Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	For the	2019 calend	dar year, or tax year beginning	01/01 , 2	019, and end	ling	12/3	1	, 20 19			
В	Check if	applicable:	C Name of organization WILD TO	MORROW FUND				D Emple	oyer identification number			
~	Address	change	Doing business as						47-2756880			
	Name ch	nange	Number and street (or P.O. box i	f mail is not delivered to street add	dress)	Room/	suite	E Teleph	none number			
	Initial ret	urn	601 W 26th St Suite 325-43					917-952-3922				
	Final retu	ırn/terminated	City or town, state or province, or	ountry, and ZIP or foreign postal o	ode							
	Amende	d return	New York, NY, 10001					G Gross	receipts \$ 1,087,164			
	Applicati	ion pending	F Name and address of principal of	ficer: John Steward		ı	H(a) Is this a gro	up return fo	or subordinates? Yes Vo			
			50 Overlook Terrace, 3G, Nev	w York, NY 10033		l	H(b) Are all su	bordinat	es included? Yes No			
I	Tax-exe	mpt status:	✓ 501(c)(3)) ◀ (insert no.) 4947(a	ı)(1) or 🗌 527	7 I	f "No," attach	a list. (s	ee instructions)			
J	Website	: • www.w	ildtomorrowfund.org	,	•	ı	H(c) Group ex	emption	number ▶			
K	Form of o	organization: 🗸	Corporation Trust Associa	ation ☐ Other ►	L Year of for	mation:	2015	M State	of legal domicile: NY			
Р	art I	Summa	ry									
	1	Briefly des	cribe the organization's miss	sion or most significant act	ivities: Wild	Tomor	row Fund i	s dedic	ated to the protection			
e		Briefly describe the organization's mission or most significant activities: Wild Tomorrow Fund is dedicated to the protection of threatened and endangered species and the habitats they depend on for survival in southern Africa.										
Activities & Governance												
/err	2	Check this	box ► ☐ if the organization	nore than 2	25% of	its net assets.						
ő	3	Number of	voting members of the gove	erning body (Part VI, line 1a	a)			3	7			
∞ŏ	4	Number of	independent voting membe	rs of the governing body (F	Part VI, line 1	1b) .		4	5			
ties	5	Total numb	oer of individuals employed i	n calendar year 2019 (Part	V, line 2a)			5	4			
Ξ̈	6	Total numb	per of volunteers (estimate if	necessary)				6	22			
Ac	7a	Total unrel	ated business revenue from	Part VIII, column (C), line 1	2			7a	0			
	b	Net unrelat	ted business taxable income	from Form 990-T, line 39				7b	0			
					Prior Year		Current Year					
ø	8	Contribution	ons and grants (Part VIII, line		3	53,150	851,978					
Revenue	9	Program se	ervice revenue (Part VIII, line	2g)				9,805	27,475			
ě	10	Investment	t income (Part VIII, column (A	A), lines 3, 4, and 7d)				-431	2			
ш	11	Other reve	nue (Part VIII, column (A), lin		1	46,557	174,604					
	12	Total reven	ue-add lines 8 through 11 (r	must equal Part VIII, columr	n (A), line 12)		5	09,081	1,054,059			
	13	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)					1:	31,419	886,240			
	14	Benefits pa	aid to or for members (Part I)	X, column (A), line 4)				0	0			
S	15	Salaries, ot	her compensation, employee	benefits (Part IX, column (A)), lines 5–10)		2	13,519	228,643			
Expenses	16a	Profession	al fundraising fees (Part IX, o	column (A), line 11e)				0	0			
χbe	b		aising expenses (Part IX, co		101,578							
Ш	17	Other expe	enses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e) .			2	11,724	139,747			
	18	Total expe	nses. Add lines 13–17 (must	equal Part IX, column (A),	line 25) .		5	56,662	1,254,630			
	19	Revenue le	ess expenses. Subtract line 1	18 from line 12				47,581	-200,571			
Net Assets or Fund Balances	3					Begir	nning of Curre	ent Year	End of Year			
sets	20	Total asset	ts (Part X, line 16)				2	62,284	113,434			
et As	21		, ,					27,183	78,904			
