Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
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** PUBLIC DISCLOSURE COPY **

Form **990**

B Check if applicable:

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

D Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

C Name of organization

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning

and ending

	_Addre _chang _Name _chang	S TOMORROW'S YOUTH ORGANIZATION			
	409007				
	∏lnitial □return □Fiṇal	Number and street (or P.O. box if mail is not delivered to street address) 1356 BEVERLY ROAD	Room/suite 200	E Telephone numbe	r 893-9445
	∟return. termin		200		154,105.
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code MCLEAN, VA 22101-3862		G Gross receipts \$	_
H	_lreturn		H(a) Is this a group re		
	Application pendi			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		te: WWW.TOMORROWSYOUTH.ORG	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: ZUU/ N	1 State of legal domicile: VA
Pä	rt I	Summary	DDOM'	VOITEL ODGA	NIT IZ A MIT ONI
9	1	Briefly describe the organization's mission or most significant activities: TOMO	AMED TO	AN ODGANICA	MIZATION
Activities & Governance		(TYO) IS A NON-PROFIT, NON-GOVERNMENTAL			
ēr		Check this box if the organization discontinued its operations or dispo		ı	ssets.
်				3	<u>ם</u>
۵		Number of independent voting members of the governing body (Part VI, line 1b)			5
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
Ĭ		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		3,667,969.	153,613.
en		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,090.	492.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,669,059.	154,105.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		190,277.	254,815.
ŠUŚ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	47.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,041.	604,421.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		423,318.	859,236.
		Revenue less expenses. Subtract line 18 from line 12		3,245,741.	-705,131.
or Ices			Ве	ginning of Current Year	End of Year
U) _		Total assets (Part X, line 16)		3,549,457.	2,951,488.
t As	21	Total liabilities (Part X, line 26)		12,860.	120,022.
<u> </u>	22	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,536,597.	2,831,466.
	ırt II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sigı	า	Signature of officer		Date	
Her	е	MARSHA ELLIS, TREASURER/DIRECTOR			
		Type or print name and title		Oata I	I DTIN
_		Print/Type preparer's name Preparer's signature	ا	Date Check C	PTIN
Paid -		LEESA J.E. OWEN, CPA		self-employ	
	arer	Firm's name CHAPIN, OWEN & ASSOCIATES, P.A.		Firm's EIN ▶	52-1249777
Use	Only	Firm's address 3901 NATIONAL DRIVE SUITE 260			4 404 4000
		BURTONSVILLE, MD 20866-1189		Phone no. 30	1-421-1330
May	the II	RS discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No
8320	01 12-3	11-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ions.		Form 990 (2018)

Form	1 990 (2018) TOMORROW'S YOUTH ORGANIZATION	26-1409007	Page 2
Par	rt 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, NO		
	AMERICAN ORGANIZATION THAT IS WORKING TO DEVELOP COMMU		IN
	THE MIDDLE EAST SERVING CHILDREN, YOUTH AND THEIR FAMIL		
	CENTERS WILL PROVIDE NON-FORMAL EDUCATIONAL ACTIVITIES	AND CULTURAL	Ì
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	LA_ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	\	X No
3	If "Yes," describe these changes on Schedule O.	s: L_1es	LZI INO
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	2
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.	aroro, trio total experiedo,	una
4a	(Code:) (Expenses \$ 5 , 212 • including grants of \$) (Rev	enue \$	
	CORE CHILD PROGRAM - NABLUS CENTER: THE TYO CORE CHILD		RS
	NON-FORMAL EDUCATION ACTIVITIES IN ART, HEALTH, IT, MUS	SIC, ENGLISH	AND
	SPORT FOR 4-8 YEAR OLD CHILDREN FROM THE MOST DISADVAN'	TAGED AREAS O	F
	NABLUS, WEST BANK (THREE REFUGEE CAMPS, OLD CITY AND KI		
	FULL-TIME TYO TEACHERS DEVELOP THE CURRICULA WITH INPUT		SITY
	PROFESSORS, AND A CERTIFIED FAMILY THERAPIST. ALL ACTIV		
	DESIGNED TO TEACH CHILDREN SELF-EXPRESSION, PRACTICAL	•	
	COPING STRATEGIES IN A SAFE ENVIRONMENT. YOUTH VOLUNTED		
	TO SUPPORT TEACHERS IN THE CLASSROOM, PROVIDING POSITIVE TOOL THE VOLUME CHAIR PROPERTY OF THE PROPERTY OF T		1S
	FOR THE YOUNG CHILDREN. MORE CENTERS ARE BEING PLANNED DISADVANTAGED AREAS OF THE MIDDLE EAST.	FOR OTHER	
	DISADVANIAGED AREAS OF THE MIDDLE EAST.		
4h	(Code: \(\(\)\(\)\(\)\(\)\(\)\(\)\(\)\	enue \$	
4b	(Code:) (Expenses \$ 207 • including grants of \$ 0 •) (Rev	enue \$	
4b			P
4b	WOMEN'S EMPOWERMENT:	IAL LEADERSHI	
4b	WOMEN'S EMPOWERMENT: BECAUSE OF THEIR CENTRAL ROLE IN THE FAMILY AND POTENT: FOR COMMUNITY CHANGE, WOMAN ARE A CRUCIAL TARGET FOR TY	IAL LEADERSHI	Ε,
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Form **990** (2018)

