

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	TOMORROW'S YOUTH ORGANIZATION		26-1409007
	Doing Business As		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		703-893-9445
1356 BEVERLY ROAD		200	G Gross receipts \$ 545,161.
City or town, state or province, country, and ZIP or foreign postal code			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MCLEAN, VA 22101-3862			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MARSHA ELLIS			H(c) Group exemption number ▶
SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.TOMORROWSYOUTH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2007	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TOMORROW'S YOUTH ORGANIZATION (TYO) IS A NON-PROFIT, NON-GOVERNMENTAL AMERICAN ORGANIZATION THAT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 928,191. Current Year: 537,931.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	414. 260.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,818. 6,970.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	933,423. 545,161.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,467. 145,328.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	251,561. 174,952.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,970.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	361,607. 328,495.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	754,635. 648,775.
19	Revenue less expenses. Subtract line 18 from line 12	178,788. -103,614.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 633,508. End of Year: 529,768.
	21	Total liabilities (Part X, line 26)	1,791. 1,665.
	22	Net assets or fund balances. Subtract line 21 from line 20	631,717. 528,103.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	MARSHA ELLIS, TREASURER/DIRECTOR	12/11/14

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LEESA OWEN	<i>Leesa Owen</i>	9-25-14	<input type="checkbox"/>	P00120725
	Firm's name ▶ CHAPIN, OWEN & SANDSTROM, P.A.	Firm's EIN ▶ 52-1249777	Phone no. 301-421-1330		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TOMORROW'S YOUTH ORGANIZATION (TYO) IS A NON-PROFIT, NON-GOVERNMENTAL AMERICAN ORGANIZATION THAT 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 136,991. including grants of \$ 0.) (Revenue \$ 0.)

CORE CHILD PROGRAM - NABLUS CENTER: THE TYO CORE CHILD PROGRAM OFFERS NON-FORMAL EDUCATION ACTIVITIES IN ART, HEALTH, IT, MUSIC, ENGLISH AND SPORT FOR 4-8 YEAR OLD CHILDREN FROM THE MOST DISADVANTAGED AREAS OF NABLUS, WEST BANK (THREE REFUGEE CAMPS, OLD CITY AND KHALLET AL AMOOD). FULL-TIME TYO TEACHERS DEVELOP THE CURRICULA WITH INPUT FROM UNIVERSITY PROFESSORS, AND A CERTIFIED FAMILY THERAPIST. ALL ACTIVITIES ARE DESIGNED TO TEACH CHILDREN SELF-EXPRESSION, PRACTICAL SKILLS, AND COPING STRATEGIES IN A SAFE ENVIRONMENT. YOUTH VOLUNTEERS ARE TRAINED TO SUPPORT TEACHERS IN THE CLASSROOM, PROVIDING POSITIVE ROLE MODELS FOR THE YOUNG CHILDREN. MORE CENTERS ARE BEING PLANNED FOR OTHER DISADVANTAGED AREAS OF THE MIDDLE EAST.

4b (Code:) (Expenses \$ 221,135. including grants of \$ 135,401.) (Revenue \$)

WOMEN'S EMPOWERMENT:

BECAUSE OF THEIR CENTRAL ROLE IN THE FAMILY AND POTENTIAL LEADERSHIP FOR COMMUNITY CHANGE, WOMAN ARE A CRUCIAL TARGET FOR TYO. THEREFORE, TYO OFFERS TWO INTERVENTIONS TO SUPPORT WOMEN: ECONOMIC EMPOWERMENT AND MENTAL/PHYSICAL HEALTH AND WELLBEING.

