE ONE-HALF OF A VOTE ON ALL MATTERS ON WHICH SHE OR HE IS ENTITLED TO VOTE, AND INDIVIDUAL CLASS DIRECTORS SHALL HAVE ONE VOTE ON ALL MATTERS ON WHICH SHE OR HE IS ENTITLED TO VOTE. FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE DISTRIBUTED TO ALL OF THE BOARD MEMBERS VIA E-MAIL PRIOR TO FILING WITH THE IRS. THE FINANCE COMMITTEE WILL REVIEW THE TAX RETURN AND AUTHORIZED INDIVIDUALS WILL SIGN THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS ASKED TO COMPLETE AN ANNUAL CONFLICT OF INTERET STATEMENT TO DISCLOSE ANY KNOWN

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Schedule O (Form 990 or 990-EZ) (2011) Name of the organization	Page 2 Employer identification number
INTERFAITH YOUTH CORE	30-0212534
CONFLICTS OF INTEREST. ALL STATEMENTS SHALL BE REVIEWED	BY THE BOARD AS
APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15: EACH FISCAL YEAR T	HE BOARD REVIEWS
THE COMPENSATION OF THE FOUNDER AND PRESIDENT. COMPENSAT	CION IS SET AFTER
REVIEW OF COMPARABLE DATA AT OTHER ORGANIZATIONS AND AN A	SSESSMENT OF THE
FOUNDER AND PRESIDENT'S PERFORMANCE. THE FINANCE COMMITT	EE CONDUCTS THIS
ANALYSIS.	
THE BOARD APPROVES THE BUDGET, WHICH INCLUDES COMPENSATION	N LEVELS FOR ALL
STAFF.	
FORM 990, PART VI, SECTION C, LINE 19: IFYC'S AUDITED FIN	IANCIAL STATEMENTS
ARE AVAILABLE TO THE GENERAL PUBLIC ON ITS WEBSITE. GOVE	RNING DOCUMENTS
AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON RE	QUEST.