832002 12-31-18

Form 990 (2018) TOMORROW'S YOUTH ORGANIZATION 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)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		22
′	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	40-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b		110		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{L\Delta}$

832003 12-31-18

	990 (2018) TOMORROW'S YOUTH ORGANIZATION 26-1409	9007	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			۱
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
55	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
_	Note. All Form 990 filers are required to complete Schedule O	30		ш

Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		

832004 12-31-18

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).			Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		21
c 6a		30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ju		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 The the ground of ground and health plans			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14b		- 11
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			
	, , , , , , , , , , , , , , , , , , , ,	Form	990	(2018

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				X
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	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	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?	*	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,			
12a	Did the supplied in the supplied of interest and in O. If IIA and a line 10		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
_	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13		Х
14	Did the organization have a written document retention and destruction policy?		14		Х
 15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	•••••	.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
iou	taxable entity during the year?		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		100		
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 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section 501(c)(3)s only) availa	ahle
	for public inspection. Indicate how you made these available. Check all that apply.	555 1 (55511511 551(5)(Jo only	, uvalle	
		n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd finan	cial	
IJ	statements available to the public during the tax year.	ormot or interest policy, al	iu iiilali	cial	
20	State the name, address, and telephone number of the person who possesses the organization's be	noke and records			
20	MARSHA ELLIS - 703-893-9445	DONS ATTO TECOTOS -			
	1356 BEVERLY ROAD, SUITE 200, MCLEAN, VA 22101				
	1000 DEVEREE ROLL, DOTTE 200, HOLLERY, VA 22101				

832006 12-31-18

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

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

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

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

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

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

(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HANI MASRI	35.00								0	0
PRES/EXEC DIRECTOR	05 00	Х		Х				0.	0.	0.
(2) MARSHA L. ELLIS	25.00	x		x				0.	0.	0.
TREASURER/DIRECTOR (3) SAMIA FAROUKI	5.00	^		^				0.	0.	0.
	3.00	x		x				0.	0.	0.
SECRETARY/DIRECTOR (4) SABIH MASRI	3.00	^		^				0.	0.	<u> </u>
CHAIRMAN OF THE BOARD	3.00	Х		x				0.	0.	0.
(5) ABDUL HUDA FAROUKI	3.00							0.	0.	
DIRECTOR	3.00	х						0.	0.	0.
								-		

Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average Position (do not check more than or box, unless person is both							Reportable	Reportable		Estimat	
	week					or/trus		compensation from	compensation from related		amount other	
	(list any	ctor						the	organizations	0	ompens	
	hours for	or dire	gg.			ated		organization	(W-2/1099-MISC)	- 1	from th	
	related organizations	rustee	Truste		e e	ubeus		(W-2/1099-MISC)			organiza and rela	
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	est cor	er			(organizat	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form					
										_		
dh. Cub Astal							Ļ	0.		١.		0.
1b Sub-total c Total from continuation sheets to Part V								0.				0.
d Total (add lines 1b and 1c)								0.				0.
2 Total number of individuals (including but r								eceived more than \$100	0,000 of reportable	<u> </u>		
compensation from the organization											Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		100	
line 1a? If "Yes," complete Schedule J for s										. 上:	3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•							•	•		4	Х
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J t	for s	uch	pers	son .					5	X
Complete this table for your five highest or	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100.000 of compe	nsati	on from	
the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·			
(A) Name and business	address	NT/	INC					(B) Description of s	envices	Con	(C) npensatio	n
ivalile allu busilless	address	1//)INI	<u> </u>				Description of s	el vices	COII	iperisatio	
							_					
2 Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organ	zation >					0					QQA	(0010)

832008 12-31-18

Pai		ш	Check if Schedule O conta		nse	or note to anv lin	e 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
nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
ts, (С	Fundraising events	1c						
la git		d	Related organizations	1d						
ıs,		е	Government grants (contribution	ons) 1e						
e Ei		f	All other contributions, gifts, grant	s, and						
真			similar amounts not included above	/e 1f		153,613.				
da		g	Noncash contributions included in lines	1a-1f: \$						
<u>a</u> 0		h	Total. Add lines 1a-1f			>	153,613.			
						Business Code				
ice		а								
er.		b								
m S		С								
gra		d								
Program Service Revenue		e	All ather are are a continuous							
_		T ~	All other program service rever							
\rightarrow	3		Total. Add lines 2a-2f							
	3		other similar amounts)	,		´	492.			492.
	4		Income from investment of tax							
	5		Royalties		-					
	_		,	(i) Real		(ii) Personal				
	6	а	Gross rents	(7 : : : : :		(1)				
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)							
		d	Net gain or (loss)			>				
Other Revenue	8	а	Gross income from fundraising including \$, ,	ot					
Sev.			contributions reported on line	1c). See						
er F			Part IV, line 18							
O#		b	Less: direct expenses		. b					
			Net income or (loss) from fund			>				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		S					
	10	а	Gross sales of inventory, less i							
			and allowances							
			Less: cost of goods sold							
ŀ		С	Net income or (loss) from sales							
-	11	2	Miscellaneous Revenue	5		Business Code				
	• •	a b			—					
		C			_					
			All other revenue		_					
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				154,105.	0.	0.	492.

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).

3601	on 501(c)(3) and 501(c)(4) organizations must com	·			X
	Check if Schedule O contains a resport include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	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				
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)	254,815.	244 017	0 000	
7	Other salaries and wages	454,015.	244,917.	9,898.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
_	Management	16,220.	771.	15,449.	
b	Legal	10,220.	7710	10,676.	
	Accounting	10,070.		10,070	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	82,892.	82,892.		
12	Advertising and promotion	15,117.	14,844.	273.	
13	Office expenses	- ,	, -	-	
14	Information technology	10,656.	6,658.	3,998.	
15	Royalties	,			
16	Occupancy	19,215.		19,215.	
17	Travel	24,939.	2,042.	22,897.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,719.	14,022.	4,697.	
23	Insurance	3,888.		3,888.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSPORT. FOR CLASSES	119,865.	113,411.	6,454.	0.
b	END OF SERVICE EXPENSES	99,404.	0.	99,404.	0.
С	GAIN (LOSS) ON FOREIGN	52,626.	0.	52,626.	0.
d	CASUAL LABOR	20,631.	20,368.	263.	0.
е	All other expenses SEE SCH O	109,573.	86,905.	21,821.	847.
25	Total functional expenses. Add lines 1 through 24e	859,236.	586,830.	271,559.	847.
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)				
	0 10 01 10				Earm 990 (2019)

