Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2018 or tax year beginning A Employer identification number Name of foundation NOW AND TOMORROW 82-3794805 Number and street (cr P O box number if mail is not delivered to street address) Telephone number 3834 94TH AVE NE 425-466-1451 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here YARROW POINT, WA 98004-1320 G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 10,281. (Part I, column (d) must be on cash basis.) ▶\$ (d) Disbursements or charitable purpose (cash basis only) Analysis of Revenue and Expenses (c) Adjusted net (a) Revenue and (b) Net investment The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income 23,606. Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B 2 Interest on savings and temporary cash investments 22. STATEMENT 3 STATEMENT 22. 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) -22. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 5,121. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 23,628. Ō. 0. Total, Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 19 Depreciation and depletion OGDEN 20 Occupancy

4,325. 4,325. 0. 0. Travel, conferences, and paestr 22 Printing and publications STMT 3 542. 0. 0. 542. 23 Other expenses Total operating and administrative 24 4,867. 0. 0. 4,867. expenses. Add lines 13 through 23 7,989. 7,989. Contributions, gifts, grants paid Total expenses and disbursements. 0. 0. 12,856. 12,856 Add lines 24 and 25 27 Subtract line 26 from line 12 10,772. & Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-) Form 990-PF (2018) 823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.



		Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less, allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	<u> </u>		<u> </u>
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 4	0.	5,139.	4,648.
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation			
		Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	10,772.	10,281.
	17	Accounts payable and accrued expenses			
	18	Grants payable		<u></u>	
ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			-
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Š	24	Unrestricted			.
Fund Balances	25	Temporarily restricted			
8	26	Permanently restricted			
š		Foundations that do not follow SFAS 117, check here		1	
ᄪ		and complete lines 27 through 31.		1	i

Part III Analysis of Changes in Net Assets or Fund Balances

27 Capital stock, trust principal, or current funds

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	10,772.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	10,772.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	10,772.

0.

0.

0.

0.

0.

0.

10,772.

10,772.

10,772

q

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

ı.

Form	990-PF (2018) NOW AND TOMORROW 82-3	37948	05		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see ins	truc	tions	5)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		•		_ 1
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%					0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (Income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_			0.
6	Credits/Payments:				- 1
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.				
b	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.				
d	Backup withholding erroneously withheld 6d 0.				
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, ctate, or local legiclation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				1
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				1
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				ł
	managers. ▶ \$ 0 .	l.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	L	2		_X_
	If "Yes," attach a detailed description of the activities.				1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	l,			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Ĺ	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				- 1
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				,
	remain in the governing instrument?		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				1
	WA				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				<u> </u>	
of each state as required by General Instruction G? If "No," attach explanation				X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X
40	Pud any naceona become substantial agent/shistory during the tay year?		10		x

<u>Form</u>	990-PF (2018) NOW AND TOMORROW 82-3794	1805		Page 5
Pe	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			l
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► WWW.NOWANDTOMORROW.ORG			
14	The books are in care of ▶ PAUL E. BERG Telephone no. ▶ 425-4		<u>451</u>	
	Located at ► 3834 94TH AVE NE, YARROW POINT, WA ZIP+4 ►9	<u> 3004</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			<i>:</i>
	foreign country 🕨			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	L	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	i	١,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		'	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?]
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			{
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		l'
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	ľ		
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A Organizations relying on a current notice regarding disaster assistance, check here	10		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	ł		
Ü	before the first day of the tax year beginning in 2018?	10	├─	$\frac{x}{x}$
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	"		 -
-	defined in section 4942(j)(3) or 4942(j)(5)):		ŀ	
9	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2018? Yes X No			
	If "Yes," list the years \blacktriangleright			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		ļ	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		1	1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	X
	F	orm 99	0-PF	(2018)

