

Return of Organization Exempt From Income Tax

PUBLIC DISCLOSURE COPY

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

Part I Summary: C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile, VA

Part II Signature Block

Table with columns: Revenue (8-12), Expenses (13-19), Net Assets or Fund Balances (20-22). Rows include: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Total fundraising expenses, Professional fundraising fees, Salaries, other compensation, employee benefits, Grants and similar amounts paid, Benefits paid to or for members, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

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 (MARSHA ELLIS, TREASURER/DIRECTOR), Date (11/15/17), Preparer's name (LEESA J. E. OWEN, CPA), Preparer's address (3901 NATIONAL DRIVE SUITE 260, BURTONSVILLE, MD 20866-1189), Preparer's signature, Date (11-15-17), Check self-employed, PTIN (P00120725), Firm's EIN (52-1249777), Firm's address (3901 NATIONAL DRIVE SUITE 260, BURTONSVILLE, MD 20866-1189), Phone no. (301-421-1330), No. (X) 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

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 No

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

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 \$) 114,194. (Revenue \$)

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 \$) 100,914. (Revenue \$) 11,741.

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.

4c (Code:) (Expenses \$) 277,160. (Revenue \$) 225,000.

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 NABAH 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 \$) 3,239. (Revenue \$)

4e Total program service expenses 495,507.

SEE SCHEDULE O FOR CONTINUATION(S)

20a	<input checked="" type="checkbox"/>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
b	<input checked="" type="checkbox"/>	To line 20a, did the organization attach a copy of its audited financial statements to this return?
21	<input checked="" type="checkbox"/>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
22	<input checked="" type="checkbox"/>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23	<input checked="" type="checkbox"/>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
24a	<input checked="" type="checkbox"/>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
b	<input checked="" type="checkbox"/>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a	<input checked="" type="checkbox"/>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b	<input checked="" type="checkbox"/>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
26	<input checked="" type="checkbox"/>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II
27	<input checked="" type="checkbox"/>	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 or any of these persons? If "Yes," complete Schedule L, Part III
28	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b	<input checked="" type="checkbox"/>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
c	<input checked="" type="checkbox"/>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
29	<input checked="" type="checkbox"/>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	<input checked="" type="checkbox"/>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
31	<input checked="" type="checkbox"/>	Did the organization liquidate, terminate, or dissolve and cease operations?
31	<input checked="" type="checkbox"/>	If "Yes," complete Schedule N, Part I
32	<input checked="" type="checkbox"/>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
33	<input checked="" type="checkbox"/>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
34	<input checked="" type="checkbox"/>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
35a	<input checked="" type="checkbox"/>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b	<input checked="" type="checkbox"/>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36	<input checked="" type="checkbox"/>	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
37	<input checked="" type="checkbox"/>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38	<input checked="" type="checkbox"/>	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

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	4
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3
		b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	
		4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
		b If "Yes," enter the name of the foreign country: OTHER COUNTRY			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
		6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
		7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
		b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
		d If "Yes," indicate the number of Forms 8282 filed during the year		7d	
		e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
		g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
		8 Sponsoring organizations maintaining donor advised funds. a Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
		b Did the sponsoring organization make any taxable distributions under section 4966?		8a	
		b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		8b	
		10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		10a	
		b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
		11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders		11a	
		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
		b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	
		13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?		13a	
		b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
		c Enter the amount of reserves on hand		13c	
		14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Section A. Governing Body and Management Check if Schedule O contains a response or note to any line in this Part VI

1a	Enter the number of voting members of the governing body at the end of the tax year	5	1a	
b	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.	5	1b	
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?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?			<input checked="" type="checkbox"/>
8a				<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?			<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>
9				<input checked="" type="checkbox"/>

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

10a	Did the organization have local chapters, branches, or affiliates?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?			<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?			<input checked="" type="checkbox"/>
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			<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
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?			
16b				<input checked="" type="checkbox"/>

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, address, and telephone number of the person who possesses the organization's books and records: **MARSHA ELIIS - 703-893-9445**

1356 BEVERLY ROAD, SUITE 200, MCLAN, 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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 (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) HANI MASRI PRES/EXEC DIRECTOR	35.00	X		X			0.	0.	
(2) MARSHA L. ELLIS TREASURER/DIRECTOR	25.00	X		X			0.	0.	
(3) KEN FREELING SECRETARY/DIRECTOR	20.00	X		X			0.	0.	
(4) SAMIA FARUKI DIRECTOR	5.00	X					0.	0.	
(5) SABIH MASRI CHAIRMAN OF THE BOARD	3.00	X		X			0.	0.	
(6) ABDUL HUDA FARUKI DIRECTOR	3.00	X					0.	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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	600,641.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		600,641.				
	Program Service Revenue			Business Code				
2 a							
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)		152.		152.		
	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				
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					
		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					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	FOREIGN X-RATE GAIN	900099	15,006.			15,006.		
b							
c							
d	All other revenue							
e	Total. Add lines 11a-11d		15,006.					
12	Total revenue. See instructions.		615,799.	0.	0.	15,158.		