Form 990 (2018) Part X Balance Sheet

Pal	IL A	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	222,914.	1	48,535.		
	2	Savings and temporary cash investments	394,195.	2	827,058.		
	3	Pledges and grants receivable, net			2,821,346.	3	1,884,093.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer o	fficers, directors,			
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	9,520.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	362,746.			
	b	Less: accumulated depreciation	10b	183,523.	11,731.	10c	179,223.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			99,271.	15	3,059.
	16	Total assets. Add lines 1 through 15 (must equa	II	3,549,457.	16	2,951,488.	
	17	Accounts payable and accrued expenses	250.	17	107,072.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iab		Complete Part II of Schedule L			12,500.	22	12,500.
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D		<u> </u>	110.	25	450.
	26				12,860.	26	120,022.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			44 060		150 600
anc	27	Unrestricted net assets			44,860.	27	-178,633.
Fund Balances	28	Temporarily restricted net assets			3,491,737.	28	3,010,099.
pu	29					29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶Ш			
ģ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		L		30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		—	2 526 525	32	0.001.155
~	33	Total net assets or fund balances			3,536,597.	33	2,831,466.
	34	Total liabilities and net assets/fund balances			3,549,457.	34	2,951,488.

Pa	rt 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			05.
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	-70		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				97.
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 2	83,	1,4	66.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

26-1409007

TOMORROW'S YOUTH ORGANIZATION

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 12, check only one box.)

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,,=-,,	,,==,=	,,==:-	. ,	,,==,-	,,
	membership fees received. (Do not						
	include any "unusual grants.")	427,525.	512,035.	600,641.	96,769.	40,721.	1,677,691.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	427,525.	512,035.	600,641.	96,769.	40,721.	1,677,691.
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)						1,091,522. 586,169.
6	Public support. Subtract line 5 from line 4.						586,169.
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014 427, 525.	(b) 2015 512,035.	(c) 2016	(d) 2017 96, 769.	(e) 2018	(f) Total
7	Amounts from line 4	427,525.	512,035.	600,641.	96,769.	40,721.	1,677,691.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	144.	158.	152.	1,090.	492.	2,036.
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.)			15,006.			15,006.
11	Total support. Add lines 7 through 10						1,694,733.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ						24 50
	Public support percentage for 2018 (I					14	34.59 % 39.44 %
	Public support percentage from 2017					15	
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. 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						
17a	17a 10% -facts-and-circumstances test - 2018. 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 "fac		•	•		•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						\
18	Private foundation. If the organization	n dia not check a	box on line 13, 16a	a, 160, 1/a, or 1/b			
	Schedule A (Form 990 or 990-EZ) 2018						

832022 10-11-18

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) rotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	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						
12	assets (Explain in Part VI.)						+
	First five years. If the Form 990 is for	the ergenization's	first seemd this	d fourth or fifth t	av voor op a poetie	F01(a)(2) arga	nization
'-		-			•		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2018 (li			column (f))		15	%
						16	
	Public support percentage from 2017 ction D. Computation of Inves					101	
	•			no 12 column (fl)		17	04
	Investment income percentage for 20					 	<u>%</u>
	Investment income percentage from 2					18	% 0.17 is not
198	33 1/3% support tests - 2018. If the						e i / is not
	more than 33 1/3%, check this box ar						PL
k	33 1/3% support tests - 2017. If the						
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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

- 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 (as 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.)

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Yes No	Pa	rt IV Supporting Organizations (continued)			igo c
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either allows or allowed in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (g) above? 11		Continued		Yes	No
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how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b 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. 2b Parent of Supported Organizations. Answer (a) and (b) below. a 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. 3a					
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reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a 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. 3a	a				
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a 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. 3a	•	•	20		
trustees of each of the supported organizations? Provide details in Part VI.					
	a		20		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	h		od		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	J		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt v Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	ns	
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	n the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART VI LIST OF UNUSUAL GRANTS RECEIVED
BASED ON THE FACTORS SET FORTH UNDER REGS 1-509(A) - 3(C)4, THE
ORGANIZATION RECEIVED AN UNUSUAL GRANT DURING 2017. FOR 2018 THE
REVENUE RECOGNIZED FOR THIS GRANT IS \$112,893.

