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EXTENDED TO JUNE 15, 2016

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning AUG 1, 2014 and ending	<u>JUL 31, 2015</u>	
В	Check if applicable	C Name of organization	D Employer identific	eation number
Г	Addres	INTERFAITH YOUTH CORE		
	Name change		30-0	21253 <u>4</u>
	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbei	•
	Final return/	325 N. LASALLE STREET 775	312-	<u>573-8825</u>
	termin- ated		G Gross receipts \$	12,773,463.
	Ameno		H(a) Is this a group re	
	Applic		for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
ī	Tax-exe			list. (see instructions)
		e: ► WWW.IFYC.ORG	H(c) Group exemption	•
			ear of formation: 2002 N	
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: IFYC'S M	ISSION IS TO	PARTNER
Activities & Governance		WITH HIGHER EDUCATION TO ELEVATE THE CIVIC PI		
rna	2	Check this box Fig. 1 if the organization discontinued its operations or disposed of m		
ž	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
ళ	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	49
itie	6	Total number of volunteers (estimate if necessary)	6	27
Ę.	72	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Ă	/ a	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	 	(C)	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h) JUN 10 016	3,944,241.	12,278,547.
ī	9	3,0	630,893.	490,751.
Revenue	40	Program service revenue (Part VIII, line 2g) [[] Investment income (Part VIII, column (A), lines(3) (and 70)] [[]	1,925.	1,491.
æ	10		2,636.	2,674.
		Other revenue (Part VIII, column (A), lines 5, 5d, 8c, 9c, 10c, and 11e)	4,579,695.	12,773,463.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	452,890.	$\underline{}$ $\phantom{$
	L	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,690.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	2,750,791.	3,166,302.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	
ë	10a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>U•</u>	
ă	- b	Total fundraising expenses (Part IX, column (D), line 25) 469,681.	1 440 042	1 216 250
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,440,043.	1,316,350.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,643,724.	4,537,327.
- 0	19	Revenue less expenses. Subtract line 18 from line 12	<64,029.	
Net Assets or			Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	9,148,394.	<u>17,016,721.</u>
to E	21	Total liabilities (Part X, line 26)	563,538.	<u>195,729.</u>
	art II	Net assets or fund balances. Subtract line 21 from line 20	8,584,856.	16,820,992.
		Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state	· · · · · · · · · · · · · · · · · · ·	/ knowleage and beliet, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	<u> </u>
		Signature of officer	Data June	C-6016-
Sig		•	Date	'
He	re	EBRAHIM PATEL, FOUNDER & PRESIDENT Type or print name and title		
			Thata / Casul E	- DTIN
		Print/Type preparer's name Preparer's signature	Date / // Check	PTIN
Pai		MARCY STEINDLER Willer W	SW4/16 self-employe	
	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. (8	<u>47)267-3400</u>
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	_X_	
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	ļ		
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_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_		<u>X</u> _
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		<u>X</u>
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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u> _
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	445		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
С	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	114		_X_
۵	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 and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	[1
	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 other assistance to or for any		,	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			•-
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			**
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	004.41
		rorm	22U (2014)

Form 990 (2014) INTERFAITH YOUTH CORE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	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		١.	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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	1		ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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
	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,			١.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	3,5
	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	00		.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
^4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		•
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		JOD		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes " complete Schedule P. Part V. Inc. 2"	26		У
37	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
J1	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tay purposes? If "Ves." complete Schedule R. Part VI	27		Y
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38		37	х	X