Form 990-PF (2018) NOW AND TOMORROW		82-37948	05	Page 6	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (continu	ued)		
. 5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es 🗶 No	ļ.	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			ľ	
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	İ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				٠
4945(d)(4)(A)? See instructions			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo				
the prevention of cruelty to children or animals?			es X No		l i
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N7 / N		∖ —
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	┼-,
Organizations relying on a current notice regarding disaster assistance, check h					1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			🗀 ".] }
expenditure responsibility for the grant?	10	[/A	es L No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				•	}
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanafit contract?		i-	6b	X
If "Yes" to 6b, file Form 8870.	CISUIAI DEIICIIL CUITIACL		-	- L	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		s X No	-	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	┼─-
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$			-''' -	-	\vdash
excess parachute payment(s) during the year?	n,500,500 in romanoration of		s X No		<u> </u>
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar			<u> </u>	<u></u>
Paid Employees, and Contractors	,				
1 List all officers, directors, trustees, and foundation managers and the					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense . other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allowa	inces
PAUL E. BERG	CEO				
3834 94TH AVE NE	F 00				^
YARROW POINT, WA 98004	5.00	0.	0.		0.
KATHLEEN H. BERG	VICE PRESIDEN	J.			
3834 94TH AVE NE	0 00		_		0
YARROW POINT, WA 98004	0.00	0.	0.		0.
	1				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, o	enter "NONE."			
(a) Name and address of each arrelation and research & 650 000	(b) Title, and average	(-) Comparation	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowa	i, other ances
NONE					
					_
]				
-				ļ	
		1			
	L	<u> </u>			
Total number of other employees paid over \$50,000			<u> </u>		0

Form 990-PF (2018) NOW AND TOMORROW Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. SEE STATEMENT 5 SEE STATEMENT 6 SEE STATEMENT 7 44. LOCAL CHARITABLE GIVING CONSUMED THE REMAINDER OF THE FUNDS. THESE WERE DONATIONS TO FOOD LIFELINE, SEATTLE FUND FOR THE NEEDY AND LALMBA. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A

All other program-related investments. See instructions. Total. Add lines 1 through 3 \triangleright

	TX Minimum investment Return (All domestic foundations must complete this part. Foreign for	dildations, see i	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		· -
a	Average monthly fair market value of securities	1a	7,467. 939.
b a	Average of monthly cash balances	1b	939.
C	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	8,406.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,406.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	126.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,280.
6	Minimum investment return. Enter 5% of line 5	6	414.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	
	foreign organizations, check here 🕨 🦳 and do not complete this part.)		, , , , , , , , , , , , , , , , , , ,
1	Minimum investment return from Part X, line 6	1	414.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	414.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	414.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	414.
<u> </u>	TT XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	 	
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <u>a</u>	12,856.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:	-	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	12,856.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	7	1270301
	income. Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,856.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7	,			414.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:		0.		
a From 2013				
b From 2014				1
c From 2015	į			
d From 2016				
e From 2017				1
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 12,856.				
a Applied to 2017, but not more than line 2a			0.	į
b Applied to undistributed income of prior			• • • • • • • • • • • • • • • • • • • •	
years (Election required - see instructions)		0.		}
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount		_		414.
e Remaining amount distributed out of corpus	12,442.			
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,442.		•	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.	1		
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7	0.	ł		
9 Excess distributions carryover to 2019.	•			
Subtract lines 7 and 8 from line 6a	12,442.			
O Analysis of line 9:				
a Excess from 2014		ļ		•
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018 12,442.				, 000 PE (20.45)