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization Employer identification number

TOMORROW'S YOUTH ORGANIZATION 26-1409007 Organization type (check one): Filers of: Section: X = 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 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, 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. Special Rules 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. 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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

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, 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 ______ 🕨 \$ _

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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) (2018)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,720.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>112,893.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(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., 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.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number 26-1409007

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring			
_						
Pai			rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e		cally important land area			
	Protection of natural habitat	Preservation of a certified	ed historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		···· 			
u	listed in the National Register		I I			
3	Number of conservation easements modified, transferred, re					
Ü	year	icasca, extinguished, or terminated by the o	rganization during the tax			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for			
_	conservation easements.					
Pai	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS					
	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		· · · · · · · · · · · · · · · · · · ·			
0	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tree	-	airi, provide			
~	the following amounts required to be reported under SFAS 1		> \$			
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018			

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tr	easures, d	or Othe	er Simila	ar Asse	ts (continu	ıed)	
3	Using the organization's acquisition, accession	n, and other record	s, check a	ny of the	following tha	at are a si	gnificant ι	use of its	collection	item	S
	(check all that apply):										
а	Public exhibition	d	☐ Lo	an or exc	hange progra	ams					
b	Scholarly research	е	Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they	further t	he organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, histo	orical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's co	ollection?				Yes		<u> No</u>
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ntribution	ns or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	ole:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for esc	crow or c	ustodial acco	ount liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Y	es" on Fo	orm 990, Part	t IV, line 1	0.				
		(a) Current year	(b) Pric	r year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	/ears	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held a	ınd administe	ered for th	ne organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
Do:	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pal	rt VI Land, Buildings, and Equipme						l: 40				
	Complete if the organization answered	1	 		1						
	Description of property	(a) Cost or of basis (investn			or other (other)		ccumulate preciation	d	(d) Book	value	∋
1a	Land										
b	Buildings										
С	Leasehold improvements				2,019.			51.			68.
d	Equipment			35	2,587.	1	74,63		177	, 9	
	Other				8,140.		8,14	10.			0.
Tota	I. Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part	X, column	(B), line 1	10c.)				179	, 2	<u>23.</u>

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 I OMORROW S I	TOUTH ORGA	NIZATION	20-1409007 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(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" or			
(a) Description of investment	(b) Book value	(c) Method of valua	ation: 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" of	on Form 990, Part IV	/, line 11d. See Form 990, Pai	rt X, line 15.
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11e or 11f See Form 90	90 Part X line 25
1. (a) Description of liability	711 01111 000, 1 art 1	(b) Book value	50, Fait A, III C 20.
(1) Federal income taxes		. ,	
(2) EMPLOYEE TAXES PAYABLE		450.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	450.	
2. Liability for uncertain tax positions. In Part XIII, provide to	the text of the footn	ote to the organization's final	ncial statements that reports the
organization's liability for uncertain tax positions under l	FIN 48 (ASC 740). C	Check here if the text of the fo	ootnote has been provided in Part XIII
· · · · · · · · · · · · · · · · · · ·			

832053 10-29-18

Pa	rt XI Reconciliation of Revenue per	Audited Financial Statements Witl	h Revenue per Return) .
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per au-	dited financial statements	1	
2	Amounts included on line 1 but not on Form 99	90, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 1			
а	Investment expenses not included on Form 99	0, Part VIII, line 7b4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must e			
Pa	rt XII Reconciliation of Expenses pe	er Audited Financial Statements Wi	th Expenses per Retu	rn.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financia	l statements	1	
2	Amounts included on line 1 but not on Form 99	00, Part IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25			
а	Investment expenses not included on Form 90	0, Part VIII, line 7b		
ч	i investinent expenses not included on Form 33	, , , , , , , , , , , , , , , , , , , ,		
b				
b	Other (Describe in Part XIII.)		4c	
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must</i>	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.)	5	
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
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b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
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b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
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b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information. Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