432005 11-07-14 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 C) See i	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1.9			
	If there are material differences in voting rights among members of the governing body, or if the governing]		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
h	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		
-	officer, director, trustee, or key employee?		,	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision	_ <u></u>		_
3	of officers, directors, or trustees, or key employees to a management company or other person?	ic direc	or supervision	3		\mathbf{x}_{-}
	Did the organization make any significant changes to its governing documents since the prior Forms	000 wa	 se filed?	4		X
4			is med i	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	Sersi		6		X
6	Did the organization have members or stockholders?			-	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	l _		7.7
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	STOCKN	olders, or	l		
	persons other than the governing body?			_7b_		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		:	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			_8b	X	Ĺ <u>-</u>
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	Х	}
13	Did the organization have a written whistleblower policy?			13		Х
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 approve	 al bv ır	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.aoponaom	}		1
2	The organization's CEO, Executive Director, or top management official			15a	x	
			•••	15b	X	
D	Other officers or key employees of the organization			130	_ <u>~</u> _	
16.	·	mont u	uith a			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mem v	viui a	40-		v
	taxable entity during the year?			16a		<u>X</u> _
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
0	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
	tion C. Disclosure					
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	Γ (Sect	ion 501(c)(3)s only) :	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	i finan	cıal	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:			
	NADIA SALAM - 312-376-4752					
	325 N. LASALLE STREET, SUITE 775, CHICAGO, IL 606	554		-		
					000	(2014)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and Title	(A)	(B))		(0	C)		1041	(D)	(E)	(F)
Very	Name and Title	1		not c	heck	more	than		,	•	
Compensation for related organizations below help Early									'.	· · · · ·	
10 DR. WHITNEY ADDINGTON		1	ctor								
10 DR. WHITNEY ADDINGTON		1	die	a.	ļ	ļ	ated	ļ	· ·	(W-2/1099-MISC)	
10 DR. WHITNEY ADDINGTON			stee	truste		92	pens		(W-2/1099-MISC)		_
10 DR. WHITNEY ADDINGTON		•	la t	nonal		ploy	e c	_			
10 DR. WHITNEY ADDINGTON		ſ	Divipu	aster)#icer	(e) EII	lighes	orme.	!		Organizations
Director	(1) DR. WHITNEY ADDINGTON	+	†=	-	<u> </u>	-					
DOARD CHAIR	• • •		\mathbf{x}						0.	0.	0.
1.00	(2) ALAN SOLOW	10.00									
Director X	BOARD CHAIR		X		X		<u> </u>		0.	0.	0.
1.00 Name	(3) TAREK ELMASRY	1.00						ľ			
Director X	DIRECTOR	ļ	X				_		0.	0.	0.
S	(4) REV. DR. WILLIAM ENRIGHT	1.00							_	_	_
FINANCE COMMITTEE CHAIR	DIRECTOR	 	X	_		_	<u> </u>		0.	0.	0.
Columb C	(5) DR. ROBERT GERTNER	1.00	\ 								_
SECRETARY X	FINANCE COMMITTEE CHAIR	1 00	X.	⊢	X	-	├	 	0.	0.	<u> </u>
1.00 N	(6) REV. FRED DAVIE	1.00									•
DIRECTOR		1 00	X.	-	X	-	├-		U .	<u>U•</u>	
S PAUL KNITTER		1.00]])			•
DIRECTOR X		1 00	X	 	-	-	╁		<u> </u>	0.	<u> </u>
Section Sect		1.00]		^	0
Director X		1 00	^	-	-	-	\vdash	-			
1.00 DIRECTOR		1.00	v	l	l	l			0.	0	0.
DIRECTOR X		1.00	^	╁	-		-	-			
Columb C		1.00	x	[0.	0.	0.
DIRECTOR X		1.00		-	1	İ					_
Column		3333	X						0.	0.	0.
Column C		1.00									
DIRECTOR X	DIRECTOR		\mathbf{x}						0.	0.	0.
Column C	(13) SUSAN KIPHART	1.00			ĺ						
DIRECTOR X	DIRECTOR		X						0.	0.	0.
DIRECTOR X D. O. O. O.	(14) RICHARD KIPHART	1.00		1							
DIRECTOR X 0. 0. 0. 0.	DIRECTOR		X		_		_	<u> </u>	0.	0.	0.
(16) STEPHEN BELL 1.00 DIRECTOR X (17) S.A.IBRAHIM 1.00 DIRECTOR X 0. 0. 0. 0.	(15) CONNIE DUCKWORTH	1.00									
DIRECTOR X 0. 0. 0. (17) S.A.IBRAHIM 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	DIRECTOR	 	X	ļ	_	<u> </u>	_	<u> </u>	0.	0.	0.
(17) S.A.IBRAHIM DIRECTOR X 0. 0. 0.	(16) STEPHEN BELL	1.00							_	_	_
DIRECTOR X 0. 0. 0.	DIRECTOR		X		_	<u> </u>	 	<u> </u>	0.	0.	0.
	(17) S.A.IBRAHIM	1.00	 								_
		L	X	<u></u>		<u> </u>		<u> </u>	0.	0.	

