| Form | qq | Λ |
|------|----|---|
| Form | 33 | U |

Department of the Treasury

#### \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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



123,031.

Yes X No

No

5

5

2

0

0.

Yes

D Employer identification number

26-1409007

703-893-9445

for subordinates?

H(c) Group exemption number

Year of formation: 2007 M State of legal domicile: VA

3

4

5

6

7a

If "No," attach a list. See instructions

**H(b)** Are all subordinates included?

E Telephone number

H(a) Is this a group return

**G** Gross receipts \$

527

Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending В Check if applicable: C Name of organization Address change TOMORROW'S YOUTH ORGANIZATION Name change Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 1356 BEVERLY ROAD 200 City or town, state or province, country, and ZIP or foreign postal code Amended 22101-3862 MCLEAN, VA Applica-tion pending F Name and address of principal officer: MARSHA ELLIS SAME AS C ABOVE Tax-exempt status: X 501(c)(3) 501(c) ( ) < (insert no.) 4947(a)(1) or J Website: ► WWW.TOMORROWSYOUTH.ORG K Form of organization: X Corporation Other 🕨 Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: TOMORROW'S YOUTH ORGANIZATION 1 Activities & Governance (TYO) IS A NON-PROFIT, NON-GOVERNMENTAL AMERICAN ORGANIZATION THAT 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OOO T Datt

|      | <u>u</u> | Net unrelated business taxable income from Form 990-1, Part 1, line 11             | <u>α</u> γ                | 0.           |
|------|----------|--|---------------------------|--------------|
|      |          |  | Prior Year                | Current Year |
| ۵    | 8        | Contributions and grants (Part VIII, line 1h)                                      | 136,381.                  | 116,947.     |
| ň    | 9        | Program service revenue (Part VIII, line 2g)                                       | 0.                        | 0.           |
| Reve | 10       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 804.                      | 536.         |
| ۳    | 11       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 11,454.                   | 5,548.       |
|      | 12       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 148,639.                  | 123,031.     |
|      | 13       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 106,752.                  | 40,638.      |
|      | 14       | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.                        | 0.           |
| s    | 15       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 422,280.                  | 379,891.     |
| use  | 16a      | Professional fundraising fees (Part IX, column (A), line 11e)                      | 12,000.                   | 0.           |
| be   | b        | Total fundraising expenses (Part IX, column (D), line 25)                          |                           |              |
| ω    | 17       | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 366,699.                  | 313,819.     |
|      | 18       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 907,731.                  | 734,348.     |
|      | 19       | Revenue less expenses. Subtract line 18 from line 12                               | -759,092.                 | -611,317.    |
| or   |          |  | Beginning of Current Year | End of Year  |
| sets | 20       | Total assets (Part X, line 16)   | 1,422,919.                | 800,252.     |
| ЗЩ   | 21       | Total liabilities (Part X, line 26)  | 159,327.                  | 147,977.     |
| Net  | 22       | Net assets or fund balances. Subtract line 21 from line 20                         | 1,263,592.                | 652,275.     |

Part II Signature Block

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

| Sign  | Signature of officer  |                      | Date                |           |  |  |  |  |  |
|---|---|----------------------|---------------------|-----------|--|--|--|--|--|
| Here  |   | R/DIRECTOR           |                     |           |  |  |  |  |  |
|   | Type or print name and title  |                      |                     |           |  |  |  |  |  |
|   | Print/Type preparer's name  | Preparer's signature | Date Check          | _ PTIN    |  |  |  |  |  |
| Paid  | LEESA J.E. OWEN, CPA  |                      | if<br>self-employed | P00120725 |  |  |  |  |  |
| Preparer  | Firm's name 🕒 CHAPIN, OWEN & A  | SSOCIATES, P.A.      | Firm's EIN 🕨 5      | 2-1249777 |  |  |  |  |  |
| Use Only  | Firm's address 3901 NATIONAL DR   | IVE, SUITE 260       |                     |           |  |  |  |  |  |
| BURTONSVILLE, MD 20866-1189 Phone no. 301-421-133 |   |                      |                     |           |  |  |  |  |  |
| May the IF  | May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🔲 No            |                      |                     |           |  |  |  |  |  |
| 132001 12-0                                       | 32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021) |                      |                     |           |  |  |  |  |  |
|   |   |                      |                     |           |  |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form       |  | 6-1409007             | Page <b>2</b>    |
|------------|--|-----------------------|------------------|
| Pa         | art 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:<br>TOMORROW'S YOUTH ORGANIZATION (TYO) IS A NON-PROFIT, NON-G   |                       |                  |
|            | AMERICAN ORGANIZATION THAT IS WORKING TO DEVELOP COMMUNITY   |                       |                  |
|            | THE MIDDLE EAST SERVING CHILDREN, YOUTH AND THEIR FAMILIES   |                       | •                |
|            | CENTERS WILL PROVIDE NON-FORMAL EDUCATIONAL ACTIVITIES AND   |                       |                  |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the   |                       |                  |
|            | prior Form 990 or 990-EZ?  | Yes                   | XNo              |
|            | If "Yes," describe these new services on Schedule O.   |                       |                  |
| 3          | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   | Yes                   | X No             |
|            | If "Yes," describe these changes on Schedule O.  |                       |                  |
| 4          | Describe the organization's program service accomplishments for each of its three largest program services, as mean Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t |                       | d                |
|            | revenue, if any, for each program service reported.  | ne total expenses, an | u -              |
| 4a         |  |                       | )                |
|            | EDUCATION  |                       |                  |
|            | TYO'S CURRICULUM WAS DEVELOPED IN PARTNERSHIP WITH COLUMBI   |                       |                  |
|            | UNIVERSITY'S SCHOOL OF SOCIAL WORK. IT IS THE FIRST PSYCHO   |                       |                  |
|            | NON-FORMAL CURRICULUM CREATED IN PALESTINE FOR CHILDREN AN   | D YOUTH IN            |                  |
|            | CONFLICT. THE FOUNDATIONAL CONCEPTS ARE:<br>IDENTITY   COMMUNICATION   COLLABORATION   |                       |                  |
|            |  |                       |                  |
|            | EARLY CHILDHOOD EDUCATION (AGES 2-8)   |                       |                  |
|            | TYO IS COMMITTED TO EARLY CHILDHOOD EDUCATION AND CREATES  | STRUCTURED            |                  |
|            | ENVIRONMENTS FOR ACTIVE LEARNING, SELF-DISCOVERY, AND PLAY   | • EVERY CH            | [LD              |
|            | DESERVES THE RIGHT TO EARLY CHILDHOOD EDUCATION, AND WE KN   |                       |                  |
|            | INVESTMENT IS ESPECIALLY CRITICAL FOR THOSE LIVING IN CIRC   |                       |                  |
| 4b         | (Code:) (Expenses \$ 39,391. including grants of \$) (Revenue \$ WOMEN'S ADVANCEMENT:  |                       | )                |
|            | WOMEN PLAY A CENTRAL ROLE IN THE FAMILY AND AS LEADERS IN  | тне                   |                  |
|            | COMMUNITY. WE EQUIP WOMEN TO BUILD ON THEIR OWN SELF-CARE,   |                       |                  |
|            | SELF-CONFIDENCE, LEARNING AND ECONOMIC INDEPENDENCE TO ACT   | AS A                  |                  |
|            | CATALYST FOR POSITIVE CHANGE IN THEIR FAMILY AND SOCIETY,  |                       |                  |
|            | ESTABLISH A SAFE, NURTURING HOME ENVIRONMENT FOR THEIR CHI   | LDREN'S               |                  |
|            | GROWTH AND DEVELOPMENT.  |                       |                  |
|            | THE WOMEN'S GROUP  |                       |                  |
|            | THE WOMEN'S GROUP IMPARTS KNOWLEDGE ABOUT HEALTH AND CHILD   | DEVELOPMEN            | <u>лт</u>        |
|            | AS WELL AS SELF-CONFIDENCE AND OTHER LIFE SKILLS. WE OFFER   |                       |                  |
|            | AND RECREATIONAL PROGRAMS FOR MOTHERS THAT SUPPORT THEIR P   | ERSONAL               |                  |
| 4c         | (Code:) (Expenses \$183,324. including grants of \$35,756. ) (Revenue \$   |                       | )                |
|            | YOUTH EMPOWERMENT & ENTREPRENEURSHIP: THE MIDDLE EAST YOU  |                       | LON              |
|            | PRESENTS SIGNIFICANT SOCIAL AND ECONOMIC OPPORTUNITIES AS  |                       |                  |
|            | CHALLENGES. PALESTINE'S POPULATION, A MAJORITY OF WHICH AR<br>AGES OF 15-29, IS NO EXCEPTION. WHILE ACCESS TO EDUCATION  |                       |                  |
|            | HIGHER IN PALESTINE THAN OTHER COUNTRIES IN THE REGION, PA   |                       |                  |
|            | YOUTH FACE BARRIERS TO QUALITY AND RELEVANT EDUCATION, EMP   |                       |                  |
|            | HEALTHY PSYCHOSOCIAL DEVELOPMENT, AND A LACK OF OPPORTUNIT   | Y FOR                 |                  |
|            | COMMUNITY LEADERSHIP.  |                       |                  |
|            |  |                       |                  |
|            | TYO OFFERS YOUTH ENTREPRENEURS THE SUPPORT THEY NEED TO CR   |                       |                  |
|            | BUSINESSES AND GENERATE MUCH-NEEDED INCOME; ALTERNATIVES T   | O A STAGNAL           | N.T.             |
| 44         | PALESTINIAN         ECONOMY           Other program services (Describe on Schedule O.)   |                       |                  |
| Ψu         | (Expenses \$ 90,487. including grants of \$ 4,882.) (Revenue \$  | )                     |                  |
| <u>4</u> e | Total program service expenses ► 602,583.  | ,                     |                  |
|            |  | Form <b>9</b>         | <b>90</b> (2021) |
| 13200      | SEE SCHEDULE O FOR CONTINUATION(S)   |                       |                  |
|            |  |                       |                  |

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272 חבחחח הרארססרגזיפ ערווהם רספאגודיא 272

| Form 990 (2021) | romorrow 's                | ORGANIZATION |
|-----------------|----------------------------|--------------|
|                 | Kilst of nequired Schedule |              |

|        |   |            | 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          | Х            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2          | Х            |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |              |          |
|        | public office? If "Yes," complete Schedule C, Part I  | 3          |              | _X_      |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |              | 37       |
| _      | 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  |            |              | 77       |
| -      | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |              | _X       |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |              | v        |
| -      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |              | _X       |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | _          |              | х        |
| ~      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |              |          |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | 8          |              | х        |
| 0      | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | <b>•</b>   |              | <u></u>  |
| 9      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?   |            |              |          |
|        |   | 9          |              | х        |
| 10     | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | 3          |              |          |
| 10     |   | 10         |              | х        |
| 11     | or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i><br>If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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        | x            |          |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total  |            |              |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |              | х        |
| 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        |              | Х        |
| 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        |              | X        |
| е      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        |              | Х        |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            |              |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        |              | X        |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |              |          |
|        | Schedule D, Parts XI and XII  | 12a        |              | X        |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?   |            |              |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |              | _X_      |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |              | _X_      |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a        | X            |          |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   |            |              |          |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000  |            | <b>.</b> ,   |          |
|        | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        | X            |          |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   |            |              | v        |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15         |              | _X_      |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |            | Ţ            |          |
|        | 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,   |            |              | v        |
| 40     | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   | 17         |              | X        |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  |            |              | v        |
| 10     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         |              | <u> </u> |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"   | 40         |              | х        |
| 20-    | complete Schedule G, Part III<br>Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 19<br>20a  |              | X        |
|        |   | 20a<br>20b |              |          |
| 21     | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 200        |              |          |
|        | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>   | 21         |              | х        |
| 132003 | 12-09-21  |            | <b>990</b> ( | (2021)   |

132003 12-09-21

| Form  | 990 | (2021) |
|-------|-----|--------|
| FUIII | 330 | 12021  |

|        |  |            | Yes | No       |
|--------|--|------------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |            |     |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 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   |            |     |          |
|        | Schedule J   | 23         |     | X X      |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |            |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |            |     |          |
|        | Schedule K. If "No," go to line 25a  | 24a        |     | x        |
|        | 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   | 04-        |     |          |
| لم     | any tax-exempt bonds?  | 24c<br>24d |     |          |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 240        |     |          |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a        |     | x        |
| h      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   | 250        |     |          |
| D.     | 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        |     | x        |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 200        |     | <u> </u> |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |            |     |          |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         | Х   |          |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |            |     |          |
|        | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |     |          |
|        | entity (including an employee thereof) 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 the Schedule L, Part IV,   |            |     |          |
|        | instructions for applicable filing thresholds, conditions, and exceptions):  |            |     |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |            |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28a        |     | X        |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | X        |
| с      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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         |     | x        |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |            |     |          |
|        | contributions? If "Yes," complete Schedule M   | 30         |     | X        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | X        |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |     | x        |
| 20     | Schedule N, Part II  | 32         |     |          |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 22         |     | x        |
| 34     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | - 23     |
| 34     |  | 34         |     | x        |
| 35a    | Part V, line 1<br>Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | X        |
|        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  | 000        |     | <u> </u> |
| -      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     |          |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |     |          |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | x        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     |          |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | X        |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |            |     |          |
|        | Note: All Form 990 filers are required to complete Schedule O  | 38         | Х   |          |
| Pa     |  |            |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   |            |     |          |
|        |  |            | Yes | No       |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0  |            |     |          |
|        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |            |     |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |            |     |          |
|        | (gambling) winnings to prize winners?  | 1c         | 000 | (0001)   |
| 132004 | 12-09-21   | rorm       | 330 | (2021)   |

|         | 990 (2021) TOMORROW'S YOUTH ORGANIZATION 26-1409   | 007      | Р   | age <b>5</b> |
|---------|--|----------|-----|--------------|
| Par     | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          |     |              |
| 0-      | Enter the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements   | _        | Yes | No           |
| Za      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2   |          |     |              |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | X   |              |
|         | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ . See instructions.  | 2.0      |     |              |
| 3a      | 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 on Schedule O  | 3b       |     |              |
|         | 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  COTHER COUNTRY  |          |     |              |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |          |     |              |
|         | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | X            |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | x            |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     | <u> </u>     |
| oa      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a       |     | x            |
| h       | any contributions that were not tax deductible as charitable contributions?<br>If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  | Ua       |     |              |
|         | 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       |     | X            |
| 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?   | 7c       |     | X            |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |          |     |              |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>7f |     | X            |
| f       | 5 , 5 , 1 , 1 , , , , , , , , , ,  |          |     | X X          |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g<br>7h |     | <u> </u>     |
| -       | <ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Spansoring organizations maintaining denor advised funds. Did a denor advised fund maintained by the</li> </ul> |          |     |              |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8        |     | ]            |
| 9       | Sponsoring organization have excess business nothings at any time during the year?   | -        |     |              |
| a       |  |          |     |              |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9a<br>9b |     |              |
| 10      | Section 501(c)(7) organizations. Enter:  |          |     |              |
| а       | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |              |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |     |              |
| 11      | Section 501(c)(12) organizations. Enter:   |          |     |              |
| а       | Gross income from members or shareholders  | -        |     |              |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources against  |          |     |              |
| 40-     | amounts due or received from them.)  | 40-      |     |              |
|         | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?<br>If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  | 12a      |     |              |
| b<br>13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |     |              |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |     |              |
| u       | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | 100      |     |              |
| 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   |          |     |              |
| с       | Enter the amount of reserves on hand   |          |     |              |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | X            |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b      |     | <b> </b>     |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          |     |              |
|         | excess parachute payment(s) during the year?   | 15       |     | X            |
| <i></i> | If "Yes," see the instructions and file Form 4720, Schedule N.   |          |     |              |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |     | X            |
| 47      | If "Yes," complete Form 4720, Schedule O.  |          |     |              |
| 17      | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532   | 47       |     | 1            |
|         | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17       |     |              |
| 120005  | 12 09.21 6   | Form     | 990 | (2021)       |

| Form 990 | (2021) |
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#### TOMORROW'S YOUTH ORGANIZATION

