

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

Name of the organization

Employer identification number

**TOMORROW'S YOUTH ORGANIZATION**

**26-1409007**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MIDDLE EAST	1	17	PROGRAM SERVICE YOUTH CENTER	YOUTH CENTER & WOMEN'S EMPOWERMENT. SEE PART IV FOR FURTHER DESCRIPTION.	665,330.
<b>3 a</b> Sub-total .....	1	17			665,330.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	1	17			665,330.

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

Schedule F (Form 990) 2012

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHARA, SAUDI ARABIA, SYRIA, YEMEN, DJIBOUTI, EGYPT, MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHARA, SAUDI ARABIA, SYRIA, YEMEN, DJIBOUTI, EGYPT,	FOSTERING WOMEN-LED MICRO AND SMALL ENTERPRISES IN MARGINALIZED AREAS	18,380	CASH TRANSFERS	0		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAHARA, SAUDI ARABIA, SYRIA, YEMEN, DJIBOUTI, EGYPT,	CHILD-FRIENDLY SCHOOL PROGRAM FOR CHILDREN IN DISADVANTAGED AND	27,082	CASH TRANSFERS	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **0**

**TOMORROW'S YOUTH ORGANIZATION**

26-1409007

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

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



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) .....  Yes  No

Schedule F (Form 990) 2012

**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.

**PART II, COLUMN (D):**

**(A) REGION:**

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: CREATING A CHILD-FRIENDLY SCHOOL PROGRAM FOR CHILDREN IN DISADVANTAGED AND MARGINALIZED AREAS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**TOMORROW'S YOUTH ORGANIZATION**

Employer identification number  
**26-1409007**

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 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.

Yes  No

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RENE MOAWAD FOUNDATION - USA 3231 P ST. NW, 2ND FLOOR WASHINGTON, DC 20007	52-1801228	501(C)3	96,006.	0.			TO PROVIDE WOMEN ENTREPRENEURS IN LEBANON THE SKILLS AND SUPPORT TO START THEIR OWN

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: TYO MAINTAINED RECORDS TO SUBSTANTIATE THE AMOUNT OF THE GRANT AND THE ADMINISTRATION, IMPLEMENTATION, AND SUPERVISION OF THE PROJECT. IN ADDITION, TYO HIRED A CONSULTANT TO MONITOR THE PROGRAM ON TYO'S BEHALF. THE SELECTION CRITERIA USED TO AWARD THE GRANT WAS BASED ON THE ABILITY OF THE RENE MOAWAD FOUNDATION TO PROVIDE WOMEN IN LEBANON WITH TRAINING IN BUSINESS AND ENTREPRENEURIAL SKILLS FOR MICRO ENTERPRISE AND SMALL ENTERPRISE.

PART II, LINE 1, COLUMN (H):



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE RENE MOAWAD FOUNDATION - USA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE WOMEN ENTREPRENEURS IN LEBANON THE SKILLS AND SUPPORT TO START THEIR OWN BUSINESSES, WITH ADDITIONAL TRAINING FOR BUSINESS EXPANSION AND MARKETING.

Lined area for supplemental information.



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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>TOMORROW'S YOUTH ORGANIZATION</b>	Employer identification number (EIN) or <b>26-1409007</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1356 BEVERLY ROAD, NO. 200</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MCLEAN, VA 22101-3862</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARSHA ELLIS**

- The books are in the care of ▶ **1356 BEVERLY ROAD, SUITE 200 - MCLEAN, VA 22101**  
 Telephone No. ▶ **703-893-9445** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2012** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



Form **5713**

(Rev. December 2010)

Department of the Treasury  
Internal Revenue Service

# International Boycott Report

For tax year beginning JANUARY 1 2012  
and ending DECEMBER 31 2012

▶ **Controlled groups, see instructions.**

OMB No. 1545-0216

Attachment  
Sequence No. 123

Paper filers must file in  
duplicate (see When and  
Where to File in the inst-  
ructions)

Name TOMORROW'S YOUTH ORGANIZATION Identifying number 26-1409007

Number, street, and room or suite no. If a P.O. box, see instructions.