432007 11-07-14

Form **990** (2014)

(A) Name and title	(B) Average hours per	box	not c	ss pe	rtion more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation		Esti amo	(F) mate ount o	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga	m the nizati relate	e on ed
(18) WINSTON IBRAHIM DIRECTOR	1.00	х						0.).			0.
(19) ANSAF KAREEM	1.00				-							_	
DIRECTOR		X	<u> </u>				_	0.		<u> </u>			0.
(20) ANDREA SOLOW	1.00		1				}		,				^
DIRECTOR	1.00	X	-		├	├	-	0.	(' '			0.
(21) HOWARD MORGAN DIRECTOR	1.00	x			ŀ	ł		0.	(۱.			0.
(22) EBRAHIM PATEL	60.00		1 -		_	1		<u> </u>	`	•			
FOUNDER AND PRESIDENT		1	{	x				233,761.	().	9	, 1	91.
(23) PETER DE KOCK	60.00												
VP OPERATION & COMMUNICATIONS			<u> </u>	X			_	101,891.	().	9	,14	<u>40.</u>
(24) APRIL MENDEZ	60.00		1		ĺ			100 -00	_		_		
VP OF CAMPUS MOBILIZING	60.00	-	-	_		X	_	108,533.).		<u>, 3.</u>	33.
(25) MARY ELLEN GIESS	60.00					x		119,277.	().	٥	11	59.
SR DIRECTOR OF CO-CURRICULAR PARTNER (26) ANTHONY BANOUT	60.00	-	-			^	├	119,211		•		, 4 (09.
VP OF INSTITUTIONAL ADVANCEMENT	00.00	ĺ	ł			x	l	110,475.	().	9	.5!	59.
1b Sub-total							-	673,937.).			92.
c Total from continuation sheets to Part VI	I, Section A						>	0.).			0.
d Total (add lines 1b and 1c)							<u> </u>	673,937.	().	44	<u>, 6</u> 9	<u>92.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wł	no r	eceived more than \$100	,000 of reportable				_
compensation from the organization		_					_					Yes	<u>5</u> No
3 Did the organization list any former officer,	director or th	ieto	a ka	w en	nnla	Wee	or	highest compensated ei	mnlovee on	Г		163	140
line 1a? If "Yes," complete Schedule J for s			o, nc	y C.	iipic	, y c c	, 0,	riighest compensated ei	npioyee en	- 1	3		Х
4 For any individual listed on line 1a, is the su			omp	ensa	atıor	nano	 d ot	her compensation from t	the organization		-		
and related organizations greater than \$150	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J i	for such individual	••		4	X	_
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	ıch j	pers	son_					5		<u>X</u>
Section B. Independent Contractors							_	had a second base of	\$400,000 of				
 Complete this table for your five highest co the organization. Report compensation for 										ensai	lion ire	ווזכ	
(A)	ine calcindar y	cai	Cridi	<u> </u>	*****	<u> </u>	12.11	(B)	Total.		(C)		
Name and business	address	N	INC	3			ľ	Description of s	ervices	Co	mpen		٦ _
													-
				_									
							ĺ		[
					_		-						
							ļ]				
													_
2 Total number of independent contractors (i	-	ot lı	mıte	d to		_	stec	l above) who received m	ore than				
\$100,000 of compensation from the organia	zation 🕨				(0							
Troops of sombolication nom also organia					-						orm 9	<u>an </u>	2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)**Revenue excluded from tax under sections
512 - 514 (C) (B) Related or Unrelated Total revenue business exempt function revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1¢ 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 12,278,547 Q Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f 12,278,547 Business Code Program Service Revenue 2 a HONORARIUMS 900099 284,770 284_770 b <u>university revenue</u> 900099 118,634 118,634 62,257 62 257 C SEMINARS WORKSHOPS 900099 22,500. 900099 22,500 d **SURVEY REVENUE** 2,590 2,590 e PUBLICATIONS PROGRAM 900099 f All other program service revenue g Total. Add lines 2a-2f 490,751 Investment income (including dividends, interest, and other similar amounts) 1.491 1,491 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER 900099 2,674 d All other revenue e Total. Add lines 11a-11d 2,674

Total revenue. See instructions.