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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 on 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   |          |                        |          |         |         |
|        |   |          |                        |          | 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 on Schedule 0.                 |          |                        |          |         |         |
| b      | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b       |                        | 5        |         |         |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with     | any other              |          |         |         |
|        | officer, director, trustee, or key employee?  |          |                        | 2        | Х       |         |
| 3      | Did the organization delegate control over management duties customarily performed by or under the                    | e direc  | t supervision          |          |         |         |
|        | of officers, directors, 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 9                   | 90 wa    | s filed?               | 4        |         | Х       |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's ass                | ets?     |                        | 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 ap                    | point    | one or                 |          |         |         |
|        | more members of the governing body?   |          |                        | 7a       |         | Х       |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                  | ockho    | lders, or              |          |         |         |
|        | 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 read            | ched a   | at the                 |          |         |         |
| _      | organization's mailing address? If "Yes." provide the names and addresses on Schedule O                               |          |                        | 9        |         | Х       |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Re                  |          |                        |          |         |         |
|        |   |          |                        |          | Yes     | No      |
| 10a    | Did the organization have local chapters, branches, or affiliates?  |          |                        | 10a      |         | Х       |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such ch               | apters   | s, affiliates,         |          |         |         |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?                       |          |                        | 10b      |         |         |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | / befo   | re filing the form?    | 11a      |         | Х       |
| b      | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         |          |                        |          |         |         |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |          |                        | 12a      | Х       |         |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con   | flicts?                | 12b      | Х       |         |
| с      | Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y                 | ′es, " a | lescribe               |          |         |         |
|        | on 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 approva                    | l by in  | dependent              |          |         |         |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |          |                        |          |         |         |
| а      | The organization's CEO, Executive Director, or top management official  |          |                        | 15a      |         | Х       |
| b      | Other officers or key employees of the organization   |          |                        | 15b      |         | Х       |
|        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                    |          |                        |          |         |         |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen           | nent w   | vith a                 |          |         |         |
|        | taxable entity during the year?   |          |                        | 16a      |         | Х       |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat             | e its p  | articipation           |          |         |         |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | izatior  | ı's                    |          |         |         |
| _      | exempt status with respect to such arrangements?  |          |                        | 16b      |         |         |
| Sec    | tion C. Disclosure  |          |                        |          |         |         |
| 17     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$                   |          |                        |          |         |         |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                | nd 990   | )-T (section 501(c)(3  | s only)  | availat | ble     |
|        | for public inspection. Indicate how you made these available. Check all that apply.                                   |          |                        |          |         |         |
|        | X Own website Another's website X Upon request Other (explain   |          | ,                      |          |         |         |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                     | nflict   | of interest policy, ar | d finano | cial    |         |
| _      | statements available to the public during the tax year.   |          |                        |          |         |         |
| 20     | State the name, address, and telephone number of the person who possesses the organization's boo                      | oks an   | d records 🕨            |          |         |         |
|        | MARSHA ELLIS - 703-893-9445   |          |                        |          |         |         |
| _      | 1356 BEVERLY ROAD, SUITE 200, MCLEAN, VA 22101  |          |                        | -        | 000     | (000 ** |
| 132006 | 5 12-09-21 <b>7</b>   |          |                        | Form     | 990     | (2021)  |
|        | 7   |          |                        |          |         |         |

| Form 990 (2 | 2021) TOMORROW'S YOUTH ORGANIZATION  | 26-1409007                   | Page 7      |
|-------------|--|------------------------------|-------------|
| Part VII    | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp                                   | ensated                      |             |
|             | 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 Comple   | te this table for all persons required to be listed. Report compensation for the calendar year ending with o | or within the organization's | 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

| line)nonono1)HANI MASRI35.00XXXPRES/EXEC DIRECTORXXX0.0.(2)MARSHA L. ELLIS25.00XX0.0.TREASURER/DIRECTORXXX0.0.0.(3)SAMIA FAROUKI5.00XXX0.0.SECRETARY/DIRECTORXXX0.0.0.(4)SABIH MASRI3.00XX0.0.0.(5)ABDUL HUDA FAROUKI3.004444  | (A)            | (B)     |          |                               | (0         | C)         |           |      | (D) | (E) | (F)           |
|--|----------------|---------|----------|-------------------------------|------------|------------|-----------|------|-----|-----|---------------|
| hours per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)box, unless person is both an<br>officer and a director/trustee)compensation<br>from<br>from<br>page<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from related<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from related<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from related<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)amount of<br>other<br>compensation<br>from related<br>organization<br>organization<br>and related<br>organizations(1) HANI MASRI<br>PRES/EXEC DIRECTOR35.00XX0.0.0(2) MARSHA L. ELLIS<br>TREASURER/DIRECTOR25.00XX0.0.0(3) SAMIA FAROUKI<br>(4) SABIH MASRI<br>(4) SABIH MASRI5.00XX0.0.0(4) SABIH MASRI<br>(5) ABDUL HUDA FAROUKI3.00XXX0.0.0  | Name and title | Average | Position |                               | Reportable | Reportable | Estimated |      |     |     |               |
| Week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>organizations<br>below<br>line)Inom<br>related<br>organizations<br>organizations<br>below<br>line)Inom<br>related<br>organization<br>below<br>line)Inom<br>related<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>line)Inom<br>related<br>organization<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations<br>organizations(1) HANI MASRI<br>PRES/EXEC DIRECTOR35.00XXX0.0.0(1) HANI MASRI<br>(2) MARSHA L. ELLIS<br>TREASURER/DIRECTOR25.00XXX0.0.0(3) SAMIA FAROUKI<br>(4) SABIH MASRI<br>(5) ABDUL HUDA FAROUKI3.00XXX0.0.0(4) SABIH MASRI<br>(5) ABDUL HUDA FAROUKI3.00XXX0.0.0 |                |         | box      | box, unless person is both an |            | •          |           |      |     |     |               |
| (1) HANI MASRI35.00XX0.0.0PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004440.0.   |                |         |          |                               |            | recio      | i/irus    |      |     |     |               |
| (1) HANI MASRI35.00XX0.0.0PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004440.0.   |                |         | directo  |                               |            |            | _         |      |     |     |               |
| (1) HANI MASRI35.00XX0.0.0PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004440.0.   |                |         | e or o   | stee                          |            |            | Isated    |      |     |     |               |
| (1) HANI MASRI35.00XX0.0.0PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004440.0.   |                |         | truste   | al tru                        |            | oyee       | omper     |      |     |     |               |
| (1) HANI MASRI35.00XX0.0.0PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004440.0.   |                |         | vidual   | tution                        | ser        | emplo      | lest co   | ner  |     |     | organizations |
| PRES/EXEC DIRECTORXXX0.0.0(2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0(5) ABDUL HUDA FAROUKI3.004444  |                | 1 '     | Indi     | Insti                         | Offic      | Key        | Emp       | Forr |     |     |               |
| (2) MARSHA L. ELLIS25.00XX0.0.0TREASURER/DIRECTORXXX0.0.0(3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0CHAIRMAN OF THE BOARDXXX0.0.0(5) ABDUL HUDA FAROUKI3.00IIII   |                | 35.00   |          |                               |            |            |           |      |     |     |               |
| TREASURER/DIRECTORXX0.0.0(3) SAMIA FAROUKI5.005.00SECRETARY/DIRECTORXX0.0.0.0(4) SABIH MASRI3.00CHAIRMAN OF THE BOARDXX0.0.0.0(5) ABDUL HUDA FAROUKI3.00   |                |         | X        |                               | X          |            |           |      | 0.  | 0.  | 0.            |
| (3) SAMIA FAROUKI5.00XX0.0.0SECRETARY/DIRECTORXXX0.0.0(4) SABIH MASRI3.00XX0.0.0CHAIRMAN OF THE BOARDXXX0.0.0(5) ABDUL HUDA FAROUKI3.000   |                | 25.00   |          |                               |            |            |           |      |     |     | _             |
| SECRETARY/DIRECTORXX0.0.0(4) SABIH MASRI3.00CHAIRMAN OF THE BOARDXX0.0.0.0(5) ABDUL HUDA FAROUKI3.00   |                |         | X        |                               | X          |            |           |      | 0.  | 0.  | 0.            |
| (4) SABIH MASRI3.00XX0.0.0CHAIRMAN OF THE BOARDXXX0.0.0(5) ABDUL HUDA FAROUKI3.00 </td <td></td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>  |                | 5.00    |          |                               |            |            |           |      |     |     | _             |
| CHAIRMAN OF THE BOARD     X     X     0.     0.     0       (5) ABDUL HUDA FAROUKI     3.00  |                |         | X        |                               | X          |            |           |      | 0.  | 0.  | 0.            |
| (5) ABDUL HUDA FAROUKI 3.00  |                | 3.00    |          |                               |            |            |           |      |     |     | _             |
|  |                |         | X        |                               | X          |            |           |      | 0.  | 0.  | 0.            |
| DIRECTOR    X        0. 0. 0.  |                | 3.00    |          |                               |            |            |           |      |     |     |               |
|  | RECTOR         |         | X        |                               |            |            |           |      | 0.  | 0.  | 0.            |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         | -        |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            | -         |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         | 1        |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         | 1        |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         | 1        |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |
|  |                |         |          |                               |            |            |           |      |     |     |               |

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Form 990 (2021)

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|     | 990 (2021) TOMORROW  | 'S YOUTH        | ΙC                             | RG                    | AN      | ΊZ           | AT                              | IC        | DN                                    | 26-14             | <u>1090</u> | )07    | P                   | age <b>8</b> |
|-----|--|-----------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|-----------|---------------------------------------|-------------------|-------------|--------|---------------------|--------------|
| Par | t VII Section A. Officers, Directors, Trust  | tees, Key Emp   | ploy                           | ees,                  | anc     | d Hig        | ghes                            | t C       | ompensated Employee                   | s (continued)     |             |        |                     |              |
|     | (A)  | (B)             |                                |                       | (0      | C)           |                                 |           | (D)                                   | (E)               |             |        | (F)                 |              |
|     | Name and title   | Average         | (10                            |                       | Pos     |              |                                 |           | Reportable                            | Reportable        |             | Es     | timate              | ed           |
|     |  | hours per       | box                            | , unles               | ss per  | rson i       | than c<br>s both                | an        | compensation                          | compensatio       | n           | an     | nount               | of           |
|     |  | week            | offi                           | cer an                | id a d  | irecto       | r/trust                         | ee)       | from                                  | from related      |             |        | other               |              |
|     |  | (list any       | ector                          |                       |         |              |                                 |           | the                                   | organizations     | s           | com    | pensa               | tion         |
|     |  | hours for       | or dire                        |                       |         |              | ted                             |           | organization                          | (W-2/1099-MIS     | SC/         | fr     | om th               | е            |
|     |  | related         | stee c                         | uste                  |         |              | ensa                            |           | (W-2/1099-MISC/                       | 1099-NEC)         |             | •      | anizat              |              |
|     |  | organizations   | al tru:                        | inal ti               |         | loyee        | e<br>e                          |           | 1099-NEC)                             |                   |             |        | d relat             |              |
|     |  | below           | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former    |                                       |                   |             | orga   | anizati             | ons          |
|     |  | line)           | Pul                            | lns                   | 0ff     | Key          | Hig                             | For       |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 | 1                              |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 | 1                              |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
| 1b  | Subtotal   |                 |                                |                       |         |              |                                 |           | 0.                                    |                   | 0.          |        |                     | 0.           |
| с   | Total from continuation sheets to Part VII   | I, Section A    |                                |                       |         |              |                                 |           | 0.                                    |                   | 0.          |        |                     | 0.           |
| d   | Total (add lines 1b and 1c)  |                 |                                |                       |         |              |                                 |           | 0.                                    |                   | 0.          |        |                     | 0.           |
| 2   | Total number of individuals (including but no  |                 |                                |                       |         |              |                                 | o re      | eceived more than \$100,              | 000 of reportable | •           |        |                     |              |
|     | compensation from the organization   |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     | 0            |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        | Yes                 | No           |
| 3   | Did the organization list any former officer,  | director. trust | ee. k                          | kev e                 | lame    | ove          | e. or                           | hia       | hest compensated empl                 | ovee on           | Г           |        |                     |              |
|     | line 1a? If "Yes," complete Schedule J for su  |                 |                                |                       | •       |              |                                 | Ŭ         |                                       |                   | Ē           | 3      |                     | Х            |
| 4   | For any individual listed on line 1a, is the su  |                 |                                |                       |         |              |                                 |           |                                       |                   | ····        |        |                     |              |
|     | and related organizations greater than \$150   |                 |                                |                       |         |              |                                 |           |                                       |                   | - E         | 4      |                     | X            |
| 5   | Did any person listed on line 1a receive or a  |                 |                                |                       |         |              |                                 |           |                                       |                   | ·····  -    | -      |                     |              |
| 5   |  |                 |                                |                       |         |              |                                 | ale       | ed organization of individ            | iual IUI Services | - F         | 5      |                     | X            |
| Sec | rendered to the organization? If "Yes." com<br>tion B. Independent Contractors         | plete Schedule  | e J fo                         | or su                 | ich i   | oers         | on .                            |           |                                       |                   |             | 5      |                     | 1            |
|     | •  |                 |                                |                       |         |              |                                 |           | · · · · · · · · · · · · · · · · · · · | 100.000 - (       |             |        |                     |              |
| 1   | Complete this table for your five highest con  | •               | •                              |                       |         |              |                                 |           |                                       | •                 | ensati      | on fro | om                  |              |
|     | the organization. Report compensation for t  | the calendar ye | ear e                          | endin                 | ng w    | ith c        | or wi                           | thin<br>T | · · · · · · · · · · · · · · · · · · · | ear.              |             |        |                     |              |
|     | (A)<br>Name and business   | addraaa         |                                | <b></b>               | _       |              |                                 |           | <b>(B)</b><br>Description of s        | omiono            | 0           | (C     | <b>;)</b><br>nsatio | -            |
|     | Name and business  | audress         | NC                             | ONE                   | 5       |              |                                 | _         | Description of s                      | ervices           |             | Inpe   | Isalio              |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 | _         |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 | _         |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     |  |                 |                                |                       |         |              |                                 |           |                                       |                   |             |        |                     |              |
|     | Table and the firster of the second second   | I I'            |                                |                       |         |              |                                 |           |                                       |                   | _           |        |                     |              |
| 2   | Total number of independent contractors (ir \$100,000 of compensation from the organiz | •               | υτ IIr                         | INTEC                 | 1 (0 )  | thos<br>C    |                                 | req       | above) who received mo                | ore than          |             |        |                     |              |
|     | + so,ooo or compensation norm the organiz  |                 |                                |                       |         |              | -                               |           |                                       |                   |             |        |                     |              |