1356 BEVERLY ROAD

City or town, state, and ZIP code

MCLEAN, VA 22101-3862

Address of service center where your tax return is filed

OGDEN, UT

Type of filer (check one):

Individual  Partnership  Corporation  Trust  Estate  Other

**1** **Individuals** - Enter adjusted gross income from your tax return (see instructions)

**2** **Partnerships and corporations:**

**a** Partnerships - Enter each partner's name and identifying number.

**b** Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name Identifying number

Name	Identifying number

If more space is needed, attach additional sheets and check this box

**c** Enter principal business activity code and description (see instructions) . . . . .

**d** IC-DISCs - Enter principal product or service code and description (see instructions) . . . . .

Code	Description

**3** **Partnerships** - Each partnership filing Form 5713 must give the following information:

**a** Partnership's total assets (see instructions) . . . . .

**b** Partnership's ordinary income (see instructions) . . . . .

**4** **Corporations** - Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.)

**b** Common tax year election (see instructions)

(1) Name of corporation ▶ \_\_\_\_\_

(2) Employer identification number . . . . .

(3) Common tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

**c** Corporations filing this form enter:

(1) Total assets (see instructions) . . . . .

(2) Taxable income before net operating loss and special deductions (see instructions) . . . . .

**5** **Estates or trusts** - Enter total income (Form 1041, page 1) . . . . .

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

**a** Foreign tax credit . . . . . **0**

**b** Deferral of earnings of controlled foreign corporations . . . . . **0**

**c** Deferral of IC-DISC income . . . . . **0**

**d** FSC exempt foreign trade income . . . . . **0**

**e** Foreign trade income qualifying for the extraterritorial income exclusion . . . . . **0**

**Please  
Sign  
Here**

Under penalties of perjury, declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature [Handwritten Signature]

Date 8/12/13

Title TREASUR



<b>7a</b> Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	Yes	No
<b>b</b> If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?		X
<b>c</b> Do you own any stock of an IC-DISC?		X
<b>d</b> Do you claim any foreign tax credit?		X
<b>e</b> Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)? If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
<b>f</b> Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)? If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?		X
<b>g</b> Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?		X
<b>h</b> Are you a partner in a partnership that has reportable operations under section 999(a)?		X
<b>i</b> Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?		X
<b>j</b> Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income?		X

**Part I Operations in or Related to a Boycotting Country** (see instructions)

<b>8</b> <b>Boycott of Israel</b> - Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> in the instructions.)	Yes	No
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>	X	

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
<b>a</b> LEBANON	26-1409007	611000	EDUC SVCS PROVIDED BY 501(C)3	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>h</b>				
<b>i</b>				
<b>j</b>				
<b>k</b>				
<b>l</b>				
<b>m</b>				
<b>n</b>				
<b>o</b>				



**9 Nonlisted countries boycotting Israel** - Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel? . . . 

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**10 Boycotts other than the boycott of Israel** - Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel? . . . 

Yes	No
	X

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only - Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

**11** Were you requested to participate in or cooperate with an international boycott? . . . 

Yes	No
	X

  
If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests. (See instructions.)

**12** Did you participate in or cooperate with an international boycott? . . . 

Yes	No
	X

  
If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See instructions.)