12.773.463

493 425

1 491 Form 990 (2014) Form 990 (2014) INTERFAITH YOUTH CORE
Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	53,425.	53,425.		
	Grants and other assistance to domestic	1 050	1 050		
	individuals. See Part IV, line 22	1,250.	1,250.		
-	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	}		{	
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	400,108.	294,479.	65,162.	40,467.
	Compensation not included above, to disqualified	200,2001		00,2021	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,258,507.	1,709,635.	276,047.	272,825.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44,496.	35,133.	2,975.	6,388.
	Other employee benefits	247,200.	195,371.	23,850.	27,979.
	Payroll taxes	215,991.	161,019.	31,560.	23,412.
11	Fees for services (non-employees):				
	Management				
b	Legal				
C	Accounting	17,840.		17,840.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			}	
	column (A) amount, list line 11g expenses on Sch O.)	198,670.	187,339.	11,250.	81.
12	Advertising and promotion .				
	Office expenses	354,832.	303,832.	42,879.	8,121.
	Information technology	124,046.	91,694.	15,808.	16,544.
	Royalties				
	Occupancy	238,148.	198,814.	9,745.	29,589.
	Travel	188,928.	170,236.	1,637.	17,055.
	Payments of travel or entertainment expenses	·	1		
	for any federal, state, or local public officials	10 007	0 420		1 115
	Conferences, conventions, and meetings	10,927.	9,432.	380.	1,115.
	Interest				
	Payments to affiliates	100 270	87,111.	9 201	14 050
	Depreciation, depletion, and amortization	109,370. 27,159.	20,908.	8,201. 2,768.	14,058. 3,483.
	Insurance	41,133.	20,300.	2,700.	3,403
	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.)				
	STAFF_DEVELOPMENT	23,929.	7,116.	14,125.	2,688.
	FEES AND CHARGES	10,573.	7,492.	984.	2,097.
	BOOKS & SUBSCRIPTIONS	6,523.	2,177.	567.	3,779.
	OTHER	5,405.	4,401.	1,004.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,537,327.	3,540,864.	526,782.	469,681.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			İ	
	Check here if following SOP 98-2 (ASC 958-720)	1	ĺ		

Pai	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this F	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1,573,812.	1_	3,753,875.
	2	Savings and temporary cash investments		1,818,886.	2	2,053,370
	3	Pledges and grants receivable, net		5,353,534.	3	10,897,688
	4	Accounts receivable, net	<u> </u>	53,031.	4	27,908
	5	Loans and other receivables from current and former officers, director	ors.			
Ì		trustees, key employees, and highest compensated employees. Com		1		
		Part II of Schedule L	[ĺ	5	
	6	Loans and other receivables from other disqualified persons (as defin	ned under	-		
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and c	1]	
		employers and sponsoring organizations of section 501(c)(9) volunta				
ø		employees' beneficiary organizations (see instr). Complete Part II of	1		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	.		8	
	9	Prepaid expenses and deferred charges		140,801.	9	127,709
			· F			==-/
			9,071.		- 1	
	b		2,900.	208,330.	10c	156,171
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	Γ		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	Γ		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	[_	9,148,394.	16	17,016,721
	17	Accounts payable and accrued expenses		177,345.	17	174,084
	18	Grants payable	[352,017.	18	
	19	Deferred revenue	[34,176.	19	21,645
	20	Tax-exempt bond liabilities			20	
1	21	Escrow or custodial account liability. Complete Part IV of Schedule I	ο. [21	
Š	22	Loans and other payables to current and former officers, directors, to	rustees,			
Ě		key employees, highest compensated employees, and disqualified p	ersons			
Liabilities		Complete Part II of Schedule L			22	
<u>۔</u>	23	Secured mortgages and notes payable to unrelated third parties	. L		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related thir	rd	ì	}	
		parties, and other liabilities not included on lines 17-24). Complete Pe	art X of		1	
		Schedule D	<u> </u> -		25	
	26	Total liabilities. Add lines 17 through 25		563,538.	26	<u> 195,729</u> .
		Organizations that follow SFAS 117 (ASC 958), check here	X and		ĺ	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.	(ſ	
auc	27	Unrestricted net assets	<u> </u>	2,676,084.	27	4,839,360
Bal	28	Temporarily restricted net assets	<u> -</u>	5,908,772.	28	11,981,632.
פ	29	Permanently restricted net assets	. , , , ,		29	
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here	e ▶∟ │	ļ		
õ		and complete lines 30 through 34.		ł	_	
set	30	Capital stock or trust principal, or current funds	-		30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or equipment fund	-		31	<u> </u>
Net	32	Retained earnings, endowment, accumulated income, or other funds	§ .	0.504.056	32	16 000 000
-	33	Total net assets or fund balances Total liabilities and net assets/fund balances	-	8,584,856. 9,148,394.	33 34	16,820,992. 17,016,721.
	34					