			or fund balances. Subtract	line 21 from line 20			2	35,101	34,530			
P	art II	Signatu	re Block									
			, I declare that I have examined this e. Declaration of preparer (other than						ny knowledge and belief, it is			
	ie, correct	i, and complete	e. Declaration of preparer (other than	Tonicer) is based on all information	II of which prep	arer rias	any knowied	ge. 				
0:-		<u> </u>										
Siç		Signati	ure of officer				Date					
He	ere		Steward, President and Foun	der								
		17	r print name and title	Dura anada aina d		D-:	1		DTIN			
Pa	aid	Print/Type	preparer's name	Preparer's signature		Date		Check [if PTIN			
Pr	epare	r						self-emp	pioyea			
	se Onl	Firm's nan					Firm's	EIN ►				
		Firm's add			\		Phone	no.				
Ma	iv the IF	RS discuss t	this return with the preparer	shown above? (see instruc	tions)				Yes No			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Wild Tomorrow Fund's primary mission is to protect threatened and endangered species and the habitats they depend on for
	survival in southern Africa. Our vision is for a world in which wildlife habitats are expanded and protected, and where existing
	reserves have the resources needed to keep their animals safe.
	10301703 Have the resources needed to keep their animals said.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
Ū	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 141,692 including grants of \$ 116,685) (Revenue \$ 0)
	Wildlife Protection Wild Tomorrow Fund provides support for the protection of wildlife at private and government reserves in
	Southern Africa and at the reserves owned and managed by Wild Tomorrow Fund South Africa. We fund the provision of essential
	supplies, equipment and training for rangers, anti-poaching teams and conservation managers to enable them to keep wildlife safe.
	This includes funding elephant collaring and monitoring, wildlife translocations, ranger training and ranger camp upgrades, rhino
	dehornings, and the provision of feed and milk to two regional rhino orphanages.
4b	(Code:) (Expenses \$
	Habitat Conservation. Wild Tomorrow Fund conserves land in strategic, biodiverse areas in order to protect and reconnect habitat
	for wildlife. This includes the protection, restoration and re-wilding of the Greater Ukuwela Nature Reserve, a wildlife corridor in
	South Africa (including both the Ukuwela and Mfuleni properties)
4c	(Code:) (Expenses \$ 68,964 including grants of \$ 23,237) (Revenue \$ 27,475)
	Community Support & Education. Wild Tomorrow Fund works to ensure our local community benefits and is an active part of
	wildlife conservation. Our community work includes building a new daycare center for 35 young students, paying teacher stipends,
	providing food to improve educational and health outcomes for the children at two daycare centers and the local orphanage. We
	also seasonally employ the "Green Mambas", a group of 14 women who work on alien plant clearance and other green jobs at our
	Ukuwela wildlife reserve in South Africa. Support for the Green Mambas includes both training and employment. We also operate
	an experiential conservation experience program. Volunteers contribute to cover the costs of their experience while also making a
	donation to support our work. Each volunteer joins Wild Tomorrow Fund in the field, where they learn about critical wildlife
	conservation issues while participating personally in the field in South Africa.
4 :	Otherwise was in a (Danaille an Orleadule O.) of the latest of the second of the secon
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1
	(Expenses \$ 49,820 including grants of \$ 27,552) (Revenue \$ 0)
4e	Total program service expenses ► 1,036,854