ron	MORROW'S YOUT	H ORGANT	ZATION			26-140900	7
Pa				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	istance?	Yes L No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
3	Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is i	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, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
				PROGRAM SERVICE	YOUTH CENTE	R & WOMEN'S	
				YOUTH DEVELOPMENT &	EMPOWERMENT	TRAINING.	
				ADVANCING WOMEN IN	SEE FORM 99	0 PART III	
IIDI	DLE EAST	1	25	PALESTINE	FOR FURTHER	DESCRIPTION.	572,809.
							F=
	Subtotal	1	25				572,809.
b	Total from continuation	_	^				_
	sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	25				572,809.
	a						= , : : - •

 $\label{eq:LHA} \mbox{ Harden For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$

Schedule F (Form 990) 2018

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, FM\ appraisal, other)

3 Enter total number of other organizations or entities

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

Page 4

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	X 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; don't file with Form 990)	Yes	X 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	X 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	X 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	X 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; don't file with Form 990)	X Yes	□ No

Schedule F (Form 990) 2018

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		S YOUTH						<u> </u>	±090	0 /		
Part I Excess Bene	efit Transac	tions (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	1(c)(29) organi	zations	only).				
Complete if the c	organization an	swered "Yes" on	Form	990, Pa	art IV, line 25a or 25b	o, or Form 990-	EZ, Par	t V, line 4	0b.			
1,,,,	(b)	Relationship bet	ween	disqua	lified ,					(d) Corrected?		
(a) Name of disqualified p	person	person and or	ganiz	ation	(0) Description o	it transa	ection		Υ	es	No
											\neg	
2 Enter the amount of tax i	incurred by the	organization man	aners	or disc	nualified persons du	ring the year u	nder					
	•	· ·	•			• •		▶ \$;			
3 Enter the amount of tax,												
Enter the amount of tax,	ii diriy, ori iii lo z	., abovo, rombaro	oca by	1110 01	garnzation			🖊 🔻	´ ——			
Part II Loans to and	d/or From Ir	nterested Per	sons									
	organization an	swered "Ves" on	Form	990.F7	, Part V, line 38a or f	Form 990 Part	IV line	26: or if t	he ora:	anizati	on	
•	-	90, Part X, line 5, 6			., 1 art v, iiric ooa or 1	01111 330, 1 art	iv, mic	20, 01 11 1	inc orga	ai iizati	011	
(a) Name of	(b) Relationshi	<u> </u>	-	oan to or	(e) Original	(f) Balance of	اعبا	(g) In	(h) Ap	proved ard or	(i) W	ritten
interested person	with organization			m the ization?	principal amount	(i) Balarios (default?	by bo	ard or nittee?	agree	ment?
			То	From			. l√	es No	Yes	No	Yes	No
HANI MASRI	PRESIDE	NTEMPORAR		110111	41,000.	12,5		X	X	110	103	X
							+	 	+			
				1					1			_
				1					1			_
				1								
									1			
							-					
		+					_		-		-	_
												_
F_1_1						12,5	20					
նես Part III ∣ Grants or As	sistance Re	enefiting Inte	reste	d Pe	> \$	12,5	<i>5</i> 0 • 1					
		•										
· · · · · · · · · · · · · · · · · · ·		swered "Yes" on			· ·	(4)	T	. 1		1 D		<u> </u>
(a) Name of interested p	person	(b) Relationship interested pers			(c) Amount of assistance		Type of sistance) Purp		Г
		the organiza		iu	acciotarioc		notarioc			aooiot	assistance	

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's
	person and the organization	transaction	transaction	Yes	nues?
				100	140
Part V Supplemental Information. Provide additional information for response.	onses to questions on Schedule L (see	instructions).	•		
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	īs:		
(A) NAME OF PERSON: HANI M	ASRI				
(B) RELATIONSHIP WITH ORGA	NIZATION: PRESIDENT				
(C) PURPOSE OF LOAN: TEMPO	RARY CASH LOAN TO O	RGANIZATION	1		
(D) LOAN TO OR FROM ORGANI	ZATION? = TO				
(E) ORIGINAL PRINCIPAL AMO	UNT \$ 41,000. (F)	BALANCE DUE	E \$ 12,500.		
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR C	OMMITTEE? = YES				
(I) WRITTEN AGREEMENT? = N	TO				