Form	990 (2014) INTERFAITH YOUTH CORE	30-	021253	34	Pag	e 12
	rt XI Reconciliation of Net Assets					
L	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,7	773	, 46	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,5	37	, 32	27.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,2			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,5	84	, 85	56.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	16,8	20	.99	92.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				\neg	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		Ì		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	- 1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			\neg	
	separate basis, consolidated basis, or both:			- [ſ	
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			ь :	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.	- -	- -	_	
	consolidated basis, or both:	o 200.0,				
	X Separate basis Consolidated basis Both consolidated and separate basis		İ	- }	1	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	1	- }	1	
·	review, or compilation of its financial statements and selection of an independent accountant?	o au a,	9	c :	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	odule O		<u> </u>	-	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil		,	-		
Ja	Act and OMB Circular A-133?	.9.0 / 100		a	1	х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	 ired audi	··· · · ·	<u>~</u>	+	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		1	ь	1	
	er addito, explain mit in concedure of and describe any steps taken to undergo such addits				90 c	2014)
			10		/-	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number Name of the organization 30-0212534 INTERFAITH YOUTH CORE Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (II) EIN (described on lines 1-9 listed in your organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	[-					
	membership fees received. (Do not	ĺ					
	include any "unusual grants.")	2415877.	1744699.	2706924.	3944241.	12278547.	23090288.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						†
	or expended on its behalf					ļ <u></u>	
3	The value of services or facilities	1	, ,		1	1	1
	furnished by a governmental unit to		!			}	1
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3	2415877.	1744699.	2706924.	3944241.	<u>12278547.</u>	23090288.
5	The portion of total contributions		' <u> </u>			ł	
	by each person (other than a	ł	[']			1	1
	governmental unit or publicly	ŀ				}	
	supported organization) included	ł	'				}
	on line 1 that exceeds 2% of the						1
	amount shown on line 11,	}					h
	column (f)		<u> </u>				11913258.
	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	11177030.
	ction B. Total Support			,		·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2415877.	1744699.	2706924.	3944241.	12278547.	23090288.
8	Gross income from interest,	}		1	1		ł
	dividends, payments received on	1		li:			
	securities loans, rents, royalties				1		ļ
	and income from similar sources	947.	210.	1,781.	1,925.	1,491.	6,354.
9	Net income from unrelated business	,				ļ	
	activities, whether or not the	,				ļ	
	business is regularly carried on						ļ
10	Other income. Do not include gain						
	or loss from the sale of capital]					}
	assets (Explain in Part VI.)	8,482.	3,426.	5,618.	2,636.	2,674.	
11	Total support. Add lines 7 through 10					ļ . ,	23119478.
12	· · · · · · · · · · · · · · · · · · ·	· ·	· · · · ·				,156,554.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
50.	organization, check this box and storetion C. Computation of Publ	here	voontnaa				
						T1	40 24 **
	Public support percentage for 2014 (I	• •	•	column (f))		14	48.34 %
	Public support percentage from 2013	•	•	- h 40	14 - 00 + 1001	15	66.75 %
168	33 1/3% support test - 2014. If the content have The experience qualifies	_			14 IS 33 1/3% Or n	nore, cneck this b	
	stop here. The organization qualifies				l 15 is 00 4 (00)		►X
a	33 1/3% support test - 2013. If the c				iine 15 is 33 1/3%	or more, check t	nis box
47-	and stop here. The organization qual				10 10 10		▶∟
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact			-	-	rt vi now the orga	nization
	meets the "facts-and-circumstances"	_	•		-	17a and to 15	100/ -
D	10% -facts-and-circumstances test	_				,	
	more, and if the organization meets the				•		e
40	organization meets the "facts-and-circ		-				Ţ₩
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 100, 1/a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	iow, picase com	pieto i are ii.y				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		ł	}	1	1	
include any "unusual grants.")		}	}		+	
2 Gross receipts from admissions,			 	 	 	
merchandise sold or services per-)	ł		
formed, or facilities furnished in))	•	ļ) :
any activity that is related to the		}	}	}		}
organization's tax-exempt purpose			 	 	 	
3 Gross receipts from activities that			l .			Į.
are not an unrelated trade or bus-			[
iness under section 513				<u> </u>	<u> </u>	
4 Tax revenues levied for the organ-		l	l		1	
ization's benefit and either paid to		}	{		}	
or expended on its behalf		1			}	
5 The value of services or facilities						
furnished by a governmental unit to		})	}	1	
• •		})	}	1	
the organization without charge		 	 	 	+	
6 Total. Add lines 1 through 5			 	 		
7a Amounts included on lines 1, 2, and			1			
3 received from disqualified persons		 		 	 	
b Amounts included on lines 2 and 3 received					1	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					}	
amount on line 13 for the year]		1	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		 	 	 	 	-
Section B. Total Support		· · · · · · · · · · · · · · · · · · ·			·	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	(0) 2011	10/2012	(4) 2010	(6) 2513	1/ 10101
10a Gross income from interest,					 	
dividends, payments received on						
securities loans, rents, royalties					1	
and income from similar sources		<u> </u>	ļ	}	 	
b Unrelated business taxable income		1		}	1	1
(less section 511 taxes) from businesses		}		}	1	
acquired after June 30, 1975				ļ		
c Add lines 10a and 10b						
11 Net income from unrelated business		 			1	
activities not included in line 10b,					1	
whether or not the business is			(1	
regularly carried on		 	 	 	+	
or loss from the sale of capital		}		1	1	
assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>		<u> </u>	
14 First five years. If the Form 990 is for the	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) oi	rganization,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2014 (lir	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 201					17	%
18 Investment income percentage from 20	•	•	,		18	
19a 33 1/3% support tests - 2014. If the c			on line 14, and tin	a 15 is more than		
• •	_					■ L 12 HOL
more than 33 1/3%, check this box and	-	-				▶ ┗— ┙
b 33 1/3% support tests - 2013. If the o	-					
line 18 is not more than 33 1/3%, chec		-				ation
20 Private foundation, If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□
						000 or 000 EZ\ 201