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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," 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a 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 c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a **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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 ~ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
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		,
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		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		-
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		res	INO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	~	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax ret	urns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the yea			3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		ıle O .	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or oth					
	a financial account in a foreign country (such as a bank account, securities account, or other finan			4a		1
b	If "Yes," enter the name of the foreign country ▶		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-		5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,0					
	organization solicit any contributions that were not tax deductible as charitable contributions			6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such		ibutions or			
	gifts 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	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for wh	ich it was			
	required to file Form 8282?			7с		~
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 between the property of the prop	enefit	contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit cor	ntract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 a	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Fo	rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintaiı	ned by the			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	son?		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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		m 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedul	e O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	401				
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year? .			14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in			15		_
	excess parachute payment(s) during the year?			15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	etmer	nt income?	16		~
10	If "Yes," complete Form 4720, Schedule O.	J3111101	it intoonie:	.0		
	/ p-===:=:::::::======================					

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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 O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a 12b ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a v If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ✓ Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records Jitasa Inc, (877)354-4775

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(do n	ot ch		ition		one	(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an officer and a director/trustee)					n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
John Steward	40.00									
Executive Director and President		~		~				120,000	0	0
Wendy Hapgood	40.00									
COO & Treasurer		~		~				60,000	0	0
Seth Hendon	7.50									
Board Member		~						0	0	0
Wendy McCulloch	1.00									
Board Member		~						0	0	0
Louis Buckworth	2.00									
Board Member		~						0	0	0
Heather Loebner	1.00									
Secretary		~		~				0	0	0
Carol Ciszek	1.00									
Board Member		'						0	0	0

	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than is both	n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amou of other	
		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	f orgar	npensation the nization a organization	and
			-										
			-										
			_										
			-										
			-										
			-										
С	Subtotal							>	180,000		0		0
d 2	Total (add lines 1b and 1c)	t not limited						e) w	ho received more		0 10 of		0
												Yes	No
3	Did the organization list any former of employee on line 1a? <i>If</i> "Yes," <i>complete</i> s	Schedule J	for su	ıch	indi	ivid	ual	٠.			3		~
4	For any individual listed on line 1a, is the organization and related organizations												
5	individual	 or accrue co	 ompe	nsat	tion	 fro	m any	 / un		 tion or individu	4 al		V
Secti	for services rendered to the organization on B. Independent Contractors										5		~
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add		isatioi	1 101	LITE	, ca	iciida	l ye	(B) Description of serv		(C)		year.
None	ivanie and pusiness add								Description of serv	rices	Compen		
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abov	e) who			

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

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	ote to an	y line in this Pa	rt VIII		🗆
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
۾ ' <u>۾</u>	С	Fundraising events 1c	174,604				
fts r A	d	Related organizations 1d	0				
Gi	е	Government grants (contributions) 1e	0				
ns, Sir	f	All other contributions, gifts, grants,					
utio er (and similar amounts not included above 1f	677,374				
rib Oth	g	Noncash contributions included in					
ont od (_	lines 1a–1f	372,269				
a C	h	Total. Add lines 1a–1f	. ▶	851,978			
		Busine	ess Code				
ice	2 a	Volunteer Experience 81	3312	27,475	27,475	0	0
Program Service Revenue	b						
s Sent	С						
ar ev	d						
ogr R	е						
Pr	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a–2f		27,475			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)		2	2	0	0
	4	Income from investment of tax-exempt bond pro-	ceeds 🕨	0	0	0	0
	5	Royalties	. ▶	0	0	0	0
			ersonal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	Other				
	7a	Gross amount from	Other				
		sales of assets other than inventory 7a					
ø)	b	Less: cost or other basis					
Revenue	D	and sales expenses . 7b					
ÿve	С	Gain or (loss) 7c 0	0				
	d	Net gain or (loss)					
Other	8a	Gross income from fundraising					
ð		events (not including \$ 174,604					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	207,709				
	b	Less: direct expenses 8b	33,105				
	С	N \ (\ \ (\ \ \ \)	▶	174,604		0	174,604
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	. ▶				
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
ns		Busin	ess Code				
eo ne	11a						
scellaneo Revenue	b						
³ce ³e√	C	All all articles					
Miscellaneous Revenue	d	All other revenue					
	<u>е</u> 12	Total. Add lines 11a–11d	. •	1.054.059	27.477	0	174.604
	14	i utai i everiue. See iiistructions		1.054.059	71.411	0	174.604

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 0 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 0 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 886,240 886,240 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 180,000 76,800 36,600 66,600 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 31,177 19,259 6,903 5,015 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 Other employee benefits 9 0 0 0 0 10 Payroll taxes 5,792 17,466 6,096 5,578 11 Fees for services (nonemployees): Management 2,399 0 2,399 0 Legal 0 534 534 19,920 0 19,920 0 Lobbying 0 0 0 0 Professional fundraising services. See Part IV, line 17 Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 1.952 1.775 177 0 13 Office expenses 13,718 25,086 2,634 8,734 14 Information technology 8,105 3,101 2,443 2,561 15 Royalties Occupancy 16 732 232 500 17 16,200 2,846 7,644 5,710 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 152 152 20 3.143 3.143 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 3,683 103 3,580 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а C d All other expenses 38,000 57,841 12,961 6,880 25 **Total functional expenses.** Add lines 1 through 24e 1,254,630 1.036.854 116,198 101,578 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720) . . .