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 X

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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	11,741.	11,741.		
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	183,428.	177,247.	6,181.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,314.	9,314.		
10	Payroll taxes	1,786.	1,786.		
11	Fees for services (non-employees):				
a	Management				
b	Legal	6,401.		6,401.	
c	Accounting	15,339.		15,339.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 1g amount exceeds 10% of line 25, column (A) amount, list line 1g expenses on Sch O.)	22,694.	19,187.	3,507.	
12	Advertising and promotion	3,366.	3,366.		
13	Office expenses	4,115.	1,617.	2,498.	
14	Information technology	7,908.	4,898.	3,010.	
15	Royalties				
16	Occupancy	25,992.		25,992.	
17	Travel	15,644.	15,468.	176.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,140.	2,021.	119.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,369.		13,369.	
23	Insurance	1,930.	1,227.	703.	
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	108,041.	107,693.	348.	
b	PROFESSIONAL TRAINING	45,277.	45,277.		
c	FOOD FOR CLASSES	24,969.	24,969.		
d	VOLUNTEER STIPENDS	14,193.	14,193.		
e	All other expenses SEE SCH O	58,271.	55,503.	2,768.	
25	Total functional expenses. Add lines 1 through 24e	575,918.	495,507.	80,411.	
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 <input type="checkbox"/> 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
1	Cash - non-interest-bearing	145,777.	62,519.
2	Savings and temporary cash investments		84,811.
3	Pledges and grants receivable, net	78,783.	134,914.
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
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		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	143,197.	
b	Less: accumulated depreciation	125,144.	
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	3,059.	3,059.
16	Total assets. Add lines 1 through 15 (must equal line 34)	253,282.	303,356.
17	Accounts payable and accrued expenses	2,307.	
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.		
23	Complete Part II of Schedule L		
24	Secured mortgages and notes payable to unrelated third parties		
25	Unsecured notes and loans payable to unrelated third parties		
26	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		
27	Total liabilities. Add lines 17 through 25	2,307.	12,500.
28	Unrestricted net assets	87,343.	155,942.
29	Temporarily restricted net assets	163,632.	134,914.
30	Permanently restricted net assets		
31	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
32	Capital stock or trust principal, or current funds		
33	Paid-in or capital surplus, or land, building, or equipment fund		
34	Retained earnings, endowment, accumulated income, or other funds		
35	Total net assets or fund balances	250,975.	290,856.
36	Total liabilities and net assets/fund balances	253,282.	303,356.

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	928,191.	537,931.	427,525.	512,035.	600,641.	3,006,323.
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	928,191.	537,931.	427,525.	512,035.	600,641.	3,006,323.
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 1.						
6 Public support. Subtract line 5 from line 4.	928,191.	537,931.	427,525.	512,035.	600,641.	3,006,323.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	928,191.	537,931.	427,525.	512,035.	600,641.	3,006,323.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	414.	260.	144.	158.	152.	1,128.
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 VI.)						
11 Total support. Add lines 7 through 10	928,191.	537,931.	427,525.	512,035.	600,641.	3,006,323.
12 Gross receipts from related activities, etc. (see instructions)						
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	47.07 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	45.14 %

16a 33 1/3% support test - 2016. 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

16a 33 1/3% support test - 2016. 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

b 33 1/3% support test - 2015. If the organization did not check the 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

b 33 1/3% support test - 2015. If the organization did not check the 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

17a 10%-facts-and-circumstances test - 2016. If the organization did not check the 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2016. If the organization did not check the 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2015. If the organization did not check the 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test - 2015. If the organization did not check the 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						
Total Support						

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9						
10a						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11		Has the organization accepted a gift or contribution from any of the following persons?
a		A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)
b		A family member of a person described in (a) above?
c		A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.
11a	Yes	
11b	Yes	
11c	Yes	

Section B. Type I Supporting Organizations

1		Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
1	Yes	
2	Yes	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
2	Yes	

Section C. Type II Supporting Organizations

1		Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
1	Yes	

Section D. All Type III Supporting Organizations

1		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
1	Yes	
2	Yes	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
2	Yes	
3	Yes	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.
3	Yes	

Section E. Type III Functionally Integrated Supporting Organizations

1		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a		The organization satisfied the Activities Test. Complete line 2 below.
b		The organization is the parent of each of its supported organizations. Complete line 3 below.
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
2	Yes	Activities Test. Answer (a) and (b) below.
a	Yes	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b	Yes	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3	Yes	Parent of Supported Organizations. Answer (a) and (b) below.
a	Yes	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
b	Yes	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a	Yes	
2b	Yes	
3a	Yes	
3b	Yes	