Form 990 (2021)

132008 12-09-21

| Form  | 1 990   | (2021) TOMORROW'S YOU                           | <u>JTH ORGAN</u>    | IZATION                     |   | 26-1409 | 007 Page <b>9</b>   |
|---|---------|---|---------------------|-----------------------------|---|---------|---|
| Pa  | rt VI   | Statement of Revenue                            |                     |                             |   |         |   |
|   |         | Check if Schedule O contains a response of      | or note to any line | in this Part VIII           | <u></u>   | <u></u> |   |
|   |         |   |                     | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or exempt<br>function revenue |         | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| υ v   | 1 a     | Federated campaigns 1a                          |                     |                             |   |         |   |
| ant   | b       |   |                     |                             |   |         |   |
| βğ  | c       |   |                     |                             |   |         |   |
| ifts<br>Ir A  | d       |   |                     |                             |   |         |   |
| nia,  | e       | Government grants (contributions) <b>1e</b>     |                     |                             |   |         |   |
| Sir   | f       |   |                     |                             |   |         |   |
| her   |         |   | 116,947.            |                             |   |         |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g       | Noncash contributions included in lines 1a-1f   |                     |                             |   |         |   |
| anc   | h       | Total. Add lines 1a-1f                          | ▶                   | 116,947.                    |   |         |   |
|   |         |   | Business Code       |                             |   |         |   |
| ø   | 2 a     |   |                     |                             |   |         |   |
| ŝ   | b       |   |                     |                             |   |         |   |
| Program Service<br>Revenue                                | с       |   |                     |                             |   |         |   |
| an  | d       |   |                     |                             |   |         |   |
| ğď  | е       |   |                     |                             |   |         |   |
| Pres  | f       | All other program service revenue               |                     |                             |   |         |   |
|   | g       | Total. Add lines 2a-2f                          |                     |                             |   |         |   |
|   | 3       | Investment income (including dividends, interes |                     |                             |   |         |   |
|   |         | other similar amounts)                          |                     | 536.                        |   |         | 536.  |
|   | 4       | Income from investment of tax-exempt bond pr    |                     |                             |   |         |   |
|   | 5       | Royalties                                       | ►                   |                             |   |         |   |
|   |         | (i) Real  | (ii) Personal       | -                           |   |         |   |
|   | 6 a     | Gross rents 6a                                  |                     |                             |   |         |   |
|   | b       |   |                     |                             |   |         |   |
|   | с       | Rental income or (loss) 6c                      |                     |                             |   |         |   |
|   | d       | Net rental income or (loss)                     |                     |                             |   |         |   |
|   | 7 a     | Gross amount from sales of (i) Securities       | (ii) Other          | -                           |   |         |   |
|   |         | assets other than inventory <b>7a</b>           |                     |                             |   |         |   |
|   | b       | Less: cost or other basis                       |                     |                             |   |         |   |
| e   |         | and sales expenses                              |                     |                             |   |         |   |
| evenue  | с       | Gain or (loss) 7c                               |                     |                             |   |         |   |
| Rev   |         | Net gain or (loss)                              | ▶                   |                             |   |         |   |
| erF   |         | Gross income from fundraising events (not       |                     | _                           |   |         |   |
| Other   |         | including \$ of                                 |                     |                             |   |         |   |
| -   |         | contributions reported on line 1c). See         |                     |                             |   |         |   |
|   |         | Part IV, line 18                                |                     |                             |   |         |   |
|   | b       | Less: direct expenses 8b                        |                     |                             |   |         |   |
|   | с       |   | 🕨                   |                             |   |         |   |
|   | 9 a     | Gross income from gaming activities. See        |                     |                             |   |         |   |
|   |         | Part IV, line 19 9a                             |                     |                             |   |         |   |
|   | b       | Less: direct expenses 9b                        |                     |                             |   |         |   |
|   | с       | Net income or (loss) from gaming activities     | ►                   |                             |   |         |   |
|   | 10 a    | Gross sales of inventory, less returns          |                     |                             |   |         |   |
|   |         | and allowances 10a                              |                     |                             |   |         |   |
|   | b       | Less: cost of goods sold 10b                    |                     |                             |   |         |   |
|   |         | Net income or (loss) from sales of inventory    | <b>&gt;</b>         |                             |   |         |   |
|   |         |   | Business Code       |                             |   |         |   |
| sno   | 11 a    | GAIN ON CURRENCY CONVE                          |                     | 5,548.                      |   |         | 5,548.  |
| scellaneo<br>Revenue                                      | b       |   |                     |                             |   |         |   |
| sells<br>eve  | с       |   |                     |                             |   |         |   |
| Miscellaneous<br>Revenue                                  | d       | All other revenue                               |                     |                             |   |         |   |
| 2   |         | Total. Add lines 11a-11d                        |                     | 5,548.                      |   |         |   |
|   | 12      | Total revenue. See instructions                 |                     | 123,031.                    | 0.  | 0.      | 6,084.  |
| 13200   | 9 12-09 |   |                     |                             |   |         | Form <b>990</b> (2021   |

TOMORROW'S YOUTH ORGANIZATION

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TOMORROW'S YOUTH ORGANIZATION Part IX Statement of Functional Expenses

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

|    | Check if Schedule O contains a response  |                       | U   | ,          |                                       |
|----|--|-----------------------|---|--|---------------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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  | 10 620                | 10 620                                    |  |                                       |
|    | individuals. See Part IV, lines 15 and 16  | 40,638.               | 40,638.                                   |  |                                       |
| 4  | Benefits paid to or for members  |                       |   |  |                                       |
| 5  | Compensation of current officers, directors,   |                       |   |  |                                       |
| 6  | trustees, and key employees<br>Compensation not included above to disqualified   |                       |   |  |                                       |
| 0  | persons (as defined under section 4958(f)(1)) and  |                       |   |  |                                       |
|    | persons described in section 4958(c)(3)(B)   |                       |   |  |                                       |
| 7  | Other salaries and wages   | 364,951.              | 334,871.                                  | 30,080.  |                                       |
| 8  | Pension plan accruals and contributions (include   |                       |   |  |                                       |
| -  | section 401(k) and 403(b) employer contributions)  |                       |   |  |                                       |
| 9  | Other employee benefits  | 5,435.                | 4,904.                                    | 531.   |                                       |
| 10 | Payroll taxes  | 9,505.                | 8,910.                                    | 595.   |                                       |
| 11 | Fees for services (nonemployees):  |                       | -   |  |                                       |
| а  | Management   |                       |   |  |                                       |
| b  | Legal  | 3,023.                |   | 3,023.   |                                       |
| с  | Accounting   | 32,842.               |   | 32,842.  |                                       |
|    | Lobbying   |                       |   |  |                                       |
|    | Professional fundraising services. See Part IV, line 17  |                       |   |  |                                       |
| f  | Investment management fees   |                       |   |  |                                       |
| g  |  |                       |   |  |                                       |
|    | column (A), amount, list line 11g expenses on Sch 0.)  | 60,797.               | 60,797.                                   |  |                                       |
| 12 | Advertising and promotion  | 2,111.                | 2,111.                                    |  |                                       |
| 13 | Office expenses  | 7,912.                | 159.                                      | 7,753.   |                                       |
| 14 | Information technology   | 8,139.                | 4,258.                                    | 3,881.   |                                       |
| 15 | Royalties  | 26,549.               |   | 26,549.  |                                       |
| 16 |  | 15,129.               | 9,081.                                    | 6,048.   |                                       |
| 17 | Travel<br>Payments of travel or entertainment expenses   | 15,129.               | 9,001.                                    | 0,040.   |                                       |
| 18 | for any federal, state, or local public officials  |                       |   |  |                                       |
| 19 | Conferences, conventions, and meetings   | 934.                  | 162.                                      | 772.   |                                       |
| 20 | Interest   |                       |   |  |                                       |
| 21 | Payments to affiliates   |                       |   |  |                                       |
| 22 | Depreciation, depletion, and amortization  | 28,785.               | 24,816.                                   | 3,969.   |                                       |
| 23 | Insurance  |                       |   |  |                                       |
| 24 | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                       |   |  |                                       |
| а  | TRANSPORT. FOR CLASSES   | 40,611.               | 39,916.                                   | 695.   |                                       |
| b  | CLASS SUPPLIES   | 24,530.               | 24,530.                                   | 0.   | 0.                                    |
| с  | PROFESSIONAL TRAINING  | 16,828.               | 16,828.                                   | 0.   | 0.                                    |
| d  | FOOD/CLOTHING  | 15,393.               | 14,762.                                   | 631.   | 0.                                    |
| е  | All other expenses   | 30,236.               | 15,840.                                   | 14,396.  |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e   | 734,348.              | 602,583.                                  | 131,765.   | 0.                                    |
| 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)   |                       |   |  |                                       |

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Form 990 (2021)

| Form                        | n 990 (/ | 2021) TOMORROW'S YOU<br>Balance Sheet                | тн о     | RGANIZATION                 |                   | 26- | 1409007 Page <b>11</b>                |
|-----------------------------|----------|--|----------|-----------------------------|-------------------|-----|---------------------------------------|
| 1 4                         |          | Check if Schedule O contains a response or not       | e to any | line in this Part Y         |                   |     |                                       |
|                             |          |  | e to any |                             | (A)               |     | (B)                                   |
|                             |          |  |          |                             | Beginning of year |     | End of year                           |
|                             | 1        | Cash - non-interest-bearing                          |          |                             | 17,115.           | 1   | 21,495.                               |
|                             | 2        | Savings and temporary cash investments               |          |                             | 1,210,912.        | 2   | 597,215.                              |
|                             | 3        | Pledges and grants receivable, net                   |          |                             | • •               | 3   | , , , , , , , , , , , , , , , , , , , |
|                             | 4        | Accounts receivable, net                             |          |                             | 3,429.            | 4   | 6,399.                                |
|                             | 5        | Loans and other receivables from any current or      |          |                             |                   |     | .,                                    |
|                             |          | trustee, key employee, creator or founder, subst     |          |                             |                   |     |                                       |
|                             |          | controlled entity or family member of any of the     |          |                             |                   | 5   |                                       |
|                             | 6        | Loans and other receivables from other disquali      |          |                             |                   |     |                                       |
|                             |          | under section 4958(f)(1)), and persons described     |          |                             |                   | 6   |                                       |
|                             | 7        | Notes and loans receivable, net                      |          |                             |                   | 7   |                                       |
| Assets                      | 8        | Inventories for sale or use                          |          |                             |                   | 8   |                                       |
| Ase                         | 9        |  |          |                             | 2,977.            | 9   | 6,674.                                |
|                             |          | Land, buildings, and equipment: cost or other        |          |                             |                   |     | 0,0,1                                 |
|                             | 100      | basis. Complete Part VI of Schedule D                | 102      | 403.796.                    |                   |     |                                       |
|                             | h        | Less: accumulated depreciation                       | 10b      | <u>403,796.</u><br>238,386. | 185,427.          | 10c | 165,410.                              |
|                             | 11       | Investments - publicly traded securities             |          |                             | 100/12/0          | 11  | 100,1100                              |
|                             | 12       | Investments - other securities. See Part IV, line 1  |          |                             |                   | 12  |                                       |
|                             | 13       | Investments - program-related. See Part IV, line     |          |                             |                   | 13  |                                       |
|                             | 14       | Intangible assets                                    |          |                             |                   | 14  |                                       |
|                             | 15       | Other assets. See Part IV, line 11                   |          |                             | 3,059.            | 15  | 3,059.                                |
|                             | 16       | Total assets. Add lines 1 through 15 (must equ       |          |                             | 1,422,919.        | 16  | 800,252.                              |
|                             | 17       | Accounts payable and accrued expenses                |          |                             | 146,785.          | 17  | 135,477.                              |
|                             | 18       | Grants payable                                       |          |                             |                   | 18  |                                       |
|                             | 19       | Deferred revenue                                     |          |                             |                   | 19  |                                       |
|                             | 20       | Tax-exempt bond liabilities                          |          |                             |                   | 20  |                                       |
|                             | 21       | Escrow or custodial account liability. Complete l    |          |                             |                   | 21  |                                       |
|                             | 22       | Loans and other payables to any current or form      |          |                             |                   |     |                                       |
| Liabilities                 |          | trustee, key employee, creator or founder, subst     |          |                             |                   |     |                                       |
| bili                        |          | controlled entity or family member of any of the     |          |                             | 12,500.           | 22  | 12,500.                               |
| Lia                         | 23       | Secured mortgages and notes payable to unrela        |          |                             | ,                 | 23  | ,                                     |
|                             | 24       | Unsecured notes and loans payable to unrelated       |          |                             |                   | 24  |                                       |
|                             | 25       | Other liabilities (including federal income tax, pa  |          |                             |                   | ~ . |                                       |
|                             |          | parties, and other liabilities not included on lines |          |                             |                   |     |                                       |
|                             |          | of Schedule D  | ,        |                             | 42.               | 25  | 0.                                    |
|                             | 26       | Total liabilities. Add lines 17 through 25           |          |                             | 159,327.          | 26  | 147,977.                              |
|                             |          | Organizations that follow FASB ASC 958, che          | ck here  |                             |                   |     |                                       |
| es                          |          | and complete lines 27, 28, 32, and 33.               |          |                             |                   |     |                                       |
| Ŭ                           | 27       |  |          |                             | 514,543.          | 27  | 441,029.                              |
| 3ala                        | 28       | Net assets with donor restrictions                   |          |                             | 749,049.          | 28  | 211,246.                              |
| Б                           |          | Organizations that do not follow FASB ASC 9          |          |                             | - /               |     |                                       |
| ĿĽ                          |          | and complete lines 29 through 33.                    | ,        |                             |                   |     |                                       |
| ç                           | 29       | Capital stock or trust principal, or current funds   |          |                             |                   | 29  |                                       |
| ets                         | 30       | Paid-in or capital surplus, or land, building, or ec |          |                             |                   | 30  |                                       |
| Ass                         | 31       | Retained earnings, endowment, accumulated in         |          |                             |                   | 31  |                                       |
| Net Assets or Fund Balances | 32       | Total net assets or fund balances                    |          |                             | 1,263,592.        | 32  | 652,275.                              |
| z                           | 33       |  |          |                             | 1,422,919.        | 33  | 800,252.                              |
| _                           | 00       |  |          |                             | _,,5_5.           | 00  | Earm <b>990</b> (2021)                |