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	234,358	1	67,823
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	24,700	4	37,314
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	3,226	9	8,297
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	262,284	16	113,434
	17	Accounts payable and accrued expenses	27,183	17	32,157
	18	Grants payable		18	18,247
	19	Deferred revenue	0	19	28,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		0.5	
	26			25 26	
	20	Total liabilities. Add lines 17 through 25	27,183	20	78,904
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	214,536	27	18,835
Ва	28	Net assets with donor restrictions	20,565	28	15,695
nd		Organizations that do not follow FASB ASC 958, check here ▶ □	20,000		10/070
Fu		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	235,101	32	34,530
Z	33	Total liabilities and net assets/fund balances	262,284	33	113,434
					Form 990 (2019)

Form 990 (2019) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,054	4,059
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,25	4,630
3	Revenue less expenses. Subtract line 2 from line 1	3			-200	0,571
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			23!	5,101
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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					
	, , , , , , , , , , , , , , , , , , , ,	10			34	4,530
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	•				
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ı in			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			а		_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			.		
b	Were the organization's financial statements audited by an independent accountant?	•	. 2	b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed o	n a			
	separate basis, 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 over the audit, review, or compilation of its financial statements and selection of an independent accountar			c	,	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	piain	on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in	the			
	Single Audit Act and OMB Circular A-133?	•	. —	а		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits	. 3		000	

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Employer identification number

	TOMORROW FUND						08896		
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The c	organization is not a private found	ation because it i	s: (For lines 1 through	12, che	ck only or	ne box.)			
1	☐ A church, convention of church	hes, or associati	on of churches descr	ibed in s e	ection 17	0(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)			
3	☐ A hospital or a cooperative ho	spital service org	ganization described i	n sectio i	170(b)(1	I)(A)(iii).			
4	A medical research organization hospital's name, city, and state								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit	described in	
6	☐ A federal, state, or local gover	nment or govern	mental unit described	l in secti e	on 170(b)	(1)(A)(v).			
7	☐ An organization that normally described in section 170(b)(1			port from	n a gover	nmental unit or from	the g	eneral public	
8	A community trust described	in section 170(b)	(1)(A)(vi). (Complete	Part II.)					
9	☐ An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-gr	ant college	
	or university or a non-land-grauniversity:		•	•		•		· ·	
10	An organization that normally receipts from activities related	receives: (1) mor I to its exempt fu	e tnan 331/3% of its si nctions—subject to c	upport τro ertain exc	om contri ceptions.	outions, membersnip and (2) no more that	o tees, n 33 ¹ /3	and gross % of its	
	support from gross investmen	it income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	busine	esses	
	acquired by the organization a		•		•	•			
11	An organization organized and	-		-					
12	An organization organized and								
	of one or more publicly supp								
_	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
	supporting organization. Y					ne directors or trust	ees oi	trie	
h	• •	-	•			unnartad arganizati	on/o\ k	av bavina	
b	Type II. A supporting orga control or management of								
	organization(s). You must		•		persons	that control of man	age in	e supported	
С	☐ Type III functionally integ	jrated. A suppor	ting organization oper	rated in c			ally inte	egrated with,	
_	its supported organization	. , .	•		-				
d	☐ Type III non-functionally								
	that is not functionally inte requirement (see instruction						a an a	ttentiveness	
	<u> </u>	·	-						
е	Check this box if the organ functionally integrated, or						e II, Typ	oe III	
g	Enter the number of supported Provide the following informatio	n ahout the sunr	orted organization(s)						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi)	Amount of	
	() . tame of cappointed organization	(,	(described on lines 1–10	listed in yo	ur governing	support (see	othe	support (see	
			above (see instructions))	docu	ment?	instructions)	in	structions)	
				Yes	No				
/A\									
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0045	# > 0040	() 0047	(1) 00 (0	() 0040	(n =
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				(0 00 10		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4						
9	similar sources						
J	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 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	`	,			12	
13	First five years. If the Form 990 is for the	•	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sectio	n 501(c)(3)
0 1:	organization, check this box and stop he		<u>.</u>	· · · · ·			▶ 📙
	on C. Computation of Public Suppor			1 column (f)		14	0/
14 15	Public support percentage for 2019 (line 6) Public support percentage from 2018 Sci					15	<u>%</u>
16a	33 ¹ / ₃ % support test—2019. If the organi						
	box and stop here. The organization qua						
b	33^{1} /3% support test-2018. If the organithis box and stop here. The organization				•		•
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop here .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test.	" test, check The organizati	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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.)