Part XV Supplementary Information Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
\				
WISDOM LEARNING CENTER	NONE		ENGLISH LANGUAGE	
NAKIVALE REFUGEE SETTLEMENT MBARARA			TRAINING FOR REFUGEES	1 000
ISINGIRO DISTRICT, UGANDA		ORG		1,000
NYANDJA ART CENTER	NONE	REGISTERED	ART CLASSES FOR	
NAKIVALE REFUGEE SETTLEMENT MBARARA	NORE C	COMMUNITY BASED	1	
ISINGIRO DISTRICT, UGANDA		DRG	LIVELIHOOD DEVELOPMENT	
			FOR ARTISTS	2,100.
ORUCHINGA SECONDARY SCHOOL	NONE	REGISTERED	WATER TANKS FOR SCHOOL	
ORUCHINGA		SECONDARY		
ORUCHINGA, ORUCHINGA, UGANDA		SCHOOL		2,107
				·····
PROGRESS LEARNING NAKIVALE REFUGEE SETTLEMENT	NONE	REGISTERED	COMPUTER & FURNITURE TO TEACH ENGLISH TO	
		ORG BASED	INCOMING REFUGEES TO	
MBARARA, UGANDA		DRG	THE NAKIVALE REFUGEE	
			SETTLEMENT	1,282
FOOD LIFELINE	NONE	REGISTERED	FOOD LIFELINE PROVIDES	
815 S 96TH ST		COMMUNITY BASED	FOOD TO MORE THAN 300	
SEATTLE, WA 98108		ORG	FOOD BANKS, SHELTERS,	
,			AND MEAL PROGRAMS	
			ACROSS WESTERN	500
Total SEE CO	NTINUATION SHEE	T(S)	► 3a	7,989
b Approved for future payment				
NONE				,
NONE				
				
		,		
Total			▶ 3b	0.

		_
Part XVI-A	Analysis of Income-Producing Activities	
Turexvix	Analysis of moonic is roudding Activities	
		 _

Program service revenue:	(a) Business code	(b) Amount	Exclusion code	(d) Amount	Related or exempt function income
b	i .	,			
d e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	—		+		
3 Interest on savings and temporary cash			1 1 1	22	
Investments		<u> </u>	14	22.	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:		·	1		
a Debt-financed property			+ +		
b Not debt-financed property					-
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			. 18	-22.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					7
11 Other revenue:					
a	-		+ +		
b			+		
c	1 1	-	+ +		
de			 		
12 Subtotal. Add columns (b), (d), and (e)		0		22.	0.
13 Total. Add line 12, columns (b), (d), and (e)	•			13	22.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities					
Explain below how each activity for which inc the foundation's exempt purposes (other than				importantly to the accomp	olishment of
					-
		<u> </u>			
		<u>. </u>			
			_		
					
					<u> </u>
	-				
					
		_ 	-		
 		·			
				<u> </u>	

	990-F		ND TOMORROW	As and Tuesdashions		3794805	Pa	age 13
Pa	II A	information ReExempt Organ		to and Transactions and	d Relationships With Nonc	naritable		
1	Did th	·		following with any other organization	described in section 501(c)		Yes	No
•		•		relating to political organizations?	described in section of i(e)			1
а	•	fers from the reporting found	•	- • -				
•	(1) C	• •	and to a nononal nable one			1a(1)		X
		Other assets				1a(2)		x
ь		transactions;						
•		ales of assets to a noncharita	ble exempt organization			1b(1)		X
		urchases of assets from a no		ation		1b(2)		х
		lental of facilities, equipment,	, · ·			1b(3)		Х
		leimbursement arrangements	0. 0			1b(4)		Х
		oans or loan guarantees				1b(5)		х
		erformance of services or me	mbership or fundraising so	licitations		1b(6)		х
c		ng of facilities, equipment, ma	•			10		Х
			•		ays show the fair market value of the g		ets	`
•		•		- , ,	in any transaction or sharing arrangem		,	
		in (d) the value of the goods,			any wanted and on a man ing a man gen			
(a) L	пе по	(b) Amount involved	, · · · · · · · · · · · · · · · · · · ·	paritable exempt organization	(d) Description of transfers, transaction	s, and sharing arra	angeme	nts
•			N N	I/A				
					· 			
					-			
					•			
				-				
	ın sec	foundation directly or indirection 501(c) (other than sections," complete the following sch	n 501(c)(3)) or in section 5	to, one or more tax-exempt organiza 27?	tions described	Yes	X	No
		(a) Name of org		(b) Type of organization	(c) Description of re	lationship		
		N/A		17.2	• • • • • • • • • • • • • • • • • • • •			
				 				