Form 990 (2021)

|    | 1 990 (2021) TOMORROW'S YOUTH ORGANIZATION  | <u> 26-</u> | 1409007 | Pag  | <sub>ge</sub> 12 |
|----|---|-------------|---------|------|------------------|
| 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           | 123     | , 0: | 31.              |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2           | 734     | -    |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3           | -611    | -    |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4           | 1,263   | , 59 | 92.              |
| 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 on Schedule O)  | 9           |         |      | 0.               |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                  |             |         |      |                  |
|    | column (B))   | 10          | 652     | :,2' | 75.              |
| 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 on Schedule      | О.          |         |      |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |             | 2a      | Х    |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | on a        |         |      |                  |
|    | separate basis, consolidated basis, or both:  |             |         |      |                  |
|    | X 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 separate    |             |         |      |                  |
|    | consolidated basis, or both:  |             |         |      |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |             |         |      |                  |
| с  | 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      |      | Х                |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch   | edule O.    |         |      |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit   |         |      |                  |
|    | Act and OMB Circular A-133?   |             | 3a      |      | Х                |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audit   |         |      |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                            | <u></u>     | 3b      |      |                  |
|    |   |             | _ (     |      | (0004)           |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

## **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            |
|------------------------------|
| 2021                         |
| Open to Public<br>Inspection |

| Name of t | the organi | zation |
|-----------|------------|--------|
|-----------|------------|--------|

| Nam   | ame of the organization Employer identification number |  |                          |  |                    |                    |                               |               |   |  |  |
|-------|--|--|--------------------------|--|--------------------|--------------------|-------------------------------|---------------|---|--|--|
|       |  | TOMO   | RROW'S YOU               | TH ORGANIZAT   | ION                |                    |                               |               | 6-1409007                                       |  |  |
| Pa    | τI   | Reason for Public (  | Charity Status.          | (All organizations must o                              | complete th        | nis part.) S       | ee instruction                | S.            |   |  |  |
| The o | organ  | ization is not a private found   | ation because it is: (F  | For lines 1 through 12, c                              | heck only          | one box.)          |                               |               |   |  |  |
| 1     |  | A church, convention of ch   | urches, or associatio    | n of churches described                                | d in <b>sectio</b> | n <b>170(b)</b> (1 | I)(A)(i).                     |               |   |  |  |
| 2     |  | A school described in sect   | ion 170(b)(1)(A)(ii). (/ | Attach Schedule E (Forr                                | n 990).)           |                    |                               |               |   |  |  |
| 3     |  | A hospital or a cooperative  | hospital service orga    | anization described in s                               | ection 170         | (b)(1)(A)(ii       | ii).                          |               |   |  |  |
| 4     |  | A medical research organiz   | ation operated in cor    | njunction with a hospital                              | described          | in sectio          | n 170(b)(1)(A                 | )(iii). Enter | the hospital's name,                            |  |  |
|       |  | city, and state:   |                          |  |                    |                    |                               |               |   |  |  |
| 5     |  | An organization operated for   |                          | llege or university owned                              | d or operat        | ed by a go         | overnmental u                 | nit describe  | ed in   |  |  |
|       |  | section 170(b)(1)(A)(iv). (C   |                          |  |                    |                    |                               |               |   |  |  |
| 6     |  | A federal, state, or local gov   | •                        |  |                    |                    |                               |               |   |  |  |
| 7     | Х  |  |                          |  |                    |                    |                               |               |   |  |  |
| _     |  | section 170(b)(1)(A)(vi). (Complete Part II.)  |                          |  |                    |                    |                               |               |   |  |  |
| 8     |  | A community trust describe   |                          |  | -                  |                    |                               |               |   |  |  |
| 9     |  | An agricultural research org   | -                        |  |                    | -                  |                               | -             | -   |  |  |
|       |  | or university or a non-land-g  | grant college of agrici  | ulture (see instructions).                             | Enter the          | name, city         | , and state of                | the college   | or  |  |  |
| 40    |  | university:  |                          |  |                    |                    |                               |               |   |  |  |
| 10    |  | An organization that norma   |                          |  |                    |                    |                               |               |   |  |  |
|       |  | activities related to its exem   |                          | • •  | .,                 |                    |                               | • •           | 0   |  |  |
|       |  | income and unrelated busin   |                          | (less section 511 tax) in                              | om busines         | ses acqui          | rea by the org                | anization a   | aner June 30, 1975.                             |  |  |
| 11    |  | See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). |                          |  |                    |                    |                               |               |   |  |  |
| 12    |  | An organization organized a  | •                        |  | •                  |                    |                               | rny out the   | nurnoses of one or                              |  |  |
| 12    |  | more publicly supported or   | -                        | -  | -                  |                    |                               | •             |   |  |  |
|       |  | lines 12a through 12d that   | -                        |  |                    |                    |                               |               |   |  |  |
| а     |  | <b>Type I.</b> A supporting orga   |                          |  |                    |                    |                               | -             | aivina  |  |  |
|       |  | the supported organization   |                          | -  | • • • •            | -                  |                               |               |   |  |  |
|       |  | organization. You must o   |                          | • • • •  |                    |                    |                               |               | , p p o 1                                       |  |  |
| b     |  | <b>Type II.</b> A supporting org   | -                        |  | tion with it:      | s supporte         | ed organizatio                | n(s). bv hav  | vina  |  |  |
|       |  | control or management o  | -                        |  |                    |                    | -                             |               | •   |  |  |
|       |  | organization(s). You mus   |                          |  | •                  |                    | ·                             | 5 11          |   |  |  |
| с     |  | Type III functionally inte   | -                        |  | in connect         | tion with, a       | and functional                | ly integrate  | ed with,  |  |  |
|       |  | its supported organization   | n(s) (see instructions)  | ). You must complete                                   | Part IV, Se        | ctions A,          | D, and E.                     |               |   |  |  |
| d     |  | Type III non-functionally  | / integrated. A supp     | orting organization oper                               | rated in co        | nnection v         | vith its suppor               | ted organi:   | zation(s)                                       |  |  |
|       |  | that is not functionally int   | egrated. The organiz     | ation generally must sat                               | isfy a distr       | ibution rec        | quirement and                 | an attentiv   | /eness  |  |  |
|       |  | requirement (see instructi   | ions). You must con      | nplete Part IV, Section                                | s A and D,         | and Part           | <b>v</b> .                    |               |   |  |  |
| е     |  | Check this box if the orga   | anization received a v   | written determination fro                              | m the IRS          | that it is a       | Type I, Type                  | II, Type III  |   |  |  |
|       |  | functionally integrated, or  | r Type III non-functior  | nally integrated supporti                              | ng organiz         | ation.             |                               |               |   |  |  |
| f     | Ente   | er the number of supported o   | organizations            |  |                    |                    |                               |               |   |  |  |
| g     |  | vide the following information   |                          |  | (iv) is the orac   | nization listed    |                               |               |   |  |  |
|       | (  | <ul> <li>i) Name of supported<br/>organization</li> </ul>  | (ii) EIN                 | (iii) Type of organization<br>(described on lines 1-10 | in your governi    | 1                  | (v) Amount of support (see ir | ,             | (vi) Amount of other support (see instructions) |  |  |
|       |  | organization   |                          | above (see instructions))                              | Yes                | No                 | support (see ii               | istructions)  |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
|       |  |  |                          |  |                    |                    |                               |               |   |  |  |
| Tota  |  |  |                          |  |                    |                    |                               |               |   |  |  |

Part II

TOMORROW'S YOUTH ORGANIZATION

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.)

| See         | ction A. Public Support                      |                      |                                       |                       |                    |                    |                    |
|-------------|--|----------------------|---------------------------------------|-----------------------|--------------------|--------------------|--------------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2017      | <b>(b)</b> 2018                       | (c) 2019              | (d) 2020           | (e) 2021           | (f) Total          |
|             | Gifts, grants, contributions, and            |                      |                                       | • •                   |                    |                    |                    |
|             | membership fees received. (Do not            |                      |                                       |                       |                    |                    |                    |
|             | include any "unusual grants.")               | 96,769.              | 40,721.                               | 98,018.               | 82,234.            | 116,947.           | 434,689.           |
| 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                 | 96,769.              | 40,721.                               | 98,018.               | 82,234.            | 116,947.           | 434,689.           |
| 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)                                   |                      |                                       |                       |                    |                    | 234,169.           |
|             | Public support. Subtract line 5 from line 4. |                      |                                       |                       |                    |                    | 200,520.           |
| See         | ction B. Total Support                       |                      |                                       |                       |                    |                    |                    |
| Cale        | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2017      | <b>(b)</b> 2018                       | <b>(c)</b> 2019       | <b>(d)</b> 2020    | (e) 2021           | (f) Total          |
| 7           | Amounts from line 4                          | 96,769.              | 40,721.                               | 98,018.               | 82,234.            | 116,947.           | 434,689.           |
| 8           | Gross income from interest,                  |                      |                                       |                       |                    |                    |                    |
|             | dividends, payments received on              |                      |                                       |                       |                    |                    |                    |
|             | securities loans, rents, royalties,          |                      |                                       |                       |                    |                    |                    |
|             | and income from similar sources $\dots$      | 1,090.               | 492.                                  | 1,767.                | 804.               | 536.               | 4,689.             |
| 9           | Net income from unrelated business           |                      |                                       |                       |                    |                    |                    |
|             | activities, whether or not the               |                      |                                       |                       |                    |                    |                    |
|             | business is regularly carried on             |                      |                                       |                       |                    |                    |                    |
| 10          | Other income. Do not include gain            |                      |                                       |                       |                    |                    |                    |
|             | or loss from the sale of capital             |                      |                                       |                       |                    |                    |                    |
|             | assets (Explain in Part VI.)                 |                      |                                       |                       | 11,454.            | 8,293.             | 19,747.            |
| 11          | Total support. Add lines 7 through 10        |                      |                                       |                       |                    |                    | 459,125.           |
| 12          | Gross receipts from related activities,      | etc. (see instructio | ons)                                  |                       |                    | 12                 |                    |
| 13          | First 5 years. If the Form 990 is for the    | e organization's fir | rst, second, third, f                 | ourth, or fifth tax y | ear as a section 5 | 01(c)(3)           |                    |
| _           | organization, check this box and stor        |                      | · · · · · · · · · · · · · · · · · · · |                       |                    |                    | <b>&gt;</b>        |
| See         | ction C. Computation of Publi                | c Support Per        | centage                               |                       |                    | I I                | 40.68              |
|             | Public support percentage for 2021 (I        |                      | •                                     |                       |                    | 14                 | 43.67 %            |
|             | Public support percentage from 2020          |                      |                                       |                       |                    | 15                 | 37.70 %            |
| <b>1</b> 6a | a 33 1/3% support test - 2021. If the c      |                      |                                       |                       | 14 is 33 1/3% or m | ore, check this bo |                    |
|             | stop here. The organization qualifies        | . ,                  | •                                     |                       |                    |                    |                    |
| b           | <b>33 1/3% support test - 2020.</b> If the c |                      |                                       |                       | line 15 is 33 1/3% | or more, check thi | s box              |
|             | and <b>stop here.</b> The organization qual  |                      |                                       |                       |                    |                    |                    |
| 17a         | 10% -facts-and-circumstances test            |                      |                                       |                       |                    |                    |                    |
|             | and if the organization meets the fact       |                      |                                       | -                     | -                  | VI how the organiz | ation              |
| -           | meets the facts-and-circumstances te         | -                    |                                       |                       |                    |                    |                    |
| b           | 10% -facts-and-circumstances test            | -                    |                                       |                       |                    |                    | 10% or             |
|             | more, and if the organization meets the      |                      |                                       |                       |                    |                    |                    |
| 40          | organization meets the facts-and-circu       |                      | •                                     |                       | •                  |                    |                    |
| lõ          | Private foundation. If the organizatio       | n ulu not check a l  |                                       | a, 100, 178, 01 170   | , check this dox a |                    | Form 990) 2021     |
|             |  |                      |                                       |                       |                    | Schedule A         | (1 JIII JJU) ZUZ I |

| Schedule A (I | Form 990 | ) 2021 |
|---------------|----------|--------|
|---------------|----------|--------|