THE WOMEN'S ENTREPRENEURSHIP PROGRAMS, WITH SUPPORT FROM THE CHERIE BLAIR FOUNDATION AND OTHER LEADING ORGANIZATIONS IN NABLUS AND LEBANON, PROVIDE CUSTOMIZED BUSINESS DEVELOPMENT TRAINING, COACHING, AND CONFIDENCE-BUILDING ACTIVITIES FOR HIGH-POTENTIAL YOUNG WOMEN TO DEVELOP VIABLE BUSINESS PLANS BASED ON THEIR SKILLS, EDUCATION, AND MOTIVATION TO WORK. BY STARTING THEIR OWN BUSINESS, PARTICIPANTS

4c (Code:) (Expenses \$ 125,770. including grants of \$ 0.) (Revenue \$)

YOUTH DEVELOPMENT: OVER HALF OF THE POPULATION IN THE MIDDLE EAST, AND PALESTINE, IS UNDER THE AGE OF 25. TYO IS COMMITTED TO ENGAGING THIS IMPORTANT DEMOGRAPHIC, THE LEADERS AND PARENTS OF TOMORROW. THE TYO YOUTH SERVICE LEARNING PROGRAM IS THE IDEAL MEANS TO DO SO, PROVIDING YOUNG PEOPLE WITH A POSITIVE OUTLET FOR THEIR TIME AND ENERGY AS WELL AS PERSONAL AND PROFESSIONAL SKILLS FOR THEIR FUTURE EMPLOYABILITY.

YOUTH VOLUNTEER PROGRAM - YOUTH VOLUNTEERS PLAY A VITAL ROLE IN ALL OF TYO'S PROGRAMS. STUDENTS FROM AN NAJAH AND OTHER LOCAL UNIVERSITIES ARE TRAINED IN CHILD DEVELOPMENT AND FACILITATION SKILLS, AND ORIENTED TO TYO'S MISSION. THEN THEY WORK 8-15 HOURS PER WEEK ALONGSIDE PROFESSIONAL TYO TEACHERS. FOR THEIR SERVICE, VOLUNTEERS EARN ACADEMIC

4d Other program services (Describe in Schedule O.)

(Expenses \$ 64,460. including grants of \$ 9,927.) (Revenue \$)

4e Total program service expenses 548,356.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 720.

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

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

Section 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 7 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.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
MARSHA ELLIS - 703-893-9445
1356 BEVERLY ROAD, SUITE 200, MCLEAN, VA 22101

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.
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...
List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation...
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...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Rows include HANI MASRI, MARSHA L. ELLIS, KEN FREELING, HANI FARSI, SAMIA FAROUKI, SABIH MASRI, ABDUL HUDA FAROUKI.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, and Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. All entries are currently blank.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	33,813.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	504,118.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		537,931.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		260.	260.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		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 including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a GAIN ON FOREIGN CURREN	900099		6,970.	6,970.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			6,970.				
12 Total revenue. See instructions.			545,161.	7,230.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	145,328.	145,328.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,978.	146,777.	5,501.	2,700.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,661.	12,106.	410.	145.
10 Payroll taxes	7,313.	5,447.	1,647.	219.
11 Fees for services (non-employees):				
a Management				
b Legal	4,767.		4,767.	
c Accounting	14,631.		14,631.	
d Lobbying				
e 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.)	44,840.	29,754.	7,586.	7,500.
12 Advertising and promotion	2,379.	542.	233.	1,604.
13 Office expenses	7,630.	3,502.	4,057.	71.
14 Information technology	490.		490.	
15 Royalties				
16 Occupancy	25,992.	23,131.	1,919.	942.
17 Travel	23,822.	6,650.	14,411.	2,761.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,611.	4,217.	1,394.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,748.		16,748.	
23 Insurance	2,288.	1,498.	790.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRANSPORT. FOR CLASSES	77,774.	76,278.	1,496.	
b PROFESSIONAL TRAINING	24,528.	24,528.		
c FOOD FOR CLASSES	16,742.	16,366.	376.	
d UTILITIES	14,289.	14,289.		
e All other expenses	45,964.	37,943.	7,993.	28.
25 Total functional expenses. Add lines 1 through 24e	648,775.	548,356.	84,449.	15,970.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	375,407.	1	398,150.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	197,800.	3	86,815.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	114,825.			
		10a				
	b	Less: accumulated depreciation	73,081.	57,242.	10c	41,744.
		10b				
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	3,059.	15	3,059.		
16	Total assets. Add lines 1 through 15 (must equal line 34)	633,508.	16	529,768.		
Liabilities	17	Accounts payable and accrued expenses	1,791.	17	1,665.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,791.	26	1,665.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	384,031.	27	373,238.	
	28	Temporarily restricted net assets	247,686.	28	154,865.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	631,717.	33	528,103.		
34	Total liabilities and net assets/fund balances	633,508.	34	529,768.		