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	
2	Recoveries of prior-year distributions	
3	Other gross income (see instructions)	
4	Add lines 1 through 3	
5	Depreciation and depletion	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	
7	Other expenses (see instructions)	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	
a	Average monthly value of securities	
b	Average monthly cash balances	
c	Fair market value of other non-exempt-use assets	
d	Total (add lines 1a, 1b, and 1c)	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	
2	Acquisition indebtedness applicable to non-exempt-use assets	
3	Subtract line 2 from line 1d	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	
6	Multiply line 5 by .035	
7	Recoveries of prior-year distributions	
8	Minimum Asset Amount (add line 7 to line 6)	

Section C - Distributable Amount

	(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	
2	Enter 85% of line 1	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	
4	Enter greater of line 2 or line 3	
5	Income tax imposed in prior year	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		Excess Distributions (i)	Underdistributions Pre-2016 (ii)	Distributable Amount for 2016 (iii)
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-able cause required - explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
	\$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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) (2016)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). But it **must** answer "No" on Part IV, line 2, or 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. **\$**

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

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.

Special Rules

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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

- Filers of:** Section: 501(c) (3) (enter number) organization Form 990 or 990-EZ
- 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

Organization type (check one):

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

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.

2016

OMB No. 1545-0047

Name of organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number
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		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 52,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: TOMORROW'S YOUTH ORGANIZATION
 Employer identification number: 26-149007

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		\$ 48,641.	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.)
			Person <input 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.)
			Person <input 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.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TOMORROW'S YOUTH ORGANIZATION

26-149007

Employer identification number

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

TOMORROW'S YOUTH ORGANIZATION

26-1409007

Employer identification number

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.)

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

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

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

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

TOMORROW'S YOUTH ORGANIZATION

Employer identification number 26-149007

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047 2016 Open to Public Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows for Total number at end of year, Aggregate value of contributions, Aggregate value of grants, Aggregate value at end of year.

6 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

4 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(iii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, (iii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Schedule D (Form 990) 2016

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

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

Part X Other Liabilities. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Complete if the organization answered "Yes" on 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 IX Other Assets. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Complete if the organization answered "Yes" on 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 VIII Investments - Program Related. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Complete if the organization answered "Yes" on 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 VII Investments - Other Securities.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
MIDDLE EAST	1	19	PROGRAM SERVICE YOUTH DEVELOPMENT & ADVANCING WOMEN IN PALESTINE	YOUTH CENTER & WOMEN'S EMPOWERMENT TRAINING. SEE FORM 990 PART III FOR FURTHER DESCRIPTION.	514,174.

3 a Sub-total	1	19			514,174.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	19			514,174.

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

Schedule F (Form 990) 2016

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	FOSTERING WOMEN-LED MICRO AND SMALL ENTERPRISES IN MARGINALIZED AREAS	11,741.	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 ▶▶

3 Enter total number of other organizations or entities ▶▶

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 separately 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; do not file with Form 990) 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 separately file Form 5713, International Boycott Report (see instructions for Form 5713; do not file with Form 990) Yes No

EMPOWERMENT TRAINING. SEE FORM 990 PART III FOR FURTHER DESCRIPTION.

(E) SPECIFIC TYPES OF SERVICES IN REGION: YOUTH CENTER & WOMEN'S

REGION: MIDDLE EAST

PART I, LINE 3, COLUMN (E)

REQUEST TO TYO US FOR PAYMENT.

AND SPECIFIC PROGRAM DIRECTOR. ONCE APPROVED TYO NABLUS SUBMITS TRANSFER

REPORTS FOR REVIEW BY THE TYO NABLUS DIRECTOR, THE OUTREACH COORDINATOR,

TYO US AS GRANTOR REQUIRES GRANTEE TO SUBMIT BUDGET AND MONITORING

PART I, LINE 2:

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. See instructions.

Part V Supplemental Information

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

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.

<p>OMB No. 1545-0047</p> <p>2016</p> <p>Open to Public Inspection</p>	<p>SUPPLEMENTAL INFORMATION TO FORM 990 OR 990-EZ</p> <p>Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</p> <p>▶ Attach to Form 990 or 990-EZ.</p> <p>▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</p>	<p>SCHEDULE O</p> <p>(Form 990 or 990-EZ)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Name of the organization</p> <p>TOMORROW'S YOUTH ORGANIZATION</p> <p>Employer identification number</p> <p>26-149007</p>
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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, SUCCESSSES 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

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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. FURTHER 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

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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.

THE COMMITTEES OF THE BOARD OF DIRECTORS DO NOT HAVE THE AUTHORITY TO ACT

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

PARTNERS, L.P., AND MARSHA ELLIS OWNS 1%.