#### TOMORROW'S YOUTH ORGANIZATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |                           |                       |                      |                     |           |               |                  |     |
|--|---------------------------|-----------------------|----------------------|---------------------|-----------|---------------|------------------|-----|
| Calendar year (or fiscal year beginning in)  | (a) 2017                  | <b>(b)</b> 2018       | (c) 2019             | (d) 2020            | (e        | ) 2021        | (f) Total        |     |
| <b>1</b> Gifts, grants, contributions, and   |                           |                       |                      |                     |           |               |                  |     |
| membership fees received. (Do not  |                           |                       |                      |                     |           |               |                  |     |
| include any "unusual grants.")   |                           |                       |                      |                     |           |               |                  |     |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                       |                      |                     |           |               |                  |     |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or bus-  |                           |                       |                      |                     |           |               |                  |     |
| iness under section 513  |                           |                       |                      |                     |           |               | L                |     |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                           |                       |                      |                     |           |               |                  |     |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |                           |                       |                      |                     |           |               |                  |     |
| 6 Total. Add lines 1 through 5   |                           |                       |                      |                     |           |               |                  |     |
| <b>7a</b> Amounts included on lines 1, 2, and  |                           |                       |                      |                     |           |               |                  |     |
| 3 received from disqualified persons   |                           |                       |                      |                     |           |               |                  |     |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                           |                       |                      |                     |           |               |                  |     |
| <b>c</b> Add lines 7a and 7b   |                           |                       |                      |                     |           |               |                  |     |
| 8 Public support. (Subtract line 7c from line 6.)  |                           |                       |                      |                     |           |               |                  |     |
| Section B. Total Support   |                           |                       |                      |                     |           |               |                  |     |
| Calendar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017           | <b>(b)</b> 2018       | (c) 2019             | (d) 2020            | (e        | ) 2021        | <b>(f)</b> Total |     |
| 9 Amounts from line 6  |                           |                       |                      |                     |           |               |                  |     |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                           |                       |                      |                     |           |               |                  |     |
| <b>b</b> Unrelated business taxable income   |                           |                       |                      |                     |           |               |                  |     |
| (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                       |                      |                     |           |               |                  |     |
| <b>c</b> Add lines 10a and 10b   |                           |                       |                      |                     |           |               |                  |     |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                           |                       |                      |                     |           |               |                  |     |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                           |                       |                      |                     |           |               |                  |     |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)  |                           |                       |                      |                     |           |               |                  |     |
| 14 First 5 years. If the Form 990 is for the   | e organization's fi       | irst, second, third,  | fourth, or fifth tax | year as a section 5 | 501(c)(3) | ) organizatio | 'n,              |     |
| check this box and stop here   |                           |                       |                      |                     |           |               | <u></u>          |     |
| Section C. Computation of Publi  | <u>c Support Per</u>      | rcentage              |                      |                     |           |               |                  |     |
| 15 Public support percentage for 2021 (I   | ne 8, column (f), c       | divided by line 13,   | column (f))          |                     | 15        |               |                  | %   |
| 16 Public support percentage from 2020   |                           |                       |                      |                     | 16        |               |                  | %   |
| Section D. Computation of Inves  | tment Income              | e Percentage          |                      |                     |           |               |                  |     |
| 17 Investment income percentage for 20   | <b>21</b> (line 10c, colu | mn (f), divided by li | ne 13, column (f))   |                     | 17        |               |                  | %   |
| 18 Investment income percentage from 2   | 2020 Schedule A,          | Part III, line 17     |                      |                     | 18        |               |                  | %   |
| 19a 33 1/3% support tests - 2021. If the   |                           |                       |                      |                     | 33 1/3%   | , and line 17 | ' is not         |     |
| more than 33 1/3%, check this box ar   |                           |                       |                      |                     |           |               | ►[               |     |
| b 33 1/3% support tests - 2020. If the   |                           |                       |                      |                     |           | 33 1/3%, a    | nd               |     |
| line 18 is not more than 33 1/3%, che  |                           |                       |                      |                     |           |               |                  |     |
| 20 Private foundation. If the organizatio  |                           |                       |                      |                     |           |               | <b>)</b>         |     |
| 132023 01-04-22  |                           |                       |                      |                     |           |               | (Form 990) 2     | 021 |

16

1

Yes

No

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

#### Chedule A (Form 990) 2021 TOMORROW'S YOUTH ORGANIZATION

| Pa  | rt IV Supporting Organizations (continued)  |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |     |     |    |
|     | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b   | A family member of a person described on line 11a above?  | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |    |
|     | detail in Part VI.  | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations   |     |     |    |
|     |   |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |     |     |    |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1   |     |    |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |     |     |    |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |     |     |    |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |     |     |    |
|     | supervised, or controlled the supporting organization.  | 2   |     |    |
| Sec | tion C. Type II Supporting Organizations  |     |     |    |
|     |   |     | Yes | No |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |     |     |    |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |     |     |    |
|     | or management of the supporting organization was vested in the same persons that controlled or managed  |     |     |    |
|     | the supported organization(s).  | 1   |     |    |

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

#### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test du | uring the year ( | see instructions). |
|---|--|------------------|--------------------|
|---|--|------------------|--------------------|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| • | The execution evenested a severemental estitut      |  |
|---|---|--|
| C | I the organization supported a governmental entity. | Describe in <b>Part VI</b> how you supported a governmental entity (see instructions). |

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

Schedule A (Form 990) 2021

Yes No

132025 01-04-22

| Schedule A | (Form 990) 2 | 021         | TOMORROW '     | S  | YOUTH     | ORGANIZ    | ATION         |
|------------|--------------|-------------|----------------|----|-----------|------------|---------------|
| Part V     | Type III N   | Ion-Functio | nally Integrat | ed | 509(a)(3) | Supporting | Organizations |

| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | trust or | n Nov. 20, 1970 ( <i>explain in</i> <b>F</b> | Part VI). See instructions.    |
|------|---|----------|--|--------------------------------|
|      | All other Type III non-functionally integrated supporting organizations must of | complet  | e Sections A through E.                      |                                |
| Sect | ion A - Adjusted Net Income   |          | (A) Prior Year                               | (B) Current Year<br>(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<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |          |  |                                |
|      | instructions for short tax year or assets held for part of year):               |          |  |                                |
| a    | Average monthly value of securities   | 1a       |  |                                |
| b    | Average monthly cash balances   | 1b       |  |                                |
| C    | 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 0.015 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 0.035.   | 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 0.85 of line 1.   | 2        |  |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)          | 3        |  |                                |
| 4    | Enter greater of line 2 or line 3.  | 4        |  |                                |
| 5    | Income tax imposed in prior year  | 5        |  |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to            |          |  |                                |
|      | emergency temporary reduction (see instructions).                               | 6        |  |                                |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021

Section D - Distributions

2

1

|          |   |                              |                                       | -  |   |
|----------|---|------------------------------|---------------------------------------|----|---|
| 3        | Administrative expenses paid to accomplish exempt purpose             | s of supported organizations |                                       | 3  |   |
| 4        | Amounts paid to acquire exempt-use assets                             |                              | 4                                     |    |   |
| 5        | Qualified set-aside amounts (prior IRS approval required - pro        |                              | 5                                     |    |   |
| 6        | Other distributions ( <i>describe in Part VI</i> ). See instructions. |                              | 6                                     |    |   |
| 7        | Total annual distributions. Add lines 1 through 6.                    |                              |                                       | 7  |   |
| 8        | Distributions to attentive supported organizations to which th        | e organization is responsive |                                       |    |   |
|          | (provide details in Part VI). See instructions.                       | 0                            |                                       | 8  |   |
| 9        | Distributable amount for 2021 from Section C, line 6                  |                              |                                       | 9  |   |
| 10       | Line 8 amount divided by line 9 amount                                |                              |                                       | 10 |   |
| Secti    | on E - Distribution Allocations (see instructions)                    | (i)<br>Excess Distributions  | (ii)<br>Underdistributior<br>Pre-2021 | าร | (iii)<br>Distributable<br>Amount for 2021 |
| 1        | Distributable amount for 2021 from Section C, line 6                  |                              |                                       |    |   |
| 2        | Underdistributions, if any, for years prior to 2021 (reason-          |                              |                                       |    |   |
|          | able cause required - explain in Part VI). See instructions.          |                              |                                       |    |   |
| 3        | Excess distributions carryover, if any, to 2021                       |                              |                                       |    |   |
|          | From 2016   |                              |                                       |    |   |
|          | From 2017   |                              |                                       |    |   |
|          | From 2018   |                              |                                       |    |   |
|          | From 2019   |                              |                                       |    |   |
|          | From 2020   |                              |                                       |    |   |
|          | Total of lines 3a through 3e  |                              |                                       |    |   |
| -        | Applied to underdistributions of prior years                          |                              |                                       |    |   |
|          | Applied to 2021 distributable amount                                  |                              |                                       |    |   |
|          | Carryover from 2016 not applied (see instructions)                    |                              |                                       |    |   |
| <u>'</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                |                              |                                       |    |   |
| 4        | Distributions for 2021 from Section D,                                |                              |                                       |    |   |
| 4        |   |                              |                                       |    |   |
|          | · · · · · · · · · · · · · · · · · · ·                                 |                              |                                       |    |   |
|          | Applied to underdistributions of prior years                          |                              |                                       |    |   |
|          | Applied to 2021 distributable amount                                  |                              |                                       |    |   |
|          | Remainder. Subtract lines 4a and 4b from line 4.                      |                              |                                       |    |   |
| 5        | Remaining underdistributions for years prior to 2021, if              |                              |                                       |    |   |
|          | any. Subtract lines 3g and 4a from line 2. For result greater         |                              |                                       |    |   |
|          | than zero, explain in Part VI. See instructions.                      |                              |                                       |    |   |
| 6        | Remaining underdistributions for 2021. Subtract lines 3h              |                              |                                       |    |   |
|          | and 4b from line 1. For result greater than zero, explain in          |                              |                                       |    |   |
|          | Part VI. See instructions.  |                              | _                                     |    |   |
| 7        | Excess distributions carryover to 2022. Add lines 3j                  |                              |                                       |    |   |
|          | and 4c.   |                              |                                       |    |   |
| -        | Breakdown of line 7:  |                              |                                       |    |   |
|          | Excess from 2017  |                              |                                       |    |   |
| -        | Excess from 2018  |                              |                                       |    |   |
| c        | Excess from 2019  |                              |                                       |    |   |
| d        | Excess from 2020  |                              |                                       |    |   |
| <u>e</u> | Excess from 2021  |                              |                                       |    |   |
| d        | Excess from 2020  |                              |                                       | Sc | hedule A (Form 990) 2021                  |

1

2

**Current Year** 

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

| Schedule A | (Form 990) 2021   | TOMOR                           | ROW'S                       | YOUTH                           | ORGANIZATION  | 26-1409007 Page 8   |
|------------|---|---------------------------------|-----------------------------|---------------------------------|---|---|
| Part VI    | Part IV, Section A, lines 1,<br>line 1; Part IV, Section D,<br>Section D, lines 5, 6, and | , 2, 3b, 3c, 4<br>lines 2 and 3 | b, 4c, 5a,<br>3; Part IV, 5 | 6, 9a, 9b, 9c<br>Section E, lir | s required by Part II, line 10; Part II, lin<br>, 11a, 11b, and 11c; Part IV, Section E<br>les 1c, 2a, 2b, 3a, and 3b; Part V, line<br>and 6. Also complete this part for any | e 17a or 17b; Part III, line 12;<br>8, lines 1 and 2; Part IV, Section C,<br>1; Part V, Section B, line 1e; Part V, |
|            | (See instructions.)   |                                 |                             |                                 |   |   |
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|            |   |                                 |                             |                                 |   |   |
|            |   |                                 |                             |                                 |   |   |

123171 04-01-21

## Identification of Excess Contributions Included on Part II, Line 5

26-1409007

|     | ** Do Not File **             |     |
|-----|-------------------------------|-----|
| *** | Not Open to Public Inspection | *** |

| Contributor's Name  | Total<br>Contributions | Excess<br>Contributions |
|---|------------------------|-------------------------|
| ABDUL HAMEED SHOMAN FOUNDATION                            | 49,956.                | 40,773.                 |
| CHERIE BLAIR FOUNDATION FOR WOMEN                         | 29,812.                | 20,629.                 |
| DIANE AND NORMAN BERSTEIN FOUNDATION                      | 10,000.                | 817.                    |
| SKEES FAMILY FOUNDATION                                   | 15,000.                | 5,817.                  |
| WALID KATTAN  | 100,000.               | 90,817.                 |
| GLOBAL GIVING, INC.                                       | 83,682.                | 74,499.                 |
| HANI MASRI  | 10,000.                | 817.                    |
|   |                        |                         |
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|   |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 234,169.                |

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

| 2 | 6 | _ | 1 | 4 | 0 | 9 | 0 | 0 | 7 |  |
|---|---|---|---|---|---|---|---|---|---|--|
|   |   |   |   |   |   |   |   |   |   |  |

| Organization type (check one): |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|
| Filers of:                     | Section:   |  |  |  |  |  |  |  |
| Form 990 or 990-EZ             | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |  |  |  |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |  |  |  |  |  |  |  |

TOMORROW'S YOUTH ORGANIZATION

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**

X 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), 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 year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

noncash contributions.) Schedule B (Form 990) (2021)

1

10501116 750506 272

| (b)<br>Name, address, and ZIP + 4 | Total co |
|-----------------------------------|----------|
|                                   |          |
|                                   | \$       |
|                                   |          |
| (b)                               |          |
| Name, address, and ZIP + 4        | Total co |
|                                   |          |
|                                   | \$       |
|                                   |          |
| 24                                |          |

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

| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions               | (d)<br>Type of contribution  |
|--|-----------------------------------|--|--|
| <u>    1                                </u> |                                   | \$25,000.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions               | (d)<br>Type of contribution  |
|  |                                   | \$36,000.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions               | (d)<br>Type of contribution  |
| <u> </u>                                     |                                   | \$16,941.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)  | (b)                               | (c)                                      | (d)  |
| <u>No.</u><br><u>4</u>                       | Name, address, and ZIP + 4        | Total contributions            \$39,006. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions               | (d)<br>Type of contribution  |
|  |                                   | \$                                       | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions               | (d)<br>Type of contribution  |
|  |                                   | \$                                       | Person<br>Payroll<br>Noncash<br>(Complete Part II for                              |

Schedule B (Form 990) (2021) Name of organization

Part I

26 - 1409007

## TOMORROW'S YOUTH ORGANIZATION

123452 11-11-21

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed.             |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                     | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  | <u> </u>  |                      |
|                              |  | \$  |                      |

25

TOMORROW'S YOUTH ORGANIZATION

Name of organization

Employer identification number

26 - 1409007

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| Schedule B      | 3 (Form 990) (2021)  |   | Page   |  |  |  |  |  |  |  |
|-----------------|--|---|--|--|--|--|--|--|--|--|
| Name of or      |  |   | Employer identification number   |  |  |  |  |  |  |  |
|                 | NOW'S YOUTH ORGANIZATION   |   | 26-1409007   |  |  |  |  |  |  |  |
| Part III        | from any one contributor. Complete columns (a)   | ) through (e) and the following line en                               | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>ntry. For organizations |  |  |  |  |  |  |  |
|                 | completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | charitable, etc., contributions of <b>\$1,000 or</b> space is needed. | r less for the year. (Enter this info. once.) 🕨 \$   |  |  |  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |  |  |  |
| Part I          |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| F               |  | (e) Transfer of gif   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| _               | Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| (a) No.<br>from |  |   | (d) Deconvertion of how with in hold   |  |  |  |  |  |  |  |
| Part I          | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| F               | (e) Transfer of gift   |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| -               | Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |  |  |  |
| Part I          |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| _               |  | (e) Transfer of gif   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| F               | Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  | [   |  |  |  |  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held  |  |  |  |  |  |  |  |
| Part I          | (b) Fulpose of gift  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| F               |  | (e) Transfer of gif   | ft   |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
| F               | Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee   |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |
|                 |  |   |  |  |  |  |  |  |  |  |