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

**Part II Requests for and Acts of Participation in or Cooperation With an International Boycott**

Requests		Agreements	
Yes	No	Yes	No

<b>13a</b> Did you receive requests to enter into, or did you enter into, any agreement (see instructions):			
(1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to -			
(a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .			X
(b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .			X
(c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion?			X
(d) Refrain from employing individuals of a particular nationality, race, or religion?			X
(2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott? . . . . .			X

**b Requests and agreements** - If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box.

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only - Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number  
26-1409007

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IS WORKING TO DEVELOP COMMUNITY CENTERS IN THE MIDDLE EAST SERVING CHILDREN, YOUTH AND THEIR FAMILIES. TYO CENTERS WILL PROVIDE NON-FORMAL EDUCATIONAL ACTIVITIES AND CULTURAL AND RECREATIONAL RESOURCES THAT ARE CURRENTLY UNAVAILABLE IN COMMUNITIES THEY SERVE. BEYOND THE CORE PROGRAM TARGETED AT UNDERPRIVILEGED 4- TO 8-YEAR-OLDS, TYO WILL WELCOME ALL COMMUNITY MEMBERS FOR A VARIETY OF EDUCATIONAL, RECREATIONAL, AND CULTURAL PROGRAMS AND EVENTS. INTERNATIONAL AND LOCAL TYO STAFF WILL WORK CLOSELY WITH THE LOCAL COMMUNITY BEFORE OPENING THE CENTER TO ENSURE THAT THE ACTIVITIES OFFERED RESPOND TO LOCAL NEEDS AND INTERESTS, AS WELL AS ADVANCING THE TYO MISSION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND RECREATIONAL RESOURCES THAT ARE CURRENTLY UNAVAILABLE IN COMMUNITIES THEY SERVE. BEYOND THE CORE PROGRAM TARGETED AT UNDERPRIVILEGED 4- TO 8-YEAR-OLDS, TYO WILL WELCOME ALL COMMUNITY MEMBERS FOR A VARIETY OF EDUCATIONAL, RECREATIONAL, AND CULTURAL PROGRAMS AND EVENTS. INTERNATIONAL AND LOCAL TYO STAFF WILL WORK CLOSELY WITH THE LOCAL COMMUNITY BEFORE OPENING THE CENTER TO ENSURE THAT THE ACTIVITIES OFFERED RESPOND TO LOCAL NEEDS AND INTERESTS, AS WELL AS ADVANCING THE TYO MISSION.

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

CORE PROGRAM CHILDREN COME TO TYO 4 TIMES WEEKLY DURING 10 TO 12-WEEK SESSIONS TOTALING ABOUT 100 PROGRAM HOURS PER CHILD.



Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number

26-1409007

ART: A VARIETY OF ARTS AND CRAFTS ACTIVITIES PROVIDE A FORUM TO EXPLORE TOPICS LIKE FAMILY AND IDENTITY, OFFERING AN OUTLET FOR CHILDREN TO EXPRESS THEIR HOPES, FEARS, SUCCESSES AND PAIN.

ENGLISH: INTERNATIONAL INTERNS LEAD IMMERSION CLASSES TO TEACH CHILDREN BASIC VOCABULARY AND EXPRESSIONS IN ENGLISH, OFFERING A FUN CULTURAL EXCHANGE AND A HEAD START ON THEIR ENGLISH STUDIES IN SCHOOL.

HEALTH: ACTIVITIES RELATED TO NUTRITION, PERSONAL HYGIENE, SELF-ESTEEM AND IDENTITY PROMOTE HEALTHY DEVELOPMENT OF CHILDREN'S BODIES AND MINDS.

IT: THE TYO CURRICULUM HELPS CHILDREN TO BECOME COMFORTABLE WITH THE BASIC COMPUTING SKILLS THAT WILL BE ESSENTIAL TO THEIR ACADEMIC AND PROFESSIONAL SUCCESS. THESE PRACTICAL SKILLS ALSO CONTRIBUTE TO CHILDREN'S SELF-CONFIDENCE AND CAPACITY TO CONNECT WITH OTHERS BEYOND THEIR IMMEDIATE COMMUNITY.