Secti	on A. Public Support			, ₁ ,	<u> </u>	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	42,481	140,927	872,960	509,081	1,054,059	2,619,508
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	42,481	140,927	872,960	509,081	1,054,059	2,619,508
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Sacti	on B. Total Support						2,619,508
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	42,481	140,927	872,960	509,081	1,054,059	2,619,508
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	12,101	140,721	072,700	307,001	2	2,017,300
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	2	2
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	42,481	140,927	872,960	509,081	1,054,061	2,619,510
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2019 (line 8			3, column (f))		15	%
16	Public support percentage from 2018 Sch	nedule A, Part I	II, line 15 .	, , , , , , , , , , , , , , , , , , , ,		16	%
Secti	on D. Computation of Investment Inc	come Percer	itage				
17	Investment income percentage for 2019 (I	ine 10c, colum	n (f), divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests-2019. If the organi						
	17 is not more than 331/3%, check this box	_	=	-		_	_
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this b	-	=	•	-		_
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
_		1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
Ju	(b) and (c) below.	3a		
L		Ja		
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.	3b		
_		JU		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7		U		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-		
_		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
100		50		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		

Part	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 in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations		\ <u>'</u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
			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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Part VI).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	_u		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	. 490 1				
Sect	ion D-Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e	exempt purposes						
2								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019							

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

WILD TOMORROW FUND 47-2756880 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2019 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): **d** \square Loan or exchange program ☐ Public exhibition а ☐ Scholarly research Other ____ **c** Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Escrow and Custodial Arrangements.** Part IV Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not ☐ Yes ☐ No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Beginning balance 1c 1d 1e 1f Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? \(\subseteq \text{Yes} \) **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (d) Three years back (c) Two years back (e) Four years back Beginning of year balance . . . Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ _____% Permanent endowment ▶ % Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Description of property (b) Cost or other basis (a) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation Buildings Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Equipment

Part VII	Investments – Other Securities.		·
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (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 I	V, line 11d. See F	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>
	Complete if the organization answered "Yes" on Form 990, Part I line 25.	V, line 11e or 11f.	See Form 990, Part X,
1.	(a) Description of liability		(b) Book value
(1) Federal in	come taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (h) must squal Form 000. Part V and (D) line 05.)		
	mn (b) must equal Form 990, Part XI, col. (B) line 25.)	ization's financial stat	coments that reports the
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ s liability for uncertain tax positions under FASB ASC 740. Check here if the text		

Schedule D (Form 990) 2019 Page **4**

Par	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, F	-	Return.	
1	Total revenue, gains, and other support per audited financial statements		1	1,054,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	1,034,037
a	Net unrealized gains (losses) on investments	2a 0		
b	Donated services and use of facilities	2b 0	-	
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,054,059
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,034,037
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0		
b	Other (Describe in Part XIII.)		-	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	1,054,059
Part				1,001,007
	Complete if the organization answered "Yes" on Form 990, I			
1			1	1,254,630
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 0		
b	Prior year adjustments	2b 0		
С	Other losses	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,254,630
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0		
b	Other (Describe in Part XIII.)	4b 0		
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	1,254,630
Part	XIII Supplemental Information.			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** WILD TOMORROW FUND 47-2756880 General Information on Activities Outside the United States Complete if the organization answered "Ves" on