123454 11-11-21

Schedule B (Form 990) (2021)

| SCHEDULE D | ) |
|------------|---|
|------------|---|

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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

|       | TOMORROW'S YOUTH OF   |   | 26-1409007                        |
|-------|---|---|-----------------------------------|
| Pa    | t I Organizations Maintaining Donor Advised   | d Funds or Other Similar Funds or               | Accounts. Complete if the         |
|       | organization answered "Yes" on Form 990, Part IV, line  | e 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 v  | vriting that the assets held in donor advised f | unds                              |
| -     | are the organization's property, subject to the organization's  |   |                                   |
| 6     | Did the organization inform all grantees, donors, and donor ad  |   |                                   |
| •     | for charitable purposes and not for the benefit of the donor of   |   |                                   |
|       |   |   | ě – –                             |
| Pa    |   |   |                                   |
| 1     | Purpose(s) of conservation easements held by the organization   |   |                                   |
| •     | Preservation of land for public use (for example, recreat   | · · · · · ·                                     | istorically important land area   |
|       | Protection of natural habitat   |   | ertified historic structure       |
|       | Preservation of open space  |   |                                   |
| 2     | Complete lines 2a through 2d if the organization held a qualifi   | ind conservation contribution in the form of a  | consonvation accoment on the last |
| 2     | day of the tax year.  |   | Held at the End of the Tax Year   |
| ~     |   |   |                                   |
|       | Total number of conservation easements  |   |                                   |
|       | Total acreage restricted by conservation easements<br>Number of conservation easements on a certified historic stru | ucture included in (a)                          |                                   |
|       |   |   |                                   |
| a     | Number of conservation easements included in (c) acquired a   | -   |                                   |
| 2     | listed in the National Register   |   | 2d                                |
| 3     | Number of conservation easements modified, transferred, rele  | eased, extinguished, or terminated by the org   | anization during the tax          |
|       | year  | amout is to add at                              |                                   |
| 4     | Number of states where property subject to conservation eas   |   |                                   |
| 5     | Does the organization have a written policy regarding the peri  |   | Yes No                            |
| ~     | violations, and enforcement of the conservation easements it  |   |                                   |
| 6     | Staff and volunteer hours devoted to monitoring, inspecting, I  | nandling of violations, and enforcing conserva  | ation easements during the year   |
| -     | Amount of our encoding manifesting inconsting hand  |   |                                   |
| 7     | Amount of expenses incurred in monitoring, inspecting, hand   | ling of violations, and enforcing conservation  | easements during the year         |
| •     |   |   |                                   |
| 8     | Does each conservation easement reported on line 2(d) above   |   |                                   |
| ~     | and section 170(h)(4)(B)(ii)?   |   |                                   |
| 9     | In Part XIII, describe how the organization reports conservation  | •   |                                   |
|       | balance sheet, and include, if applicable, the text of the footn  | ote to the organization's financial statements  | that describes the                |
| Pa    | organization's accounting for conservation easements. t III Organizations Maintaining Collections of                | Art Historical Treasures or Other               | r Similar Assets                  |
| Iu    | Complete if the organization answered "Yes" on Form   |   | omilar Assets.                    |
|       |   |   |                                   |
| Id    | If the organization elected, as permitted under FASB ASC 956  |   |                                   |
|       | of art, historical treasures, or other similar assets held for pub  | , ,   |                                   |
|       | service, provide in Part XIII the text of the footnote to its finan   |   | and the structure of              |
| a     | If the organization elected, as permitted under FASB ASC 956  | •   |                                   |
|       | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furtheral | nce of public service,            |
|       | provide the following amounts relating to these items:  |   |                                   |
|       | (i) Revenue included on Form 990, Part VIII, line 1   |   |                                   |
| -     |   |   |                                   |
| 2     | If the organization received or held works of art, historical trea  | · · ·   | n, provide                        |
|       | the following amounts required to be reported under FASB A  | -   |                                   |
|       | Revenue included on Form 990, Part VIII, line 1   |   |                                   |
|       | Assets included in Form 990, Part X   |   |                                   |
|       | For Paperwork Reduction Act Notice, see the Instructions  | for Form 990.                                   | Schedule D (Form 990) 2021        |
| 13205 | 10-28-21  |   |                                   |

| <b>^</b> | 7 |
|----------|---|
| 4        | 1 |
|          |   |

| <u>Sche</u> |   | W'S YOUTH (                     |              |               |                     |            |                         | 26-14               |           |         | age <b>2</b> |
|-------------|---|---------------------------------|--------------|---------------|---------------------|------------|-------------------------|---------------------|-----------|---------|--------------|
| Par         | t III Organizations Maintaining C   | ollections of Ar                | t, Histo     | rical Tre     | asures, or          | r Othe     | r Similaı               | <sup>-</sup> Assets | (contir   | nued)   |              |
| 3           | Using the organization's acquisition, accessi   | on, and other record            | s, check a   | any of the f  | ollowing that       | make si    | gnificant u             | ise of its          |           |         |              |
|             | collection items (check all that apply):  |                                 |              |               |                     |            |                         |                     |           |         |              |
| а           | Public exhibition   | c                               | 1 🗌 L        | oan or exc    | hange progra        | am         |                         |                     |           |         |              |
| b           | Scholarly research  | e                               | • 🗌 C        | Other         |                     |            |                         |                     |           |         |              |
| С           | Preservation for future generations   |                                 |              |               |                     |            |                         |                     |           |         |              |
| 4           | Provide a description of the organization's co  | ollections and explain          | n how the    | y further th  | e organizatio       | n's exer   | npt purpos              | se in Part          | XIII.     |         |              |
| 5           | During the year, did the organization solicit of  | or receive donations of         | of art, hist | torical treas | sures, or othe      | er similar | assets                  |                     | -         |         | -            |
|             | to be sold to raise funds rather than to be ma  |                                 |              |               |                     |            |                         |                     | Yes       |         | No           |
| Par         | t IV Escrow and Custodial Arran   |                                 | ete if the   | organizatio   | n answered "        | 'Yes" on   | Form 990                | , Part IV, I        | ine 9, or |         |              |
|             | reported an amount on Form 990, Pa  |                                 |              |               |                     |            |                         |                     |           |         |              |
| 1a          | Is the organization an agent, trustee, custodi  |                                 |              |               |                     |            |                         | _                   | -         |         | 7            |
|             | on Form 990, Part X?  |                                 |              |               |                     |            |                         | L                   | Yes       |         | No           |
| b           | If "Yes," explain the arrangement in Part XIII  | and complete the fo             | llowing ta   | ble:          |                     |            |                         |                     | •         |         |              |
|             |   |                                 |              |               |                     |            |                         |                     | Amoun     | [       |              |
|             | Beginning balance   |                                 |              |               |                     |            |                         |                     |           |         |              |
|             | Additions during the year   |                                 |              |               |                     |            |                         |                     |           |         |              |
| e           | Distributions during the year   |                                 |              |               |                     |            |                         |                     |           |         |              |
| T           | Ending balance  |                                 |              |               |                     |            |                         |                     | Vee       |         | 1            |
|             | Did the organization include an amount on F   |                                 |              |               |                     |            | ity?                    | ∟                   | Yes       |         | <b>∣No</b>   |
| Par         | If "Yes," explain the arrangement in Part XIII.<br><b>t V</b> Endowment Funds. Complete |                                 |              |               |                     |            | 10                      |                     |           |         |              |
| . a         |   | (a) Current year                | 1            | ior year      | (c) Two year        |            | (d) Three y             | ears hack           | (e) Four  | vears   | back         |
| 19          | Beginning of year balance   | (u) ourrone your                | (2)11        | ior your      | (0) 1110 your       | o suon     | (4) 11100 y             | ouro suon           | (0) 1 0 0 | youro   | Juon         |
| 1a<br>b     | Beginning of year balance   |                                 |              |               |                     |            |                         |                     |           |         |              |
| 0           | Contributions   |                                 |              |               |                     |            |                         |                     |           |         |              |
| о<br>А      | Grants or scholarships  |                                 |              |               |                     |            |                         |                     |           |         |              |
| Д           | Other expenditures for facilities   |                                 |              |               |                     |            |                         |                     |           |         |              |
| C           |   |                                 |              |               |                     |            |                         |                     |           |         |              |
| f           | Administrative expenses   |                                 |              |               |                     |            |                         |                     |           |         |              |
| g           | End of year balance   |                                 |              |               |                     |            |                         |                     |           |         |              |
| 2           | Provide the estimated percentage of the curr  | rent vear end balanc            | e (line 1a   | column (a)    | ) held as:          |            |                         |                     |           |         |              |
| a           | Board designated or quasi-endowment   |                                 | %            | (u)           | ,                   |            |                         |                     |           |         |              |
| b           | Permanent endowment   | %                               |              |               |                     |            |                         |                     |           |         |              |
| с           | · · · · · · · · · · · · · · · · · · ·   | %                               |              |               |                     |            |                         |                     |           |         |              |
|             | The percentages on lines 2a, 2b, and 2c sho   | uld equal 100%.                 |              |               |                     |            |                         |                     |           |         |              |
| 3a          | Are there endowment funds not in the posse  |                                 | ation that   | are held ar   | nd administer       | ed for th  | e organiza              | ation               |           |         |              |
|             | by:   |                                 |              |               |                     |            |                         |                     |           | Yes     | No           |
|             | (i) Unrelated organizations   |                                 |              |               |                     |            |                         |                     | 3a(i)     |         |              |
|             | (ii) Related organizations  |                                 |              |               |                     |            |                         |                     | 3a(ii)    |         |              |
| b           | If "Yes" on line 3a(ii), are the related organization                                   |                                 |              |               |                     |            |                         |                     | Зb        |         |              |
| _ 4         | Describe in Part XIII the intended uses of the  |                                 | wment fu     | nds.          |                     |            |                         |                     |           |         |              |
| Par         | t VI Land, Buildings, and Equipm  |                                 |              |               |                     |            |                         |                     |           |         |              |
|             | Complete if the organization answere  | d "Yes" on Form 990             | ), Part IV,  | line 11a. S   | ee Form 990         | , Part X,  | line 10.                |                     |           |         |              |
|             | Description of property   | (a) Cost or o<br>basis (investr |              | . ,           | or other<br>(other) | • •        | ccumulate<br>preciation | ed                  | (d) Boo   | k value | e            |
| 1a          | Land  |                                 |              |               |                     |            |                         |                     |           |         |              |
|             | Buildings   |                                 |              |               |                     |            |                         |                     |           |         |              |
| с           | Leasehold improvements  |                                 |              |               | 3,068.              |            | 2,18                    |                     | 1         | ),88    | 37.          |
| d           | Equipment   |                                 |              |               | 2,588.              |            | 228,00                  |                     | 15        | 4,52    |              |
|             | Other   |                                 |              |               | 8,140.              |            | 8,14                    | ±0.                 |           |         | 0.           |
| Tota        | . Add lines 1a through 1e. (Column (d) must e   | qual Form 990. Part             | X. columr    | n (B). line 1 | 0c.)                |            |                         |                     | 16        | 5,41    | LU.          |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 TOMORROW'S   | YOUTH ORGANIZ                | ATION                                 | 26-1409007 Page 3           |
|---|------------------------------|---------------------------------------|-----------------------------|
| Part VII Investments - Other Securities.  |                              |                                       |                             |
| Complete if the organization answered "Yes  |                              | 1                                     |                             |
| (a) Description of security or category (including name of security)  | (b) Book value               | (c) Method of valuation: Cost         | or end-of-year market value |
| (1) Financial derivatives   |                              |                                       |                             |
| (2) Closely held equity interests   |                              |                                       |                             |
| (3) Other   |                              |                                       |                             |
| (A)(B)  |                              |                                       |                             |
| (C)   |                              |                                       |                             |
| (D)   |                              |                                       |                             |
| (E)   |                              |                                       |                             |
| (F)   |                              |                                       |                             |
| (G)   |                              |                                       |                             |
| (H)   |                              |                                       |                             |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►  | •                            |                                       |                             |
| Part VIII Investments - Program Related.  |                              |                                       |                             |
| Complete if the organization answered "Yes  |                              |                                       |                             |
| (a) Description of investment   | (b) Book value               | (c) Method of valuation: Cost         | or end-of-year market value |
| (1)   |                              |                                       |                             |
| (2)   |                              |                                       |                             |
| (3)   |                              |                                       |                             |
| (4)   |                              |                                       |                             |
| (5)   |                              |                                       |                             |
| (6)<br>(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  | " on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15.   |                             |
| (a  | ) Description                |                                       | (b) Book value              |
| (1)   |                              |                                       |                             |
| (2)   |                              |                                       |                             |
| (3)   |                              |                                       |                             |
| (4)   |                              |                                       |                             |
| (5)   |                              |                                       |                             |
| <u>(6)</u>  |                              |                                       |                             |
| <u>(7)</u>  |                              |                                       |                             |
| (8)<br>(9)  |                              |                                       |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lii  | ne 15)                       |                                       |                             |
| Part X Other Liabilities.   | ic (0.)                      |                                       |                             |
| Complete if the organization answered "Yes  | " on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, li  | ne 25.                      |
| 1. (a) Description of liability   |                              |                                       | (b) Book value              |
| (1) Federal income taxes  |                              |                                       |                             |
| (2)   |                              |                                       |                             |
| (3)   |                              |                                       |                             |
| (4)   |                              |                                       |                             |
| (5)   |                              |                                       |                             |
| (6)   |                              |                                       |                             |
| (7)   |                              |                                       |                             |
| (8)   |                              |                                       |                             |
| (9)<br>Total (0) / (0 |                              |                                       |                             |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lii<br>2. Liability for uncertain tax positions. In Part XIII, provid  | -                            |                                       | ents that reports the       |
| - Easing for anoonain tax positions. In r art XIII, provid  |                              | , and organization o milanoial statem |                             |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

| Sche | dule D (Form 990) 2021 TOMORROW'S YOUTH ORGANIZAT                                | ION             | 26-1409007 Page 4 |
|------|--|-----------------|-------------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With Rever | ue per Return.    |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       | 1.              |                   |
| 1    | Total revenue, gains, and other support per audited financial statements         |                 |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |                 |                   |
| а    | Net unrealized gains (losses) on investments                                     | . 2a            |                   |
| b    | Donated services and use of facilities   | 2b              |                   |
| с    | Recoveries of prior year grants  |                 |                   |
| d    | Other (Describe in Part XIII.)   | 2d              |                   |
| е    | Add lines 2a through 2d  |                 | 2e                |
| 3    | Subtract line 2e from line 1   |                 |                   |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |                 |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b>       |                   |
| b    | Other (Describe in Part XIII.)   | 4b              |                   |
| С    | Add lines <b>4a</b> and <b>4b</b>  |                 |                   |
| _5   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  |                 |                   |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statem                   | -               | nses per Return.  |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a       |                 |                   |
| 1    | Total expenses and losses per audited financial statements                       |                 |                   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                | 1 1             |                   |
| а    | Donated services and use of facilities   | . 2a            |                   |
| b    | Prior year adjustments   |                 |                   |
| С    | Other losses   |                 |                   |
| d    | Other (Describe in Part XIII.)   |                 |                   |
| е    | Add lines 2a through 2d  |                 |                   |
| 3    | Subtract line 2e from line 1   |                 |                   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               | 1 1             |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 |                 |                   |
| b    | Other (Describe in Part XIII.)   | 4b              |                   |
| С    | Add lines 4a and 4b  |                 |                   |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) |                 |                   |
| Pa   | rt XIII Supplemental Information.  |                 |                   |