13380526 787606 0455.0

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	Organizations	

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		į
3b_		
3c		
4a		
4b		
4c		
		-
_		
5a		
5b		<u> </u>
_5c		
		i
6		
7		
8		
9a		
9b		
9c		<u></u>
_10a		L
10b		
990 or 99	0-EZ)	2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

•	Aggregate rail market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year):	L		
а	Average monthly value of securities	1a_		
b	Average monthly cash balances	_1b_		
С	Fair market value of other non-exempt-use assets	1c_		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by .035	6_		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4_	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	·integra	ated Type III supporting orga	nızatıon (see
	instructions).			

Section A - Adjusted Net Income

4 Add lines 1 through 3

5

Net short-term capital gain

Depreciation and depletion

Section B - Minimum Asset Amount

Schedule A (Form 990 or 990-EZ) 2014

Par	TEV Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations (continuea)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u> </u>	\ <u></u>
4	Amounts paid to acquire exempt-use assets			ļ
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		<u> </u>	Ann Ann
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
	Underdistributions, if any, for years prior to 2014			
~	(reasonable cause required-see instructions)		1	
3	Excess distributions carryover, if any, to 2014.			
_ <u></u>	Execute distributions sarry ever, if any, to 2011.			
<u>_</u> b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			ļ
a_	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if	}		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	 	 	
6	Remaining underdistributions for 2014. Subtract lines 3h			}
	and 4b from line 1 (if amount greater than zero, see			
-	instructions).	 		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.	1		
	Breakdown of line 7:	 		
_ <u>8</u> a	DICUMONITO I IIIIC 1.			
_ <u>a</u> b				
c				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 INTERFAITH YOUTH CORE	30-0212534 Page 8
Part VI	(Form 990 or 990-EZ) 2014 INTERFAITH YOUTH CORE Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	e 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	,
	Also complete this part for any additional information. (See instructions).	
-		
		
		· · · · · · · · · · · · · · · · · · ·
		
		
		
		
		
		
		

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

➤ Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

Employer identification number

INTERFAITH YOUTH CORE 30-0212534 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 20 d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

(a) Haccrin	Complete if the organization answered "Yes"			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
1) Financı	al derivatıves			
2) Closely	held equity interests		_	
3) Other				<u> </u>
(A)				
(B)			<u></u>	
(C)			<u> </u>	
(D)				
(E)			<u> </u>	
(F) _				
(G)				
(H)				-
	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	to Form 990. Part IV. line	11c. See Form 990. Part X	. line 13.
	(a) Description of investment	(b) Book value		on. Cost or end-of-year market value
(1)			<u> </u>	
(2)			 	
(3)			 	
(4)			 	
(5)			 	
(6)			 	
			 	
(7)			 	
(8)			 	
(9)	1)		 	
	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
Part IX			44 L O . E	t. de
	Complete if the organization answered "Yes"		11d. See Form 990, Part X	
	(a)	Description	 -	(b) Book value
(1)				
(2)				
(3)			 	
(4)	 			
(5)				
(6)				
(6) (7)				
(7)				
(7) (8) (9) otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
(7) (8) (9) otal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)		•
(7) (8) (9) otal. (Colu			11e or 11f. See Form 990,	Part X, line 25.
(7) (8) (9) otal. (Colu	Other Liabilities.		11e or 11f. See Form 990, (b) Book value	Part X, line 25.
(7) (8) (9) otal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes"			Part X, line 25.
(7) (8) (9) otal. (Colu Part X	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) otal. (Colu Part X (1) Fed (2)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) (otal. (Colu Part X (1) Fed (2) (3)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) otal. (Colu Part X (1) Fed (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) Fotal. (Colument X) (1) Fed (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) Fotal. (Colument X) I. (1) Fed (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) Fotal. (Colument X) (1) Fed (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			Part X, line 25.
(7) (8) (9) Fotal. (Columnation	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	to Form 990, Part IV, line		Part X, line 25.