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TOMORROW'S YOUTH ORGANIZATION

Employer identification number 26-1409007

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IS WORKING TO DEVELOP COMMUNITY CENTERS IN THE MIDDLE EAST SERVING CHILDREN, YOUTH AND THEIR FAMILIES. TYO CENTERS WILL PROVIDE NON-FORMAL EDUCATIONAL ACTIVITIES AND CULTURAL AND RECREATIONAL RESOURCES THAT ARE CURRENTLY UNAVAILABLE IN COMMUNITIES THEY SERVE. BEYOND THE CORE PROGRAM TARGETED AT UNDERPRIVILEGED 4-TO 8-YEAR-OLDS, TYO WILL WELCOME ALL COMMUNITY MEMBERS FOR A VARIETY OF EDUCATIONAL, RECREATIONAL, 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, 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.

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization **Employer identification number** TOMORROW'S YOUTH ORGANIZATION 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 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) Name of the organization **Employer identification number** TOMORROW'S YOUTH ORGANIZATION 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. FUTHER 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. 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 **Employer identification number** TOMORROW'S YOUTH ORGANIZATION 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

832212 10-10-18

TO SPEAK UP, TAKE ACTION, AND GET ENGAGED IN THEIR COMMUNITIES.

Employer identification number 26-1409007

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 \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

HANI MASRI, THE PRESIDENT AND A DIRECTOR OF TYO, HAS THE FOLLOWING BUSINESS RELATIONSHIPS WITH MARSHA ELLIS, THE TREASURER AND A DIRECTOR OF TYO: (1)

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

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

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

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

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

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

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

Name of the organization **Employer identification number** TOMORROW'S YOUTH ORGANIZATION 26-1409007 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: FOOD/CLOTHING: PROGRAM SERVICE EXPENSES 18,337. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 18,337.

832212 10-10-18

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number $26-1409007$		
MEALS AND ENTERTAINMENT:			
PROGRAM SERVICE EXPENSES	3,128.		
MANAGEMENT AND GENERAL EXPENSES	11,852.		
FUNDRAISING EXPENSES	847.		
TOTAL EXPENSES	15,827.		
UTILITIES:			
PROGRAM SERVICE EXPENSES	13,952.		
MANAGEMENT AND GENERAL EXPENSES	1,751.		
FUNDRAISING EXPENSES	0.		
TOTAL EXPENSES	15,703.		
CLASS SUPPLIES:			
PROGRAM SERVICE EXPENSES	13,633.		
MANAGEMENT AND GENERAL EXPENSES	0.		
FUNDRAISING EXPENSES	0.		
TOTAL EXPENSES	13,633.		
VOLUNTEER STIPENDS:			
PROGRAM SERVICE EXPENSES	13,391.		
MANAGEMENT AND GENERAL EXPENSES	0.		
FUNDRAISING EXPENSES	0.		
TOTAL EXPENSES	13,391.		
TELEPHONE:			
PROGRAM SERVICE EXPENSES	6,427.		
MANAGEMENT AND GENERAL EXPENSES 832212 10-10-18	3 , 8 9 4 . Schedule O (Form 990 or 990-EZ) (2018)		

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number 26-1409007
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,321.
PROFESSIONAL TRAINING:	
PROGRAM SERVICE EXPENSES	7,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,900.
REPAIRS AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	3,628.
MANAGEMENT AND GENERAL EXPENSES	435.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,063.
CENTER SUPPLIES:	
PROGRAM SERVICE EXPENSES	3,524.
MANAGEMENT AND GENERAL EXPENSES	279.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,803.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	2,533.
MANAGEMENT AND GENERAL EXPENSES	170.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,703.
BANK SERVICE CHARGES:	
832212 10-10-18	Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number 26-1409007
PROGRAM SERVICE EXPENSES	313.
MANAGEMENT AND GENERAL EXPENSES	1,399.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,712.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,319.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,319.
OFFICE SUPPLIES AND EXPENSE:	
PROGRAM SERVICE EXPENSES	139.
MANAGEMENT AND GENERAL EXPENSES	368.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	507.
LICENSES AND PERMITS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	253.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	253.
PENALTIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	80.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 832212 10-10-18	80 . Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization TOMORROW'S YOUTH ORGANIZATION	Employer identification number 26-1409007
TAXES - OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	21.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 109,573.