SPORT: INDIVIDUAL AND GROUP ACTIVITIES TEACH CHILDREN MOTOR SKILLS, COORDINATION, TEAMWORK AND HEALTHY COMPETITION. SPORTS CLASS ALSO PROVIDES A SAFE CONTEXT FOR PHYSICAL ACTIVITY WHICH MOST OF OUR CHILDREN HAVE NO OTHER ACCESS TO.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: GENERATE INCOME FOR THEMSELVES AND OTHER FEMALE EMPLOYEES THUS IMPROVING THE ECONOMIC SITUATION OF FAMILIES AND THE BROADER COMMUNITY.

SPECIFICALLY, THE PROGRAM ADDRESSES TWO FACTORS THAT PREVENT WOMEN FROM DOING BUSINESS AND EARNING A BETTER LIVING: ACCESS TO INFORMATION



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ABOUT DEMAND IN LOCAL AND INTERNATIONAL MARKETS AND TO SALES OUTLETS IN THOSE MARKETS; AND THE BUSINESS AND PERSONAL SKILLS REQUIRED TO LAUNCH AND SUSTAIN A COMMERCIAL ENTERPRISE.

THE PROJECT HAS FOUR UNIQUE PHASES: 1. SELECTION OF FEMALE BUSINESS LEADERS, INITIAL 4-DAY INTENSIVE TRAINING, AND INDIVIDUAL COACHING AND MENTORING. 2. PRODUCTION OF BUSINESS PLANS AND LINKAGE TO FINANCE. 3. SELECTION OF 8 BUSINESS PLANS TO BE INCUBATED. 4. FUTURE TRAINING AND SUPPORT FOR BUSINESS EXPANSION, WITH PARTICULAR FOCUS ON MARKETING, DISTRIBUTION, AND SUBCONTRACTING OTHER WOMEN. OVER THE LIFE OF THE PROJECT, 60 WOMEN - 20 BUSINESS LEADERS AND APPROXIMATELY 40 CRAFTSWOMEN AND WORKING WOMEN WITH TALENT, ECONOMIC NEED, AND THE QUALIFICATIONS NECESSARY TO STAFF THE BUSINESSES - WILL BE ENGAGED DIRECTLY AND 500 FAMILY MEMBERS WILL BE REACHED INDIRECTLY.

THE WOMEN'S GROUP PROVIDES BASIC KNOWLEDGE ABOUT HEALTH AND CHILD DEVELOPMENT THAT, COMBINED WITH SELF-CONFIDENCE AND OTHER LIFE SKILLS, PROVIDES CONCRETE BENEFITS FOR THESE WOMEN AND THEIR FAMILIES. TYO OFFERS EDUCATIONAL AND RECREATIONAL PROGRAMS FOR MOTHERS THAT SUPPORT THEIR PERSONAL HEALTH AND HAPPINESS, WHICH DIRECTLY IMPACTS THE FAMILY'S WELFARE AND MULTIPLIES THE IMPACT AND SUSTAINABILITY OF TYO'S EFFORTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CREDIT AND SCHOLARSHIP OPPORTUNITIES, AS WELL AS INVALUABLE PRACTICAL EXPERIENCE AND TRAINING. THESE YOUNG PEOPLE ARE AN INTEGRAL PART OF THE TYO COMMUNITY, SERVING OTHER MEMBERS BUT ALSO GENERATING THEIR OWN ACTIVITIES INCLUDING COMMUNITY SERVICE PROJECTS, SOCIAL EVENTS AND



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ACADEMIC NETWORKS. AS WELL AS ITS MANY BENEFITS FOR PARTICIPANTS, THE YOUTH SERVICE LEARNING PROGRAM PROVIDES TYO CHILDREN WITH ROLE MODELS WHO PROVIDE POSITIVE, INDIVIDUALIZED ATTENTION IN THE CLASSROOM AND BEYOND.