				-				
_			··	+				

I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr Sign Here CEO Signature of officer or trustee Title Date PTIN Print/Type preparer's name Preparer's signature Check [12/18/18 self- employed Paid CORDELL L. ALMOND P00038691 **Preparer** Firm's name ► HERSMAN SERLES ALMOND LLC Firm's EIN ► 26-4691602 **Use Only** Firm's address ► PO BOX 789 KIRKLAND, WA 98083-0789 Phone no. (425) 822-6557

NOW AND TOMORROW

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient SEATTLE TIMES FUND FOR THE NEEDY REGISTERED RAISES MONEY FOR A NONE COMMUNITY BASED GROUP OF CHARITIES PO BOX C11025 SEATTLE, WA 98111-9025 THAT HELP CHILDREN, FAMILIES AND SENIOR CITIZENS. 500. REGISTERED HUMANITARIAN LALMBA ASSOCIATION NONE COMMUNITY BASED ORGANIZATION SERVING 1000 COREY ST LONGMONT, CO 80501 DRG THE NEEDS OF CHILDREN AND ELDERS 500. 1,000. **Total from continuation sheets**

NOW AND TOMORROW	82-3794805
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - FOOD LIFELINE	
FOOD LIFELINE PROVIDES FOOD TO MORE THAN 300 FOOD BANKS	, SHELTERS, AND
MEAL PROGRAMS ACROSS WESTERN WASHINGTON.	
	t. et e
·	
	~
	· · · · · · · · · · · · · · · · · · ·
	t
	ີ່ ວ
·	
	· · · ·

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545 0047

2018

Employer identification number Name of the organization 82-3794805 NOW AND TOMORROW Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II. and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

٥,	_	_	2

Name of organization

Employer identification number

MOM	ΔNID	TOMO	PPOW

82-3794805

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL E. BERG 3834 94TH AVE NE YARROW POINT, WA 98004	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for 'noncash contributions)
(a) No.	, (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)

Name of organization

Employer identification number

NOW AND TOMORROW

82-3794805

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	·	-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		-	
		- - \$	

ţ

Name of org	anization ,		Employer identification number					
MA WOL	D TOMORROW		82-3794805					
Part III	Exclusively religious, charitable, etc., contribute) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gif						
	Transferee's name, address, a		Relationship of transferor to transferee					
•								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gif	<u> </u>					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
		t						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

TO FORM 990-PF, PG 1, LN 23

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1		
SOURCE	•	(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
CHARLES SCHWAB			22.		0.	22.		
TOTAL TO PART I, LIN	VE 3		22.		0.	22.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2		
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO			
CHARLES SCHWAB	22.	•	0.	22.		0. 22.		
TO PART I, LINE 4	22.		0.	22.		0. 22.		
FORM 990-PF		OTHER E	XPENSE:	S		STATEMENT 3		
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM			
MARKETING EXPENSE COMPUTER, SOFTWARE 8				ξ 0.	,	0. 36.		
INTERNET BANK CHARGES OFFICE EXPENSE		362. 67. 77.		0. 0. 0.		0. 362. 0. 67. 0. 77.		
7.1.1.0.1 Hill H10.1	_	,,,						

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB	COST	5,139.	4,648.
TOTAL TO FORM 990-PF, PART II, LINE	13	5,139.	4,648.

542.

0.

0.

542.