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THEN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF JULY 31, 2015, IFYC HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL THE FEDERAL AND STATE TAX RETURNS OF IFYC FOR TAX YEARS 2011, STATEMENTS. 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Schedule D	(Form 990) 2014	INTERFAITH	YOUTH	CORE	30-0212534 Page 5
Part XIII	(Form 990) 2014 Supplemental Inforr	nation (continued)			
					
			- -		
			_		
			-	•	
					
					
			-		
		·			
			-		
					
					
					
					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

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

OMB No 1545-0047

Inspection

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number 30-0212534

Pa	rt 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,			ļ
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			l
	First-class or charter travel Housing allowance or residence for personal use	[l
	Travel for companions Payments for business use of personal residence			l
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			Í
	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		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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			ļ
	establish compensation of the CEO/Executive Director, but explain in Part III.			I
	Compensation committee Written employment contract	1		
	Independent compensation consultant Compensation survey or study	1		l
	Form 990 of other organizations X Approval by the board or compensation committee		18	
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:			l
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	[[
	contingent on the revenues of.	1 1		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation]]		
	contingent on the net earnings of:			
а	The organization?	6a		X_
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	1 1		l
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			_
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			ĺ
	ınıtıal 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		i

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part II 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	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(a)-(i)(a)	in columin (B) reported as deferred in prior Form 990
(1) EBRAHIM PATEL	8	233,761.	0	0.	0	9,191.	242,952.	0
FOUNDER AND PRESIDENT	⊞	0	0	0.		0		0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(0)							
	(ii)							
	(i)							
	Ξ							
	(E)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number

Name of the organization

30-0212534 INTERFAITH YOUTH CORE Types of Property Part I (d) (b) (c) (a) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 232,992. SELLING PRICE X 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy .. 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2014)

describe in Part II.

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Schedule M	(Form 990) (2014)	INTERFAITH	YOUTH	CORE			<u>30-0212534</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. Provided in the number of the n	vide the info	rmation required	d by Part I, lines 30b, 3 imber of items receive	32b, and 33, a d, or a combir	nd whether the organ nation of both. Also co	ization implete
 -								
					 			
								
	·							
								
								