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

| Name | e of the organization         |                          |                            |  |                    | Employer identifie               | cation number                |
|------|-------------------------------|--------------------------|----------------------------|--|--------------------|----------------------------------|------------------------------|
| ৸৹৸  | ORROW'S YOUT                  |                          | 7⊅₩T∩N                     |  |                    | 26-140900                        | 7                            |
| Pa   | rt I General Infor            | mation on A              | ctivities Out              | side the United States. Compl  | ete if the organ   |                                  |                              |
|      | Form 990, Part IV             |                          |                            |  | ete il tite etguit |                                  |                              |
| 1    |                               |                          | n maintain record          | ds to substantiate the amount of its gra                                       | ants and other a   | assistance,                      |                              |
|      | the grantees' eligibility for | or the grants or a       | assistance, and t          | he selection criteria used to award the  | grants or assis    | stance?                          | Yes 🔀 No                     |
|      |                               |                          |                            |  |                    |                                  |                              |
| 2    | For grantmakers. Desc         | ribe in Part V the       | e organization's           | procedures for monitoring the use of its                                       | s grants and ot    | her assistance outsi             | de the                       |
|      | United States.                |                          |                            |  |                    |                                  |                              |
| 3    |                               |                          |                            | n be duplicated if additional space is r                                       |                    |                                  | (n                           |
|      | (a) Region                    | (b) Number of<br>offices | employees,                 | (d) Activities conducted in the region   |                    | vity listed in (d)               | (f) Total<br>expenditures    |
|      |                               | in the region            | agents, and                | (by type) (such as, fundraising, pro-<br>gram services, investments, grants to |                    | gram service,<br>e specific type | for and                      |
|      |                               | in the region            | independent<br>contractors | recipients located in the region)  |                    | (s) in the region                | investments<br>in the region |
|      |                               |                          | in the region              |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    | OUTH CENTER,                     |                              |
|      |                               |                          |                            | YOUTH DEVELOPMENT &  |                    | ANCEMENT AND                     |                              |
| MIDD |                               | 1                        | 25                         | ADVANCING WOMEN IN   |                    | SEE FORM 990                     | 470 427                      |
| MIDD | DLE EAST                      |                          | 25                         | PALESTINE.   | PART III FO        | R FORTHER                        | 470,437.                     |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  |                              |
|      |                               |                          |                            |  |                    |                                  | 470 435                      |
|      | Subtotal                      | 1                        | 25                         |  |                    |                                  | 470,437.                     |
| b    | Total from continuation       | 0                        | 0                          |  |                    |                                  | ^                            |
| -    | sheets to Part I              | 0                        | 0                          |  |                    |                                  | 0.                           |
| С    | Totals (add lines 3a and 3b)  | 1                        | 25                         |  |                    |                                  | 470,437.                     |
| _    | and 00)                       |                          | 1 23                       |  |                    |                                  |                              |

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2021

1

OMB No. 1545-0047

**Open to Public** 

Inspection

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

| Page 2                     |  | Ś,  |  |  | l |  |  |  |  | 51                         |
|----------------------------|--|---|--|--|---|--|--|--|--|----------------------------|
| Pag                        |  | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |  |  |   |  |  |  |  | Schedule F (Form 990) 2021 |
|                            | Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any<br>seded.   | (h) Description<br>of noncash<br>assistance                 |  |  |   |  |  |  |  | Schedu                     |
| 26-1409007                 | l "Yes" on Form 9  | <b>(g)</b> Amount of<br>noncash<br>assistance               |  |  |   |  |  |  |  |                            |
| 26-14                      | janization answered  | <b>(f)</b> Manner of cash disbursement                      |  |  |   |  |  |  | ecognized as a tax<br>valency letter   |                            |
|                            | complete if the org<br>ded.  | (e) Amount<br>of cash grant                                 |  |  |   |  |  |  | foreign country, re<br>tion 501(c)(3) equi   |                            |
| ORGANIZATION               | Grants and Other Assistance to Organizations or Entities Outside the United States. Comp<br>recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | <b>(d)</b> Purpose of<br>grant                              |  |  |   |  |  |  | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax<br>exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |                            |
| хоитн                      | <b>nizations or Entities O</b> u<br>00. Part II can be duplica   | (c) Region  |  |  |   |  |  |  | Enter total number of recipient organizations listed above that are recogniz<br>exempt 501(c)(3) organization by the IRS, or for which the grantee or couns<br>Enter total number of other organizations or entities   |                            |
| TOMORROW' S                | <b>r Assistance to Orga</b><br>eived more than \$5,00  | (b) IRS code section<br>and EIN (if applicable)             |  |  |   |  |  |  | ecipient organizations<br>ization by the IRS, or<br>other organizations or   |                            |
| Schedule F (Form 990) 2021 | Part II Grants and Other<br>recipient who rec  | 1<br>(a) Name of organization                               |  |  |   |  |  |  | <ul> <li>Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for white 3</li> <li>Enter total number of other organizations or entities</li> </ul>   |                            |

132072 12-20-21

| Schedule F (Form 990) 2021  | TOMORROW'S YOI   | YOUTH ORGAN                 | ORGANIZATION                    | 26   | 26-1409007                             |                                       | Page 3   |
|---|--|-----------------------------|---------------------------------|--|--|---------------------------------------|--|
| Part III         Grants and Other Assistance to Individuals Outside the United St           Part III         can be duplicated if additional space is needed. | nce to Individuals Outside<br>additional space is needed                   | e the United Star           | <b>tates.</b> Complete il       | Complete if the organization answered "Yes" on Form 990, Part IV, line 16. | on Form 990, Part                      | IV, line 16.                          |  |
| (a) Type of grant or assistance   | (b) Region   | (c) Number of<br>recipients | <b>(d)</b> Amount of cash grant | (e) Manner of<br>cash disbursement   | (f) Amount of<br>noncash<br>assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| EDUCATIONAL SUPPORT: GRANTS<br>PAID TO TEACHERS FOR<br>PSYCHOLOGICAL SOCIAL PROGRAM<br>INSTRUCTION TO PROVIDE   | MIDDLE EAST AND<br>NORTH AFRICA -<br>ALGERIA, BAHRAIN,<br>DJIBOUTI, EGYPT, | •                           | 0                               | CHECK  |  |                                       |  |
| FAMILY ECONOMIC<br>SUPPORT-HEALTH CARE: SUPPORT<br>TO FAMILIES IN THE REGION FOR<br>NECESSARY MEDICAL PROCEDURES.   | MIDDLE EAS<br>NORTH AFRI<br>ALGERIA, E<br>DJIBOUTI,                        |                             | 293.                            | CHECK  | °.                                     |                                       |  |
| FAMILY ECONOMIC SUPPORT-HOUSE<br>RENOVATIONS: GRANT PAYMENTS<br>PAID DIRECTLY TO CONTRACTORS<br>TO PERFORM NECESSARY HOME                                     | MIDDLE EÀST AND<br>NORTH AFRICA -<br>ALGERIA, BAHRAIN,<br>DJIBOUTI, EGYPT, | °                           |                                 | CHECK  |  |                                       |  |
| FAMILY ECONOMIC SUPPORT:<br>GRANTS PAID TO INDIVIDUALS<br>AND FAMILIES IN THE COMMUNITY<br>BASED UPON URGENT ECONOMIC   | MIDDLE EAST AND<br>NORTH AFRICA -<br>ALGERIA, BAHRAIN,<br>DJIBOUTI, EGYPT, | 0                           | . 0                             | CHECK  |  |                                       |  |
| SCHOLARSHIPS: GRANTS PAID TO<br>COLLEGES AND UNIVERSITIES ON<br>BEHALF OF STUDENTS WHO WON<br>ACADEMIC SCHOLARSHIPS FOR                                       | MIDDLE EAST AND<br>NORTH AFRICA -<br>ALGERIA, BAHRAIN,<br>DJIBOUTI, EGYPT, | 16                          | 27,974, CHECK                   | CHECK  |  |                                       |  |
| GRANTS: GRANTS PAID TO<br>INDIVIDUALS AS A PART OF THE<br>YOUTH ENTREPRENUERS PROGRAM   |  | 4                           | 12,371.0                        | CHECK  |  |                                       |  |
|   |  |                             |                                 |  |  |                                       |  |
|   |  |                             |                                 |  |  | Schedu                                | Schedule F (Form 990) 2021                                     |
| 20 D7   | זאתווורי פרש זו שפגם   | ( K )                       | NOTMUTUNA                       |  |  |                                       |  |

SEE PART V FOR COLUMN (A) DESCRIPTIONS

132073 12-20-21

| Schedule F (For |             |   | YOUTH | ORGANIZATION |
|-----------------|-------------|---|-------|--------------|
| Part IV Fo      | oreign Form | S |       |              |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>   | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may<br>be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and<br>Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a<br>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? <i>If</i> "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? <i>If</i> "Yes," <i>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)</i>  | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>   | Yes | X No |

Schedule F (Form 990) 2021

# 

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

TOMORROW'S YOUTH ORGANIZATION

(A) TYPE OF GRANT OR ASSISTANCE: EDUCATIONAL SUPPORT: GRANTS PAID TO

TEACHERS FOR PSYCHOLOGICAL SOCIAL PROGRAM INSTRUCTION TO PROVIDE SUPPORT

TO CHILDREN AND FAMILIES IN THE REGION WITH THEIR PSYCHOSOCIAL NEEDS.

(A) REGION:

Schedule F (Form 990) 2021

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

(A) TYPE OF GRANT OR ASSISTANCE: FAMILY ECONOMIC SUPPORT-HEALTH CARE:

SUPPORT TO FAMILIES IN THE REGION FOR NECESSARY MEDICAL PROCEDURES.

THESE FUNDS ARE PAID TO MEDICAL PROFESSIONALS IN THE REGION FOR BOTH

SURGICAL AND NON-SURGICAL TREATMENT FOR FAMILIES WHO CANNOT AFFORD

TREATMENT.

(A) REGION:

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

(A) TYPE OF GRANT OR ASSISTANCE: FAMILY ECONOMIC SUPPORT-HOUSE

RENOVATIONS: GRANT PAYMENTS PAID DIRECTLY TO CONTRACTORS TO PERFORM

NECESSARY HOME REPAIRS AND REMODELING FOR FAMILIES IN THE COMMUNITY TO

35

ENSURE SAFE LIVING CONDITIONS.

132075 12-20-21

132075 12-20-21

#### TOMORROW'S YOUTH ORGANIZATION Schedule F (Form 990) 2021 Supplemental Information Part V

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### (A) REGION:

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

(A) TYPE OF GRANT OR ASSISTANCE: FAMILY ECONOMIC SUPPORT: GRANTS PAID

TO INDIVIDUALS AND FAMILIES IN THE COMMUNITY BASED UPON URGENT ECONOMIC

NEED. THESE CASES ARE PRESENTED TO TYO STAFF FOR EVALUATION AND

ASSISTANCE IS AWARDED ON A CASE BY CASE BASIS.

(A) REGION:

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

(A) TYPE OF GRANT OR ASSISTANCE: SCHOLARSHIPS: GRANTS PAID TO COLLEGES

AND UNIVERSITIES ON BEHALF OF STUDENTS WHO WON ACADEMIC SCHOLARSHIPS FOR

BOTH UNDERGRADUATE AND GRADUATE STUDIES. THESE SCHOLARSHIPS ARE AWARDED

BY TYO STAFF BASED UPON A REVIEW PROCESS AND PRESENTATION BY THE STUDENT.

| SCHEDULE L  |                     | Tra     | insaction   | s V            | Vith              | Inte           | rested              | Ре      | rsons                       |          |              | 0             | MB No. 1          | 545-00      | 47      |
|---|---------------------|---------|---|----------------|-------------------|----------------|---------------------|---------|-----------------------------|----------|--------------|---------------|-------------------|-------------|---------|
| (Form 990)  | Complete if         | the o   | rganization ans<br>28b, or 28c, o                   |                |                   |                |                     |         |                             | 26, 27,  | 28a,         |               | 2                 | 02          | 1       |
| Department of the Treasury<br>nternal Revenue Service   | ► G                 | io to v |   | ch to          | Form              | 990 or F       | orm 990-EZ          | Ζ.      |                             |          |              |               | pen To<br>spect   |             | olic    |
| Name of the organization  | on                  |         |   |                |                   |                |                     |         |                             |          |              | r ident       |                   | on nu       | mber    |
|   |                     |         | S YOUTH (   |                |                   |                |                     |         |                             |          |              | 090           | 07                |             |         |
|   | Benefit Trans       |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   | if the organization |         |   |                |                   |                | e 25a or 25b        | o, or F | orm 990-EZ, P               | art V, I | ine 40       | b.            |                   |             |         |
| 1 (a) Name of disqua  | alified person      | (b) ⊦   | Relationship betw<br>person and or                  |                |                   | lified         | (0                  | c) Des  | scription of trar           | sactic   | n            |               | · · · ·           | Corre<br>es | No      |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
| <ul> <li>2 Enter the amount section 4958</li> <li>3 Enter the amount of the amoun</li></ul> |                     |         | -   |                |                   |                |                     |         |                             |          | ► \$<br>► \$ |               |                   |             |         |
| Part II Loans t   | o and/or Fron       | n Inte  | erested Pers  | ons            |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   | if the organization |         |   |                |                   | Part V.        | line 38a or F       | Form 9  | 990. Part IV. lin           | e 26: (  | or if th     | e orga        | nizatio           | n           |         |
| -   | an amount on Forr   |         |   |                |                   | , . <b>.</b> , |                     | •       |                             |          |              | e e gu        |                   |             |         |
| (a) Name of   | (b) Relatio         |         |   | ( <b>d)</b> Lo | oan to or         | (e)            | Original            | (f)     | Balance due                 | (g       | <b>)</b> In  | (h) Ap        | proved            | (i) V       | Vritten |
| interested persor   | n with organi       | zation  | of loan   |                | n the<br>ization? | princip        | pal amount          |         |                             | defa     | ault?        | bý bó<br>comn |                   | agree       | ement?  |
|   |                     |         |   |                | From              |                |                     |         |                             | Yes      |              | Yes           | No                | Yes         |         |
| HANI MASRI  | PRESI               | DEN     | TEMPORAR  | X              |                   | 4              | 1,000.              |         | 12,500.                     |          | X            | X             |                   |             | X       |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
| otal  |                     |         |   |                |                   |                | 🕨 \$                |         | 12,500.                     |          |              |               |                   |             |         |
| Part III Grants   | or Assistance       | Ben     | efiting Intere                                      | este           | d Per             | sons.          |                     |         |                             |          |              |               |                   |             |         |
| Complete  | if the organization | n ansv  | vered "Yes" on F                                    | orm 9          | 990, Pa           | art IV, lin    | e 27.               |         |                             |          |              |               |                   |             |         |
| (a) Name of inter   | ested person        |         | (b) Relationship<br>interested pers<br>the organiza | on an          |                   |                | Amount of ssistance |         | <b>(d)</b> Type<br>assistan |          |              | •             | ) Purp<br>assista |             | f       |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
|   |                     |         |   |                |                   |                |                     |         |                             |          |              |               |                   |             |         |
| HA For Paperwork F  | Reduction Act No    | otice,  | see the Instruct                                    | ions           | for For           | m 990 c        | or 990-EZ.          |         |                             |          | Sche         | dule L        | . (Forr           | n 990       | ) 202   |