AN NAJAH UNIVERSITY (WWW.NAJAH.EDU) HAS OFFERED A GREAT DEAL OF ASSISTANCE IN THE ESTABLISHMENT OF TYO NABLUS AND THEIR STUDENTS HAVE BEEN AN INVALUABLE ADDITION TO THE TYO TEAM. ITS PROFESSORS PLAY AN IMPORTANT ROLE IN THE DEVELOPMENT OF TYO CURRICULA, AND AN NAJAH STUDENTS MAKE UP THE MAJORITY OF TYO'S YOUTH VOLUNTEER CORPS. WE ARE GRATEFUL FOR AN NAJAH'S ONGOING SUPPORT OF AND ACTIVE PARTICIPATION IN TYO'S WORK.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY OUTREACH: IT IS ESSENTIAL TO TYO'S SUCCESS THAT WE ARE ACCEPTED BY AND BECOME A MEANINGFUL PART OF THE LOCAL AND GLOBAL COMMUNITY. LOCALLY, WE INVITE ALL COMMUNITY MEMBERS TO OPEN DAY EVENTS AND COLLABORATE WITH OTHER ORGANIZATIONS IN NABLUS. FINALLY, WE ARE HONORED TO SHARE OUR NABLUS CONSTITUENTS' STORY WITH THE REST OF THE WORLD THROUGH A VARIETY OF MEDIA AND EVENTS AROUND THE WORLD.

THE NATIONAL CHILDREN'S MUSEUM (WWW.NCM.MUSEUM) IN WASHINGTON DC AND TYO SHARE A PASSION FOR ENGAGING AND EMPOWERING CHILDREN. NCM, LIKE TYO, OFFERS EDUCATIONAL AND RECREATIONAL ACTIVITIES FOR CHILDREN AND FAMILIES THAT INSPIRE CHILDREN TO CARE ABOUT AND IMPROVE THE WORLD. THROUGH ITS INTERACTIVE EXHIBITS, ONLINE COMMUNITY, AND UNIQUE NATIONAL PROGRAMS AND PARTNERSHIPS, NCM IS TRANSFORMING THE CONCEPT OF A TRADITIONAL MUSEUM BY BECOMING A CATALYST TO INSPIRE AND EMPOWER KIDS TO SPEAK UP, TAKE ACTION, AND GET ENGAGED IN THEIR COMMUNITIES.



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INTERNATIONAL INTERN PROGRAM: EACH SEMESTER TYO RECRUITS HIGHLY QUALIFIED AMERICAN AND INTERNATIONAL INTERNS TO WORK AND LIVE AT THE TYO NABLUS CENTER. INTERNS COME FROM DIVERSE ACADEMIC AND PROFESSIONAL BACKGROUNDS, BUT ALL BRING SOMETHING UNIQUE TO SHARE WITH THE NABLUS COMMUNITY. IN 2011, TYO HOSTED INTERNATIONAL INTERNS WHO WORKED FULL-TIME FOR 10-12 WEEK SESSIONS IN COOPERATION WITH TYO LOCAL AND INTERNATIONAL STAFF. INTERNS CREATE ENRICHMENT CLASSES FOR CHILDREN, YOUTH, AND ADULTS FROM REFUGEE CAMPS AND OTHER MARGINALIZED AREAS OF THE NABLUS COMMUNITY. EACH INTERN DEVELOPS AND IMPLEMENTS THEIR OWN CREATIVE CURRICULA THROUGHOUT THE SESSION AND MONITORS THE DEVELOPMENT OF THEIR PARTICIPANTS AND THE EFFECTIVENESS OF VARIOUS ACTIVITIES AND TEACHING METHODS. INTERN PROGRAMS MAY INCLUDE CLASSES IN SPORTS, DRAMA, ART, COMMUNITY ENGLISH CLASSES AND WEEKEND RECREATIONAL ACTIVITIES.

EXPENSES \$ 20,251. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: HANI MASRI, THE PRESIDENT AND A DIRECTOR OF TYO, HAS THE FOLLOWING BUSINESS RELATIONSHIPS WITH MARSHA ELLIS, THE TREASURER AND A DIRECTOR OF TYO: (1) HANI MASRI IS THE PRESIDENT OF THE CAPITAL CORPORATION, WHICH EMPLOYS MARSHA ELLIS AS A FULLTIME OFFICE MANAGER; AND (2) HANI MASRI IS THE PRESIDENT OF M2 INVESTORS, INC., A CORPORATION FOR WHICH MARSHA ELLIS IS THE SECRETARY AND TREASURER.

FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES OF THE BOARD OF DIRECTORS DO NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, DOCUMENTATION OF COMMITTEE ACTIVITY IS HANDLED THROUGH THE



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MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE PROCESS FOR FORM 990 REVIEW PRIOR TO FILING IS A MANAGEMENT FUNCTION AT TYO. IT IS REVIEWED BY THE TREASURER AS WELL AS THE PRESIDENT/EXECUTIVE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION RELIES UPON THE INTEGRITY AND HONESTY OF EACH MEMBER OF GOVERNANCE AND MANAGEMENT. IF THE ORGANIZATION BECOMES AWARE OF A CONFLICT IT ASKS THE INDIVIDUAL(S) TO RECUSE THEMSELVES.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, THE ORGANIZATION'S FORM 990 IS ON THE WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE GENERALLY NOT PROVIDED TO THE PUBLIC,

FORM 990, PART XII, LINE 2A:  
COMPILED STATEMENTS  
AS OF THE FORM 990 FILING DATE, THE COMPILED STATEMENTS HAVE NOT YET BEEN ISSUED.



**Statement of Specified Foreign Financial Assets**

OMB No. 1545-2195

▶ Information about Form 8938 and its separate instructions is at [www.irs.gov/form8938](http://www.irs.gov/form8938).

Attachment  
 Sequence No. **175**

▶ Attach to your tax return

If you have attached additional sheets, check here  X

Name(s) shown on return **TOMORROW'S YOUTH ORGANIZATION** Identifying number **26-1409007**

Number, street, and room or suite no. (if a P.O. box, see instructions)  
**1356 BEVERLY ROAD**  
 City or town, province or state, and country (including postal code)  
**MCLEAN VA 22101-3862**

For tax year beginning **JANUARY 1**, 2012, and ending **DECEMBER 31**, 2012

**Note.** All information must be in English. Show all amounts in U.S. dollars. Show currency conversion rates in Part I, line 6(2), or Part II, line 6(2).

Type of filer

- a Specified individual (1)  Married filing a joint return (2)  Married filing a separate return (3)  Other individual  
 b Specified domestic entity (1)  Partnership (2)  Corporation (3)  Trust

Check this box if this is an amended or supplemental Form 8938 for the tax year

**Part I Foreign Deposit and Custodial Accounts (see instructions)**

If you have more than one account to report, attach a continuation sheet with the same information for each additional account (see instructions).

1 Type of account  Deposit  Custodial 2 Account number or other designation **02/500/587333/00**  
 3 Check all that apply a  Account opened during tax year b  Account closed during tax year  
 c  Account jointly owned with spouse d  No tax item reported in Part III with respect to this account  
 4 Maximum value of account during tax year ..... \$ **52,573.**  
 5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No  
 6 If you answered "Yes" to line 5, complete all that apply.  
 (1) Foreign currency in which account is maintained (2) Foreign currency exchange rate used to convert to U.S. dollars (3) Source of exchange rate used if not from U.S. Treasury Financial Management Service

7 Name of financial institution in which account is maintained  
**CAIRO AMMAN BANK**  
 8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
**FAISAL ST**  
 9 City or town, province or state, and country (including postal code)  
**NABLUS WEST BANK**

**Part II Other Foreign Assets (see instructions)**

**Note.** If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, 8865, or 8891 you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.

If you have more than one asset to report, attach a continuation sheet with the same information for each additional asset (see instructions).