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

INTERFAITH YOUTH CORE

Employer identification number 30-0212534

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COOPERATION. THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES INCLUDE:
CAMPUS PARTNERSHIPS, LEADERSHIP AND COMMUNICATIONS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SINCE THE CAMPAIGN WAS LAUNCHED IN 2010.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RELEVANT PARTNER ASSOCIATIONS.
-IFYC PUBLISHED NINE "LEADERSHIP PRACTICES FOR INTERFAITH EXCELLENCE IN
HIGHER EDUCATION" TO GUIDE CAMPUSES WHO DESIRE ADDITIONAL FOCUS AND
STRUCTURE FOR THEIR INTERFAITH EFFORTS.
-ACADEMIC AND CURRICULAR PROJECTS HAD CONTINUED SUCCESS WITH IFYC
OFFERING 18 SMALL GRANTS TO CAMPUSES DEVELOPING COURSE SEQUENCES IN
INTERFAITH STUDIES. ONE CAMPUS, ELIZABETHTOWN COLLEGE, USED THE GRANT
TO SUPPORT THE FIRST INTERFAITH STUDIES MAJOR, WHICH LAUNCHED IN 2015.
-IFYC AND TWO FACULTY RESEARCH PARTNERS LAUNCHED A FIRST-OF-ITS-KIND
LONGITUDINAL SURVEY CALLED THE INTERFAITH DIVERSITY EXPERIENCES &
ATTITUDES LONGITUDINAL SURVEY OR IDEALS. THIS 5-YEAR STUDY WILL
EXAMINE HOW UNDERGRADUATE STUDENTS FROM ACROSS THE COUNTRY ENGAGE WITH
RELIGIOUS, NON-RELIGIOUS, AND SPIRITUAL DIVERSITY WHILE IN COLLEGE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization INTERFAITH YOUTH CORE	Employer identification number 30-0212534
CONTRIBUTED DIRECTLY TO 85 MEDIA PIECES, INCLUDING THE NE	W YORK TIMES,
HUFFINGTON POST, CHRONICLE OF HIGHER EDUCATION, INSIDE HI	GHER ED,
MSNBC, USA TODAY, AND MANY MORE.	
-IFYC'S OVERALL AUDIENCE OF ONLINE SUPPORTERS WHO ARE BEI	NG REACHED BY
MASS EMAIL AND SOCIAL MEDIA HAS BEEN GROWING BY 31% YEAR	OVER YEAR
INCLUDING FY 15.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
EXECUTIVE OFFICE - DR. EBRAHIM PATEL, FOUNDER AND PRESIDE	NT, SPOKE AT
25 COLLEGE CAMPUSES, SPANNING A WIDE RANGE OF SCHOOLS, IN	CLUDING THE
PRIVATE, RELIGIOUSLY AFFILIATED CAMPUSES, SUCH AS UNIVERS	ITY OF NOTRE
DAME; PRIVATE, NON-SECTARIAN CAMPUSES, SUCH AS CORNELL UN	IVERSITY; AND
PUBLIC UNIVERSITIES, SUCH AS UTAH VALLEY UNIVERSITY. PAT	EL ALSO SPOKE
AT OVER 16 ADDITIONAL HIGH-IMPACT SPEAKING ENGAGEMENTS, I	NCLUDING THE
ASHOKA FUTURES FORUM, AMERICAN ACADEMY OF RELIGION, AND T	HE ASSOCIATION
OF CATHOLIC COLLEGES AND UNIVERSITIES.	
PATEL BEGAN WRITING HIS THIRD BOOK, INTERFAITH LEADERSHIP	: A PRIMER
AND CONTRIBUTED THREE BOOK CHAPTERS, INCLUDING:	
-THE FUTURE OF AMERICAN RELIGION: CHAPTER IN THE FABULO	US FUTURE.
EDS. GARY SAUL MORSON AND MORGON SCHAPIRO. EVANSTON: NO	
UNIVERSITY PRESS, 2015.	
-"LEADERSHIP PRACTICES OF A VANGUARD INTERFAITH CAMPUS:	WITH KATIE
BRINGMAN BAXTER AND NOAH SILVERMAN IN LIBERAL EDUCATION,	
2015.	
-"INTERFAITH LEADERSHIP AND PEACEBUILDING: CHAPTER IN O	XFORD HANDBOOK
ON RELIGION, CONFLICT, AND PEACEBUILDING. EDS. ATALIA OMER 432212 Sched	lule O (Form 990 or 990-EZ) (2014)

Name of the organization INTERFAITH YOUTH CORE	Employer identification number 30-0212534
APPLEBY, AND DAVID LITTLE. OXFORD: OXFORD UNIVERSITY PR	
EXPENSES \$ 433,629. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 50,010.
FORM 990, PART VI, SECTION A, LINE 2:	
SUSAN AND RICHARD KIPHART ARE BOTH ON THE BOARD OF DIRECT	ORS AND ARE
HUSBAND AND WIFE.	
S.A. IBRAHIM AND WINSTON IBRAHIM ARE FATHER AND SON.	
ANDREA AND ALAN SOLOW ARE MARRIED.	
EACH OF THESE FAMILIES SHARE ONE DIRECTOR'S VOTE.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 WILL BE DISTRIBUTED TO ALL OF THE BOARD MEMBERS V	IA E-MAIL PRIOR TO
FILING WITH THE IRS. THE FINANCE COMMITTEE WILL REVIEW T	
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 INTEREST
STATEMENT TO DISCLOSE ANY KNOWN CONFLICTS OF INTEREST. A	LL STATEMENTS
SHALL BE REVIEWED BY THE BOARD AS APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15:	
EACH FISCAL YEAR THE BOARD REVIEWS THE COMPENSATION OF TH	E FOUNDER AND
PRESIDENT. COMPENSATION IS SET AFTER REVIEW OF COMPARABL	E DATA AT OTHER
ORGANIZATIONS AND AN ASSESSMENT OF THE FOUNDER AND PRESID	ENT'S PERFORMANCE.
THE FINANCE COMMITTEE CONDUCTS THIS ANALYSIS. 432212 08-27-14 Scheo	lule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)			Page 2
Name of the organization INTERFAITH YOUTH CORE	Employer identification numb		
THE BOARD APPROVES THE BUDGET, WHICH INCLUDES COMPENSATION	N LEVELS	FOR	ALL_
STAFF.			
			.
FORM 990, PART VI, SECTION C, LINE 19:			
IFYC'S AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE	GENERAL I	PUBL]	C ON
ITS WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INT	EREST POI	<u> ICY</u>	ARE_
AVAILABLE UPON REQUEST.			
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