THE SECRETARY AND TREASURER; AND (3) HANI MASRI OWNS 99% OF STONEHOUSE

PRESIDENT OF M2 INVESTORS, INC., A CORPORATION FOR WHICH MARSHA ELLIS IS

MARSHA ELLIS AS A FULLTIME OFFICE MANAGER; AND (2) HANI MASRI IS THE

HANI MASRI IS THE PRESIDENT OF THE CAPITAL CORPORATION, WHICH EMPLOYS

RELATIONSHIPS WITH MARSHA ELLIS, THE TREASURER AND A DIRECTOR OF TYO: (1)

HANI MASRI, THE PRESIDENT AND A DIRECTOR OF TYO, HAS THE FOLLOWING BUSINESS

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

EXPENSES \$ 3,239. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ACTIVITIES.

DRAMA, ART, COMMUNITY ENGLISH CLASSES AND WEEKEND RECREATIONAL

TEACHING METHODS. INTERN PROGRAMS MAY INCLUDE CLASSES IN SPORTS,

OF THEIR PARTICIPANTS AND THE EFFECTIVENESS OF VARIOUS ACTIVITIES AND

CREATIVE CURRICULA THROUGHOUT THE SESSION AND MONITORS THE DEVELOPMENT

THE NABLUS COMMUNITY. EACH INTERN DEVELOPS AND IMPLEMENTS THEIR OWN

YOUTH, AND ADULTS FROM REFUGEE CAMPS AND OTHER MARGINALIZED AREAS OF

INTERNATIONAL STAFF. INTERNS CREATE ENRICHMENT CLASSES FOR CHILDREN,

FULL-TIME FOR 10-12 WEEK SESSIONS IN COOPERATION WITH TYO LOCAL AND

COMMUNITY. IN 2011, TYO HOSTED INTERNATIONAL INTERNS WHO WORKED

BACKGROUNDS, BUT ALL BRING SOMETHING UNIQUE TO SHARE WITH THE NABLUS

TYO NABLUS CENTER. INTERNS COME FROM DIVERSE ACADEMIC AND PROFESSIONAL

QUALIFIED AMERICAN AND INTERNATIONAL INTERNS TO WORK AND LIVE AT THE

INTERNATIONAL INTERN PROGRAM: EACH SEMESTER TYO RECRUITS HIGHLY

TOMORROW'S YOUTH ORGANIZATION

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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 11B:

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 THEIR 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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

UTILITIES:

PROGRAM SERVICE EXPENSES

13,005.

MANAGEMENT AND GENERAL EXPENSES

0.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

13,005.

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

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TELEPHONE:

PROGRAM SERVICE EXPENSES

10,090.

MANAGEMENT AND GENERAL EXPENSES

841.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

10,931.

CENTER SUPPLIES:

PROGRAM SERVICE EXPENSES

10,799.

MANAGEMENT AND GENERAL EXPENSES

0.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

10,799.

REPAIRS AND MAINTENANCE:

PROGRAM SERVICE EXPENSES

9,846.

MANAGEMENT AND GENERAL EXPENSES

314.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

10,160.

CLASS SUPPLIES:

PROGRAM SERVICE EXPENSES

7,999.

MANAGEMENT AND GENERAL EXPENSES

0.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

7,999.

STUDENT FEES AND ADMISSIONS:

PROGRAM SERVICE EXPENSES

2,844.

MANAGEMENT AND GENERAL EXPENSES

0.

Name of the organization

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FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

2,844.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES

0.

MANAGEMENT AND GENERAL EXPENSES

1,033.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

1,033.

LICENSES AND PERMITS:

PROGRAM SERVICE EXPENSES

403.

MANAGEMENT AND GENERAL EXPENSES

497.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

900.

CASUAL LABOR:

PROGRAM SERVICE EXPENSES

517.

MANAGEMENT AND GENERAL EXPENSES

0.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

517.

PENALTIES:

PROGRAM SERVICE EXPENSES

0.

MANAGEMENT AND GENERAL EXPENSES

56.

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

56.

TAXES - OTHER:

632212 08-25-16

44

Schedule O (Form 990 or 990-EZ) (2016)

12551115 759586 373

2016.05000 TOMORROW'S YOUTH ORGANIZATION 373

1

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

OMB No. 1545-1709

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

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 (other than individual)	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

- 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 and attach a list with the names and EINs of all members the extension is for.
- I request an automatic 6-month extension of time until NOVEMBER 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 2016 or
 - ▶ tax year beginning _____, and ending _____, and

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 Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. **3a** \$ 0.

b If this application is for Forms 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. **3b** \$ 0.

c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **3c** \$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
 INTERNAL REVENUE SERVICE CENTER
 OGDEN, UT 84201-0045

CM# 7016 2140 0001 0635 3445