Par	Form 990, Part IV, line		ies Outside	the United States. Con	riplete if the organization ar	iswered Yes on
1	For grantmakers. Does the other assistance, the grante award the grants or assistant	es' eligibility	for the gran	ts or assistance, and the	selection criteria used to	✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	ng the use of its grants and	l other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Africa	1	1	Program Services	Wildlife Protection, Habitat	886,240
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	1	1			886 240

	Name of ganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
1)			Sch F, Stmt 1						
2)									
3)									
4)									
5)									
6)									
7)									
3)									
9)									
0)									
1)									
2)									
3)									
4)									
5)									
6)									

Enter total number of other organizations or entities	 •	0
		Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019 Page **4**

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5**

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - All grantees sign a grant agreement which specifies the allowed use of the funds for the project. The grantee is
required to report on the progress of the project and use of funds at a 6 month and 12 month period after funds were granted.

WILD TOMORROW FUND

Form: **Schedule F (2019)** EIN: **47-2756880**

Page: **2**

Part II, Line 1

Grants To Organization Outside US

		Cash Grant	Non-Cash Assistance
Region	Sub-Saharan Africa	861,540	485
Grant	Wild Tomorrow Fund South Africa. Funds granted for 1) General Operating		
	Support including staff and ranger salaries, as agreed in the annual Wild		
	Tomorrow Fund Budget 2) Habitat Protection for the purchase, protection and		
	restoration of the Ukuwela and Mfuleni wildlife reserves in KwaZulu-Natal South		
	Africa 3) Wildlife Protection, anti-poaching and wildlife management activities		
	both at Wild Tomorrow Fund reserves and partner reserves 3) Conservation		
	research on spotted hyena, arachnids and biodiversity surveys at Wild		
	Tomorrow Fund reserves 4) Community Support including food for supported		
	schools and stipends for teachers.		
Cash Disbursement	WIRE		
Desc. of Non-Cash Asst.	In-kind donation of ranger uniforms and equipment.		
Valuation	BOOK		
Region	Sub-Saharan Africa	7,400	
Grant	Nkombe Rhino. Grant for Elephant Protection in Botswana to provide water and		
	security for elephants in Botswana impacted by severe drought. This included		
	the purchase of a water pump and building materials to install a new waterhole.		
Cash Disbursement	WIRE		
Desc. of Non-Cash Asst.			
Valuation	BOOK		
Region	Sub-Saharan Africa	17,300	
Grant	Zululand Conservation Trust. For the protection, rehabilitation and release of		
	orphaned rhinos and other orphaned wild animals under the care of the		
	Zululand Rhino Orphanage, a project of the Zululand Conservation Trust.		
Cash Disbursement	WIRE		
Desc. of Non-Cash Asst.			
Valuation			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WILD	TOMORROW FUND						-2756880
Par	Fundraising Activities Form 990-EZ filers are	. Complete if to not required to	he organiza complete	ation ansv this part.	vered "Yes" on l	Form 990, Part IV,	line 17.
1	Indicate whether the organization	on raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	☐ Mail solicitations		e 「		ion of non-govern		
b	☐ Internet and email solicitation	ons	f [ion of governmen	-	
c	☐ Phone solicitations		g [fundraising events	-	
d	☐ In-person solicitations		9 -		idildiaising events	•	
	•						
2a	Did the organization have a wri						
	or key employees listed in Forn		•		•	•	
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pu	ursuant to agreem	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organization or licensing.	anization is regi	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual Gala NYC	mer Event with David Ya	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne						
/en	1	Gross receipts	140,457	17,400	16,747	174,604
Revenue		·				
_	2	Less: Contributions	89,935	11,975	7,902	109,812
	3	Gross income (line 1 minus	51/100		17.5-	
	·	line 2)	50,522	5,425	8,845	64,792
_			00/022	0/120	0,010	01/172
	4	Cash prizes	0	0	0	0
	·	04011 p11200 1 1 1 1 1			•	
	5	Noncash prizes	0	0	0	0
	·	1401104011 p11200	0	•	•	
es	6	Rent/facility costs	2,900	0	0	2,900
sue	·	Herioracinty costs	2,700	U	0	2,700
χĎ	7	Food and beverages	10 525	0	0	10 525
ΤË	'	rood and beverages	18,525	0	U	18,525
Direct Expenses		Entartainment	1.000		200	1.000
⊡	8	Entertainment	1,000	0	280	1,280
	^	Oth an diment assesses	0.400	F0.	204	40.400
	9	Other direct expenses .	9,430	586	384	10,400
	40	Diversity of the control of the cont	I al libraria. A Albanan anda O ira sa	- I (-I)	_	
	10			` '		33,105
Б.	11	Net income summary. Subtra				31,687
Pa	rt II		e organization answe	ered "Yes" on Form S	990, Part IV, line 19,	or reported more than
		\$15,000 on Form 990-E2	z, iirie oa.			
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue			., ,	birigo/progressive birigo	., .	coi. (a) through coi. (c)
3e		_				
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses						
χ̈	3	Noncash prizes				
Ħ Ħ						
irec	4	Rent/facility costs				
	5	Other direct expenses .				
			☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from I	ine 1, column (d)	🕨	
9	-	Enter the state(s) in which the or	ganization conducts ga	ming activities:		
	a I	ls the organization licensed to co	onduct gaming activitie	s in each of these states		
	b I	If "No," explain:				
	-					
10	a Ī	Were any of the organization's g	aming licenses revoked	d, suspended, or termina	ated during the tax year	? . 🗌 Yes 🗌 No
		If "Vaa " avvalain.	_	·		
		·				
	-					

