Future of Yesterday Foundation

**Employer identification number** 

46-1871338 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Darryn Biggerstaff Person  $|\mathbf{X}|$ **Payroll** P. O. Box 1288 55,908. Noncash (Complete Part II for Canon City CO 81215 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll  $\Box$ Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

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Part II	Noncash Property (see instructions). Use duplicate copies	oi Part ii ii additional spa	ice is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	: \$486000000000000000000000000000000000000
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	, <del></del>
(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
1555-5751		\$	::::::::::::::::::::::::::::::::::::::
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Future of Yesterday Foundation

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	ontributions of <b>\$1,000 or less</b> for th Ise duplicate copies of Part III if add	= :	· · · · · · · · · · · · · · · · · · ·
No. com art 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	***************************************
220	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
**************************************		(e) Transfer of gift	
	Transferee's name, address, ar		Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	**************************************
5757	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
****		(e) Transfer of gift	***************************************

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

Open to Public Inspection

	of the organization		Employer identification number
Fu	ture of Yesterday Foundation		46-1871338
Гс	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
-	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
	Takaharan kanan kana	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
	idios are the organization's property, subject to the	e organization's exclusive legal contro	l?
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grap	t funds can be used
	only for charitable purposes and not for the benef	it of the donor or donor advisor, or fo	or any other purpose
	contenting impermissible private benefit?		Yes 🗌 No
Pal	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recreat	ion or education)    Preservation of	a historically important land area
	☐ Frotection of natural nabitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	in the form of a conservation
	casement on the last day of the lax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	3	2h
С	Number of conservation easements on a certified hi	istoric structure included in (a)	2c
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not co	on a
3	Number of conservation easements modified, trans-	ferred, released, extinguished, or term	inated by the organization during the
	tax year >		and any time organization during the
4	Number of states where property subject to conserve	vation easement is located ▶	
5	Does the organization have a written policy required	arding the periodic monitoring insp	ection, handling of
	violations, and enforcement of the conservation eas	ements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	, handling of violations, and enforcing c	onservation easements during the year
	econocopecia sem osano		
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
	and section 170(n)(4)(B)(ii)?		· · · · · ·
9	in i air Air, describe now the organization reports co	onservation easements in its revenue a	and expense statement, and
	balance sneet, and include, if applicable, the text of	the footnote to the organization's fina	ncial statements that describes the
	organization's accounting for conservation easemer	nts.	
Part		of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered ")	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other similar a	assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the for		
b	If the organization elected, as permitted under SF.	AS 116 (ASC 958), to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar a	assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide the following amounts relating	g to these items:	
	uj Revenue included on Form 990, Part VIII, line 1		> \$
2	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of ortal		▶ \$
2	in the organization received of field works of art, f	nistoricai treasures, or other similar a	assets for financial dain, provide the
_	following amounts required to be reported under SF	AS 116 (ASC 958) relating to these iter	ns:
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		• \$
b	Assets included in Form 990, Part X		