Part XI Reconciliation of Net Assets

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	545,161.
2	Total expenses (must equal Part IX, column (A), line 25)	2	648,775.
3	Revenue less expenses. Subtract line 2 from line 1	3	-103,614.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	631,717.
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	528,103.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public Inspection

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number

26-1409007

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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 4 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: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	518,206.	1,100,023.	750,345.	928,191.	537,931.	3,834,696.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	518,206.	1,100,023.	750,345.	928,191.	537,931.	3,834,696.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,639,296.
6 Public support. Subtract line 5 from line 4.						2,195,400.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	518,206.	1,100,023.	750,345.	928,191.	537,931.	3,834,696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	299.	183.	678.	414.	260.	1,834.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3,836,530.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	57.22 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	56.17 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 37,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 34,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 18,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 175,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 33,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 34,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 13,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number

26-1409007

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,019.	272.	1,747.
d Equipment		104,666.	66,704.	37,962.
e Other		8,140.	6,105.	2,035.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				41,744.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII 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	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-rows (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Large empty table area for providing supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization: **TOMORROW'S YOUTH ORGANIZATION**
Employer identification number: **26-1409007**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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	16	PROGRAM SERVICE YOUTH CENTER	YOUTH CENTER & WOMEN'S EMPOWERMENT TRAINING. SEE FORM 990 PART III FOR FURTHER DESCRIPTION,	536,660.
3 a Sub-total	1	16			536,660.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	16			536,660.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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, SAUDI ARABIA, BAHRAIN, DJIBOUTI, EGYPT, MARGINALIZED AREAS	FOSTERING WOMEN-LED MICRO AND SMALL ENTERPRISES IN MARGINALIZED AREAS	135,401.	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 **1**

3 Enter total number of other organizations or entities **1**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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) 2013

Part V Supplemental Information

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.

Multiple horizontal lines for supplemental information.

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

2013

Open to Public
Inspection

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

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

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number

26-1409007

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

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number

26-1409007

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.

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number 26-1409007
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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 \$ 64,460. INCLUDING GRANTS OF \$ 9,927. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: 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; AND (3) HANI MASRI OWNS 99% OF STONEHOUSE PARTNERS, L.P., AND MARSHA ELLIS OWNS 1%.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THE COMMITTEES OF THE BOARD OF DIRECTORS DO NOT HAVE THE

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number 26-1409007
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AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. THEREFORE, DOCUMENTATION OF COMMITTEE ACTIVITY IS HANDLED THROUGH THE MINUTES OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: AS OF THE FORM 990 FILING DATE, THE COMPILED STATEMENTS HAVE NOT YET BEEN ISSUED.

Form **5713**

(Rev. December 2010)

Department of the Treasury
Internal Revenue Service

International Boycott Report

For tax year beginning January 1 _____, 2013
and ending December 31 _____, 2013

▶ **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 in-
structions)

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

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

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

Code	Description

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

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 _____

b Deferral of earnings of controlled foreign corporations _____

c Deferral of IC-DISC income _____

d FSC exempt foreign trade income _____

e Foreign trade income qualifying for the extraterritorial income exclusion _____

**Please
Sign
Here**

Under penalties of perjury, I 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 _____ Date _____ Title _____

- 7a** 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** If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?
- c** Do you own any stock of an IC-DISC? Yes No
- d** Do you claim any foreign tax credit? Yes No
- e** 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)? Yes No
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?
- f** 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)? Yes No
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?
- g** Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)? Yes No
- h** Are you a partner in a partnership that has reportable operations under section 999(a)? Yes No
- i** Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)? Yes No
- j** Are you excluding extraterritorial income (defined in section 114(e), as in effect before its repeal) from gross income? Yes No

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

- 8 Boycott of Israel** - 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 **Boycotting Countries** 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

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 LEBANON	26-1409007	611000	EDUC SVCS PROVIDED BY 501 (C) 3	
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

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).