1 Description of asset 2 Identifying number or other designation  
 3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.  
 a Date asset acquired during tax year, if applicable .....  
 b Date asset disposed of during tax year, if applicable .....  
 c  Check if asset jointly owned with spouse d  Check if no tax item reported in Part III with respect to this asset  
 4 Maximum value of asset during tax year (check box that applies)  
 a  \$0 - \$50,000 b  \$50,001 - \$100,000 c  \$100,001 - \$150,000 d  \$150,001 - \$200,000  
 e If more than \$200,000, list value ..... \$  
 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? .....  Yes  No

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

Form **8938** (11-2012)



**Part II Other Foreign Assets** (continued)

**6** If you answered "Yes" to line 5, complete all that apply.

<b>(1)</b> Foreign currency in which asset is denominated	<b>(2)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(3)</b> Source of exchange rate used if not from U.S. Treasury Financial Management Service
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**7** If asset reported in Part II, line 1, is stock of a foreign entity or an interest in a foreign entity, report the following information.

- a** Name of foreign entity \_\_\_\_\_
- b** Type of foreign entity (1)  Partnership (2)  Corporation (3)  Trust (4)  Estate
- c** Mailing address of foreign entity. Number, street, and room or suite no. \_\_\_\_\_
- d** City or town, province or state, and country (including postal code) \_\_\_\_\_

**8** If asset reported in Part II, line 1, is not stock of a foreign entity or an interest in a foreign entity, report the following information for the asset.

**Note.** If this asset has more than one issuer or counterparty, attach a continuation sheet with the same information for each additional issuer or counterparty (see instructions).

- a** Name of issuer or counterparty \_\_\_\_\_  
Check if information is for  Issuer  Counterparty
- b** Type of issuer or counterparty (1)  Individual (2)  Partnership (3)  Corporation (4)  Trust (5)  Estate
- c** Check if issuer or counterparty is a  U.S. person  Foreign person
- d** Mailing address of issuer or counterparty. Number, street, and room or suite no. \_\_\_\_\_
- e** City or town, province or state, and country (including postal code) \_\_\_\_\_

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets** (see instructions)

Asset Category	Tax item	Amount reported on form or schedule	Where reported	
			Form and line	Schedule and line
I. Foreign Deposit and Custodial Accounts	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		
II. Other Foreign Assets	<b>a</b> Interest	\$		
	<b>b</b> Dividends	\$		
	<b>c</b> Royalties	\$		
	<b>d</b> Other income	\$		
	<b>e</b> Gains (losses)	\$		
	<b>f</b> Deductions	\$		
	<b>g</b> Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets** (see instructions)

If you reported specified foreign financial assets on the following forms, check the appropriate box(es). Indicate number of forms filed. You do not need to include these assets on Form 8938 for the tax year.

- 3520 Number of forms \_\_\_\_\_
- 3520-A Number of forms \_\_\_\_\_
- 5471 Number of forms \_\_\_\_\_
- 8621 Number of forms \_\_\_\_\_
- 8865 Number of forms \_\_\_\_\_
- 8891 Number of forms \_\_\_\_\_



**Part I Foreign Deposit and Custodial Accounts** (see instructions)

1 Type of account <input checked="" type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation 33/500/587333/00
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$ 10,949.
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained ISRAEL, SHEQEL	(2) Foreign currency exchange rate used to convert to U.S. dollars 3.732000000	(3) Source of exchange rate used if not from U.S. Treasury Financial Management Service
7 Name of financial institution in which account is maintained		

CAIRO AMMAN BANK

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.  
FAISAL ST

9 City or town, province or state, and country (including postal code)  
NABLUS

**WEST BANK**

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Financial Management Service
7 Name of financial institution in which account is maintained		

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply a <input type="checkbox"/> Account opened during tax year b <input type="checkbox"/> Account closed during tax year c <input type="checkbox"/> Account jointly owned with spouse d <input type="checkbox"/> No tax item reported in Part III with respect to this asset		
4 Maximum value of account during tax year		\$
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Financial Management Service
7 Name of financial institution in which account is maintained		

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)