<

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 5 ACTIVITY ONE 1. REFUGEE ART WAS A PROJECT STARTED TO PROVIDE INCOME TO ARTISTS WORKING IN THE REFUGEE SETTLEMENT IN NAKIVALE UGANDA BY DEVELOPING A MARKET IN THE US FOR INK-ON-CANVAS PRINTS OF THEIR WORK AND TO PROVIDE INSTRUCTION IN READING, WRITING AND ART TO CHILDREN IN THE REFUGEE SETTLEMENT THROUGH THE KUSOMA NA SANAA (READING AND ART) PROGRAM. FIFTY PERCENT OF THE FUNDS WERE RETURNED TO THE ARTISTS AND FIFTY PERCENT OF THE FUNDS WERE USED FOR CHILDREN'S PROGRAMS IN THE SETTLEMENT. TWENTY ARTISTS WERE INVOLVED IN CREATING WORKS AND IN TEACHING CLASSES TO OVER 300 CHILDREN **EXPENSES** TO FORM 990-PF, PART IX-A, LINE 1 2,100. FORM 990-PF STATEMENT 6 SUMMARY OF DIRECT CHARITABLE ACTIVITIES ACTIVITY TWO 2. PROGRESS LEARNING CENTER (FORMERLY CALLED WISDOM LEARNING CENTER) IS A REFUGEE RUN ENGLISH LANGUAGE TRAINING CENTER THAT TEACHES ENGLISH TO ADULT AND YOUNG ADULT REFUGEES. OVER 250 PEOPLE WERE ENROLLED IN 2018 **EXPENSES** TO FORM 990-PF, PART IX-A, LINE 2 1,000. FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 7 ACTIVITY THREE 3. ORUCHINGA SECONDARY SCHOOL IS A COMMUNITY BASED SCHOOL IN

3. ORUCHINGA SECONDARY SCHOOL IS A COMMUNITY BASED SCHOOL IN RURAL UGANDA THAT TEACHES SECONDARY SUBJECTS TO 57 BOYS AND GIRLS. WE PROVIDED WATER TANKS TO ELIMINATE NEED TO TRAVEL TO LOCAL SOURCES DURING THE SCHOOL DAY

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

2,107.

2018 DEPRECIATION AND AMORTIZATION REPORT

March 190 - 19 - 1902 1	`	g ated tron					<u> </u>	1								Zone
Pescription Date Method Life C Line Cost Or Basis Section 179 Reduction in Section 179 Reduction in Section 179 Reduction in Cost Or Basis Section 179 Reduction in Section 179 Reduction 179 Reducti		Ending Accumula Deprecia														100, GO 2
Pescription Date Method Life C Line Cost Or Basis Section 179 Reduction in Section 179 Reduction in Section 179 Reduction in Cost Or Basis Section 179 Reduction in Section 179 Reduction 179 Reducti		Current Year Deduction														ization Deduct
Page Method Life C Cost Or Basis Section 179 Reduction in Cost Or Basis Section 179 Reduction 179 R		Current Sec 179 Expense														ercial Revita
Page Method Life C Cost Or Basis Section 179 Reduction in Cost Or Basis Section 179 Reduction 179 R		Beginning Accumulated Depreciation														Bonus, Comm
Page Method Life C Cost Or Basis Section 179 Reduction in Cost Or Basis Section 179 Reduction 179 R		Basis For Depreciation														ITC, Salvage,
escription Date Method Life C Oost Or Basis Section 179 Acquired Method Life C Oost Or Basis Se		Reduction In Basis														•
Pate Method Life Cost Or Basis	6.		,] 				
Pate Acquired Method Life on No.	990-PI															pesoc
escription Acquired Method Life C Line		Unadjusted Cost Or Basis							,							D) - Asset disp
Pate Acquired Method Life																
escription Acquired Method		005>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>			}		
escription Acquired																
escription		Method														
Assel No Description Descripti		Date Acquired				,										
Aassel No	0-PF PAGE 1	Descripton														-01-18
	ORM 99	Asset No														328111 04-