Jiledui	ile a (i oiiii 990 di 990-L2) 2019		rage u
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	,		
b	•		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►	and trust, or a member of a partnership or other entity	
	Address►	of a partnership or other entity	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b			
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
Part			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Types of Property

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

Employer identification number Name of the organization WILD TOMORROW FUND 47-2756880

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	~	6	346,751	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ► (Auction Items for Annu)	~	47	05.540	DETAIL MAI			
26			46	25,518	RETAIL VAL	LUE		
27	Other ► () Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received	by the ord	nanization during the tax v	vear for contributions for				
	which the organization completed				29	0		
			,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I. lines	1 through			
-	28, that it must hold for at least the							
	to be used for exempt purposes f					30a		~
b	If "Yes," describe the arrangemen	t in Part II.						
31	Does the organization have a contributions?				onstandard 	31		V
32a	Does the organization hire or use				ll noncash			
	contributions?					32a		~
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,			
	describe in Part II.							

Schedule M (Form 990) 2019 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

201

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

WILD TOMORROW FUND	47-2756880
Form 990, Part VI, Section A, Line 2 - John Steward and Wendy Hapgood are married	
Form 990, Part VI, Section B, Line 11b - All Board members are given a draft version of the Form 990 for re	view and confirm with the
President that they have reviewed prior to submission.	
Form 990, Part VI, Section B, Line 12c - At the beginning of each financial year, each Board member is pro-	vided with the Annual Conflict of
Interest disclosure form to complete as per our policy.	
Form 990, Part VI, Section B, Line 15 - The Board conducts a compensation review before setting the Exec	
review consisted of several sources including the form 990 of other comparable organizations. The salary	for the Executive Director was
then approved by the Board of Directors.	
Form 990, Part VI, Section C, Line 19 - The Organization's financial statements are available to the public of www.wildtomorrowfund.org under About Us-Financials. Our 990 is also available on the Guidestar website	
documents are also available on request.	-

Schedule O, Statement 1 WILD TOMORROW FUND

Form: Form 990 (2019)

EIN: 47-2756880 Part III, Line 4d

Page: **2**

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Conservation Research: Wild Tomorrow Fund conducts field research on threatened species native to South Africa including the spotted hyena, suni antelope as well as wild lion management and conducting biodiversity studies at both Wild Tomorrow Fund's reserves and partner reserves in southern Africa. This research is conducted both by our staff ecologists and by regional experts.	49,820	27,552	0
Total:		49,820	27,552	0