Part	Organization	ons Maintaining	Collections of	Art, His	torical	<b>Treasures</b>	, or Ot	her Similar As	sets (cont	inued)
3	Using the organizat collection items (che	ion's acquisition,	accession, and ot	her reco	rds, chec	k any of th	e follow	ving that are a s	ignificant u	se of its
а	☐ Public exhibition	1		d	☐ Loan	or exchang	ge progr	rams		
b	☐ Scholarly resear	ch								
С	Preservation for	future generation:	S			*********	********		***********	
4	Provide a description XIII.	on of the organiza	tion's collections a	and expl	ain how t	hey further	the org	anization's exen	npt purpose	in Part
5	During the year, did assets to be sold to	the organization raise funds rather	solicit or receive r than to be mainta	donation	ns of art, part of th	historical tı e organizati	reasures ion's co	s, or other simila	ar 🗌 Yes	□No
Part	IV Escrow and	d Custodial Arra	angements.				310			
	990, Part X,	line 21.	answered "Yes"							orm
1a	Is the organization included on Form 9	90, Part X?								☐ No
b	If "Yes," explain the	arrangement in P	art XIII and comple	ete the fo	ollowing t	able:				
								A	mount	
C	Beginning balance			e e e	585 - 185 - 85	* * * *	1c			
d	Additions during the	e year	a second to the second	6 9 2	597 - E - K		1d			
е	Distributions during	the year		8 08 10	365 K. K.		1e			
f	Ending balance .						1f			
2a	Did the organization									∐ No
	If "Yes," explain the		art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .	* F F	Ш
Par	t V Endowmen		1.007	. –		D ( D ( C	4.0			
	Complete if	the organization	answered "Yes"					(4) The control of the last		
			(a) Current year	( <b>b)</b> Pr	ior year	(c) Two year	rs back	(d) Three years back	(e) Four year	ars back
1a	Beginning of year b									
b	Contributions .									
С	Net investment earr losses	,								
d	Grants or scholarsh									
е	Other expenditures programs									
f	Administrative expe	nses								
9	End of year balance									
2	Provide the estimate	ed percentage of t	the current year en	id baland	ce (line 1g	g, column (a	i)) held a	as:		
а	Board designated o	r quasi-endowme	nt ▶	<u>_</u> %						
b	Permanent endown	nent 🕨	%							
С	Temporarily restricted									
	The percentages on									
3a	Are there endowme	ent funds not in th	e possession of th	ne organ	ization th	at are held	and ad	ministered for th	e	
	organization by:									s No
	(i) unrelated organ	izations							3a(i)	
	(ii) related organiza								3a(ii)	
b	If "Yes" on line 3a(ii)	• •	•						3b	
4	Describe in Part XIII			on's end	owment f	unds.				
Pari	,	lings, and Equip		. –	000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 5 000	D 177 E	4.0
			answered "Yes		1					
	Description	on of property	(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land							2006年大厅社		
b	Buildings									
С	Leasehold improver	ments	. 5	1,974.					51	,974.
d	Equipment		A.							
е	Other				L					
Total.	Add lines 1a through	n 1e. (Column (d) r	nust equal Form 9	90, Part	X, columi	n (B), line 10	Oc.)	•	51	,974.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Part VII	Investments – Other Securities.			гауе
Tare VIII	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation: l-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)		-		
***********	No. of State of Community and April 1915 and April	<del></del>		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.			
rast viii	Complete if the organization answered "Yes" on Fo	orm 000 Dart IV li	ne 11c. See Form	000 Part Y line 13
	(a) Description of investment	(b) Book value		thod of valuation:
	(a) beautiful of investment	(b) Dook value		f-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)				
(7)				
(8)				
(9) Total, (Column (	b) must equal Form 990, Part X, col. (B) line 13.) ▶		SE SEESTERNS	
Part IX	Other Assets.	<del> </del>		
كمناهيدايد	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, li	ne 11d. See Form	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)	100			
(5)				
(6)				
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>.</b> .	
Part X	Other Liabilities.			<u> </u>
Turk	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability (b) Book value	<b>自用上版</b> 字图 [2]		
(1) Federal in				
(2)				
(3)		HALL THE WORLD'S A SECOND		
(4)				
(5)				
(6)				
(7)			SERVICE TO	THE RESERVE OF THE PARTY OF THE

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Page 4
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	teturn.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	200
ď	Other (Describe in Part XIII.)	
e	Add lines 2s through 2d	0-
3	Subtract line 2e from line 1	2e
4		3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	197 *2
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0.4
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part		r Return.
4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	25,21
a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	ATHERE S
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	- HT7 , can't
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part		<del></del>
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	
		N M N W R-1 (1) D D D D D D D D D D D D D D D D D D D
esmuse		
-		
		********
		************
****		*************************

#### 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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
Future of Yesterday Foundation	46-1871338
Pt VI, Line 11b: The governing board reviews the Form 990 before	submitting
to the proper entities.	
Pt VI, Line 19: Documents are available upon request. One reques	t was received
rt vi, Eine 13. Documents are available upon request. One reques	C Was IECCIVCA
to view Form 990.	
Pt VI, Line 2: Board members are all family members.	
	·
	****************
***************************************	
	***************************************
-7/	

## Form 8879-E0

Department of the Treasury

Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

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7

For calendar year 2017, or fiscal year beginning , 2017, and ending , 20

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization **Employer identification number** Future of Yesterday Foundation 46-1871338 Name and title of officer Erin T Mahoney, President Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . . . . 3b 4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5b Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of

the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. 0

officer's PIN: check one box	c only		
☐ I authorize	ERO firm name	to enter my PIN	as my signature Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Part III Certification and Authentication Date ▶ 05/08/2018

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5 1	4	4	0	5	2.	5	4	3	5
, 1	Λ	2	6	e l	2	c	1	2	C.

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ► 08/08/2018

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So