SEE PART V FOR CONTINUATIONS

132131 11-02-21

|  | ROW'S YOUTH ORGANIZAT  | TION  | 26-1409                        | 007    | Page 2                        |
|--|--|---|--------------------------------|--------|-------------------------------|
| Part IV Business Transactions Involv   | •  |   |                                |        |                               |
| Complete if the organization answered (a) Name of interested person                        | I "Yes" on Form 990, Part IV, line 28a, 20         (b) Relationship between interested person and the organization | 3b, or 28c.<br>(c) Amount of<br>transaction | (d) Description of transaction | organi | aring of<br>zation's<br>nues? |
|  |  |   |                                | Yes    | No                            |
|  |  |   |                                |        |                               |
|  |  |   |                                |        | <u> </u>                      |
|  |  |   |                                |        |                               |
|  |  |   |                                |        |                               |
|  |  |   |                                |        |                               |
|  |  |   |                                |        |                               |
| Part V         Supplemental Information.           Provide additional information for resp | onses to questions on Schedule L (see i  | nstructions).                               |                                | •      |                               |
| SCHEDULE L, PART II, LOANS   | TO AND FROM INTERES  | TED PERSONS                                 | 5:                             |        |                               |
| (A) NAME OF PERSON: HANI M   | ASRI   |   |                                |        |                               |
| (B) RELATIONSHIP WITH ORGA   | NIZATION: PRESIDENT  |   |                                |        |                               |
| (C) PURPOSE OF LOAN: TEMPO   | RARY CASH LOAN TO OR   | GANIZATION                                  |                                |        |                               |
| (D) LOAN TO OR FROM ORGANI   | ZATION? = TO   |   |                                |        |                               |
| (E) ORIGINAL PRINCIPAL AMC   | UNT \$ 41,000. (F) B   | ALANCE DUE                                  | \$ 12,500.                     |        |                               |
|  |  |   |                                |        |                               |

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = NO

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



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 2- TO 8-YEAR-OLDS,

TYO WILL WELCOME ALL COMMUNITY MEMBERS FOR A VARIETY OF EDUCATIONAL,

RECREATIONAL, AND CULTURAL PROGRAMS AND EVENTS. INTERNATIONAL AND

LOCAL TYO STAFF WILL WORK CLOSELY WITH THE LOCAL COMMUNITY BEFORE

OPENING THE CENTER TO ENSURE THAT THE ACTIVITIES OFFERED RESPOND TO

LOCAL NEEDS AND INTERESTS, AS WELL AS ADVANCING THE TYO MISSION.

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

AND RECREATIONAL RESOURCES THAT ARE CURRENTLY UNAVAILABLE IN

COMMUNITIES THEY SERVE. BEYOND THE CORE PROGRAM TARGETED AT

UNDERPRIVILEGED 2- TO 8-YEAR-OLDS, TYO WILL WELCOME ALL COMMUNITY

MEMBERS FOR A VARIETY OF EDUCATIONAL, RECREATIONAL, AND CULTURAL

PROGRAMS AND EVENTS. INTERNATIONAL AND LOCAL TYO STAFF WILL WORK

CLOSELY WITH THE LOCAL COMMUNITY BEFORE OPENING THE CENTER TO ENSURE

THAT THE ACTIVITIES OFFERED RESPOND TO LOCAL NEEDS AND INTERESTS, AS

WELL AS ADVANCING THE TYO MISSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAUMA AND DEPRIVATION. WE KNOW THE GREATEST INVESTMENT WE CAN MAKE IN OUR COMMUNITIES BEGINS WITH CHILDREN.SINCE WE OPENED OUR DOORS, WE HAVE OFFERED EARLY CHILDHOOD PROGRAMS TO CHILDREN STARTING AT AGE 4 YEARS

| Name of the organization TOMORROW'S YOUTH ORGANIZATION   | Employer identification number 26-1409007 |
|--|---|
| OLD. HOWEVER, WITH SUPPORT FROM THE QATAR FUND FOR DEVI  | ELOPMENT, TYO                             |
| EXPANDED EARLY CHILDHOOD DEVELOPMENT PROGRAMS CHILDREN   | STARTING AT 2                             |
| YEARS OLD. SESSIONS FOCUS ON EARLY COGNITIVE STIMULATIC  | ON AND ENCOURAGE                          |
| PEER SOCIALIZATION AND LEARNING. ADDITIONALLY, THE PROC  | GRAM PLACES                               |
| SPECIFIC EMPHASIS ON DIAGNOSIS AND EARLY INTERVENTION    | FOR LEARNING                              |
| DISABILITIES.  |   |
|  |   |
| NON-FORMAL EDUCATION (AGES 9-14)                         |   |
| TYO IS COMMITTED TO SUPPORTING CHILDREN THROUGH NON-FOR  | RMAL EDUCATIONAL                          |
| PROGRAMS. NON-FORMAL EDUCATION GIVES CHILDREN THE TOOLS  | S NECESSARY TO                            |
| BUILD THEIR COGNITIVE, EMOTIONAL, AND PHYSICAL SKILLS.   |   |
| CHILDREN COME TO TYO ACCUSTOMED TO DISMISSING THE IMPORT | RTANCE OF THEIR                           |
| EMOTIONS; THE NON-FORMAL EDUCATIONAL PROGRAM AIMS TO HI  | ELP THEM                                  |
| RE-DISCOVER OPEN EXPRESSION AND EXPLORE THEIR EMOTIONS   | . ISOLATED AND                            |
| OVERCROWDED REFUGEE CAMPS AND OTHER DISADVANTAGED COMM   | UNITIES LACK THE                          |
| IMAGINATIVE ATMOSPHERE AND OPEN SPACES CHILDREN NEED TO  | O PLAY AND BE                             |
| CREATIVE. OUR CENTER BECOMES THAT SAFE AND CREATIVE SPA  | ACE FOR CHILDREN                          |
| TO DEVELOP AND GROW. TYO EMPOWERS CHILDREN WHO OTHERWIS  | SE LACK THE SPACE                         |
| NEEDED FOR SELF-REALIZATION.                             |   |

BUILDING CHILDREN'S CONFIDENCE THROUGH NON-FORMAL EDUCATION IS THE CORNERSTONE OF TYO'S EDUCATIONAL SUPPORT, HOWEVER OVER TIME, IT BECAME EVIDENT THAT CHILDREN WERE STRUGGLING WITH THE LACK OF SUPPORT IN THEIR FORMAL EDUCATION. WE KNOW HOW FRUSTRATING IT CAN BE TO WATCH BRILLIANT YOUNG PEOPLE STRUGGLE IN SCHOOL BECAUSE OF OVERCROWDED CLASSROOMS AND A LACK OF CONDUCIVE LEARNING TOOLS.

THROUGH ADDRESSING THEIR SUPPLEMENTARY EDUCATIONAL NEEDS IN

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| Name of the organization<br>TOMORROW'S YOUTH ORGANIZATION  | Employer identification number 26-1409007 |
|--|---|
| AFTER-SCHOOL PROGRAMMING, WE BEST PREPARE CHILDREN FOR HIC | HER                                       |
| EDUCATION, EMPLOYMENT, AND LONG-TERM ECONOMIC OPPORTUNITI  | S. OUR                                    |
| ACADEMIC SUPPORT PROGRAM FOCUSES ON EARLY INTERVENTION THE | ROUGH ACADEMIC                            |
| SUPPORT, ADDRESSING WEAKNESSES IN ADOLESCENTS' EDUCATION H | EARLY ON IN                               |
| KEY AREAS SUCH AS ARABIC, ENGLISH, AND MATHEMATICS, AND EN | ISURING                                   |
| ACADEMIC SUCCESS IN LATER YEARS OF SECONDARY SCHOOL.       |   |

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HEALTH AND WELL-BEING. THIS DIRECTLY IMPROVES EACH FAMILY'S WELFARE AND MULTIPLIES THE IMPACT AND SUSTAINABILITY OF OUR EFFORTS.

WE HAVE PARTNERED WITH SEVERAL LOCAL ORGANIZATIONS AND ACCREDITED PROFESSIONALS THAT HAVE GUEST LECTURED TO THE WOMEN WE SERVE, INCLUDING: THE PALESTINIAN CHARITABLE FAMILY PLANNING AND PROTECTION SOCIETY, THE TREATMENT AND REHABILITATION CENTER FOR TORTURED VICTIMS, THE PALESTINIAN WORKING WOMAN SOCIETY FOR DEVELOPMENT, THE PALESTINIAN COUNSELING CENTER, THE EARLY CHILDHOOD RESOURCE CENTER, YMCA NABLUS, AND AN-NAJAH UNIVERSITY.

WOMEN'S EMPOWERMENT AND PARENTING PROGRAM

WITH SUPPORT FROM THE QATAR FUND FOR DEVELOPMENT, WEPP WAS DEVELOPED TO

EXPAND OUR SUPPORT EFFORTS FOR MOTHERS; TO OFFER THEM TRAININGS AND

SEMINARS ON HEALTH, MENTAL HEALTH, PARENTING & CHILDREN'S NEEDS,

EDUCATION & LITERACY, AND RECOGNIZING WOMEN'S RIGHTS. THROUGH THESE

PROGRAMS, WE HELP ADULT COMMUNITY MEMBERS DEVELOP THE RESOURCES

NECESSARY TO REACH THEIR INDIVIDUAL POTENTIAL AND THEREBY RAISE

HEALTHIER AND HAPPIER CHILDREN. TYO HAS PARTNERED WITH SEVERAL LOCAL

ORGANIZATIONS AND ACCREDITED PROFESSIONALS TO HELP LEAD THESE

#### DISCUSSIONS, INCLUDING: DOCTORS WITHOUT BORDERS AND AN-NAJAH

UNIVERSITY.

MOTHER-CHILD COMMUNICATION WOMEN REGULARLY ACCOMPANY THEIR CHILDREN IN THE CLASSROOM TO IMPROVE MOTHER - CHILD COMMUNICATION AND DISCIPLINE SKILLS, USING TECHNIQUES THE MOTHERS HAVE LEARNED UNDER THE TEACHER'S GUIDELINES AND SUPERVISION. WE PROVIDE WOMEN WITH A SAFE SPACE AND PLATFORM TO CANDIDLY DISCUSS THEIR THOUGHTS AND CONCERNS. WE ALSO CONNECT THEM TO RESOURCES AND LOCAL ORGANIZATIONS THAT ARE AVAILABLE TO ASSIST THEM IN NEEDS OUTSIDE OF OUR CAPACITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: THE PROGRAM RECRUITS GRADUATES FROM DIVERSE FIELDS INCLUDING STEM (SCIENCE, TECHNOLOGY/IT, ENGINEERING, AND MATHEMATICS), AND THOSE IN VOCATIONAL AND OTHER FIELDS WITH DEMONSTRATED ENTREPRENEURIAL SPIRIT, TO PARTICIPATE IN A YEAR-LONG BUSINESS DEVELOPMENT TRAINING PROGRAM. THE PROGRAM INCORPORATES A HOLISTIC APPROACH. ASPIRING ENTREPRENEURS ARE PROVIDED WITH BOTH BUSINESS DEVELOPMENT, FINANCIAL LITERACY, AND BUSINESS ENGLISH, BUT ALSO COACHING, MENTORING, AND CONFIDENCE-BUILDING ACTIVITIES. AT THE CONCLUSION OF THE PROGRAM, PARTICIPANTS COMPETE IN A PUBLIC BUSINESS PLAN PITCHING EVENT. A FINAL SELECTION OF ENTREPRENEURS WITH HIGH-POTENTIAL BUSINESS AND FINANCIAL GROWTH PLANS WILL RECEIVE GRANT FUNDING FOR THEIR BUSINESS LAUNCH.

#### EXPERIENCE TO EMPLOYMENT

TYO IS COMMITTED TO MEANINGFULLY ENGAGING THE YOUTH IN OUR COMMUNITIES,

AS THEY ARE (QUITE LITERALLY) THE LEADERS OF TOMORROW. OUR VOLUNTEER

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| Name of the organization<br>TOMORROW'S YOUTH ORGANIZATION   | Employer identification numb<br>26-1409007 |
|---|--|
| PROGRAM PROVIDES YOUNG PEOPLE WITH A POSITIVE OUTLET H  | FOR THEIR TIME AND                         |
| ENERGY, WHILE CULTIVATING PRACTICAL SKILLS FOR THEIR H  | FUTURE. HUNDREDS                           |
| OF YOUNG ADULTS HAVE BEEN TRAINED BY TYO IN CLASSROOM   | MANAGEMENT ,                               |
| WORKING WITH AND MENTORING CHILDREN WITH PSYCHOSOCIAL   | NEEDS,                                     |
| PROFESSIONAL DEVELOPMENT, LEADERSHIP, AND PUBLIC SPEAK  | KING.                                      |
|   |  |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  |  |
| TYO OPERATES A COMMUNITY OUTREACH PROGRAM TO MAKE THE<br>OF THE ACTIVITIES AND PROGRAMS AVAILABLE TO THE PALES: |  |
| BOTH THROUGH THE TOMORROW'S YOUTH ORGANIZATION AS WELL  |  |
| PROGRAMS AVAILABLE IN THE AREA.   |  |
| EXPENSES \$ 90,487. INCLUDING GRANTS OF \$ 4,882. REV   | VENUE \$ 0.                                |
|   |  |
| FORM 990, PART VI, SECTION A, LINE 2:   |  |
| HANI MASRI, THE PRESIDENT AND A DIRECTOR OF TYO, HAS  | THE FOLLOWING BUSINES                      |
| RELATIONSHIPS WITH MARSHA ELLIS, THE TREASURER AND A I  | DIRECTOR OF TYO: (1)                       |
| HANI MASRI IS THE PRESIDENT OF THE CAPITAL CORPORATION  | N, WHICH EMPLOYS                           |
| MARSHA ELLIS AS A FULLTIME OFFICE MANAGER; AND (2) HAM  | NI MASRI IS THE                            |
|   |  |

THE SECRETARY AND TREASURER.

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

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

ON BEHALF OF THE GOVERNING BODY. THEREFORE, DOCUMENTATION OF COMMITTEE

ACTIVITY IS HANDLED THROUGH THE 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

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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.

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