Department of the Treasury Internal Revenue Service

Part I Power of Attorney

Power of Attorney and Declaration of Representative

► Go to www.irs.gov/Form2848 for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
- "

Caution: A separate Form 2848 must be completed for each taxpay	er. Form 284	to will not be nonored for an	· ———	
purpose other than representation before the IRS.			Date / /	
1 Taxpayer information . Taxpayer must sign and date this form on page 2, line 7.				
Taxpayer name and address TOMORROW'S YOUTH ORGANIZATION 1356 BEVERLY ROAD, NO. 200		Taxpayer identification number(s) 26-1409007		
MCLEAN, VA 22101-3862		Daytime telephone number 703-893-9445	Plan number (if applicable)	
hereby appoints the following representative(s) as attorney(s)-in-fact:			<u> </u>	
2 Representative(s) must sign and date this form on page 2, Part II.				
Name and address		CAF No.	2600-45213R	
LEESA J.E. OWEN, CPA		PTIN P00120725		
3901 NATIONAL DRIVE, SUITE 260		Telephone No. 301-421-1330		
BURTONSVILLE, MD 20866-1189		Fax No. 301-384-6664		
Check if to be sent copies of notices and communications		Check if new; Address	Telephone No. Fax No.	
Name and address		CAF No.	·	
CHRISTINE L. RYAN, CPA		PTIN	P02228377	
3901 NATIONAL DRIVE, SUITE 260		Telephone No.		
BURTONSVILLE, MD 20866-1189		Fax No.		
Check if to be sent copies of notices and communications		Check if new: Address	Telephone No. Fax No.	
Name and address		CAF No.		
		PTIN		
		Telephone No.		
		Fax No	<u>.</u>	
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address	Telephone No. Fax No.	
Name and address		CAF No.		
		Telephone No.		
(Note: IRS sends notices and communications to only two representatives.)		Check if new: Address	Telephone No. Fax No.	
to represent the taxpayer before the Internal Revenue Service and perform the following ac				
3 Acts authorized (you are required to complete this line 3). With the exception of the receive and inspect my confidential tax information and to perform acts that For example, my representative(s) shall have the authority to sign any agreer line 5a for authorizing a representative to sign a return).	he acts desc I can perfori nents, consc	cribed in line 5b, I authorize m with respect to the tax ma ents, or similar documents (my representative(s) to atters described below. see instructions for	
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower,			Year(s) or Period(s) (if applicable)	
Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	(1040, 941, 720, etc.) (if applicable)		(see instructions)	
		990PF, 990EZ,		
EXEMPT	990N		2015-2018	
EMPLOYMENT (IF APPLICABLE)	941 &	940	2015-2018/4QTRS	
4 Specific use not recorded on Centralized Authorization File (CAF). If the power of at	tornov ic for a	enecific use not recorded on C	AE chock	
	•	·	·	
5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my for more information): Access my IRS records via an Intermediate Service Prov	/ representativ /ider;	() !		
Authorize disclosure to third parties; Substitute or add representative(s);	Sig	n a return;		
Other acts authorized:				

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

If NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Title (if applicable)

TOMORROW'S YOUTH ORGANIZATION

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Print Name

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - **d** Officer a bona fide officer of the taxpayer organization.
 - e Full-Time Employee a full-time employee of the taxpayer.
 - f Family Member a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.
 - **k** Qualifying Student receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).
 - ► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation - Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
В	MARYLAND	6947		
В	MARYLAND	9715		

Form **2848** (Rev. 1-2018)