## Form **990**

#### **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

A F	or the	2018	calendar year, or tax year beginning 04/01, 2018, and	d ending		03/	31, 20 19
			C Name of organization		D Employer ide	ntificati	on number
Вс	heck if ap	pécable	ONWARD TOGETHER		1	Privad	cy Redaction
	Addre	<b>51</b>	Doing business as		1	1 11144	cy Reduction
	7 1	change	Number and street (or P.O box if mail is not delivered to street address) Roc	om/suite	E Telephone nu	mber	
	Initial	return	120 W. 45TH STREET STE 2700		(646) 82	8-99	68
	Final (		City or town, state or province, country, and ZIP or foreign postal code				
$\vdash$	Amen	ded	NEW YORK, NY 10036		G Gross receipts	5 \$	4,216,978.
	Applic	ation	F Name and address of principal officer JESSICA WEN		H(a) is this a gro		for Yes X No
_	_  pendi	ng.	120 W. 45TH STREET STE 2700, NEW YORK, NY 10	036	Subordinates H(b) Are all subord		xled? Yes No
$\overline{\Gamma}$	Tax-ex	empt st	atus   501(c)(3)   X   501(c) ( 4 )   4 (insert no.)   4947(e)(1) or	527	If "No," at	tach a list	t. (see Instructions)
J	Websi	te: 🕨	WWW.ONWARDTOGETHER.ORG		H(¢) Group exem	ption nun	nber <b>&gt;</b>
_			nization X Corporation Trust Association Other	1. Year of fo	rmation 2017 M	State of	l legal domicile: DC
	art I		ımmary				
	1		y describe the organization's mission or most significant activities BY ENCOL	URAGING	PEOPLE TO	ORGAN	NIZE, GET
•	•	INV	OLVED, AND RUN FOR OFFICE, ONWARD TOGETHER WILL	ADVANC	E PROGRESSI	VE	
Activities & Governance			UES AND WORK TO BUILD A BRIGHTER FUTURE FOR GET				
E	2		this box if the organization discontinued its operations or disposed o			<u></u>	<u> </u>
ò			per of voting members of the governing body (Part VI, line 1a)			3	4.
-5			per of independent voting members of the governing body (Part VI, line 1b)			4	3.
ies			number of individuals employed in calendar year 2018 (Part V, line 2a)			5	8.
:			number of volunteers (estimate if necessary)			6	
Aci			unrelated business revenue from Part VIII, column (C), line 12			7a	0.
			nrelated business taxable income from Form 990-T, line 38			7b	
_		1101 0	included additional taxable income indirection bad it, into do it is in it is in		Prior Year	<del></del> -	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)	-	3,158,45	51.	2,258,050.
Revenue	9		am service revenue (Part VIII, line 2g)		•	0.	0.
ĕ	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).			0.	0.
ď			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,077,40	50.	1,958,928.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), I ne 12)		6,235,93		4,216,978.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		1,130,00		2,032,000.
	14		fits paid to or for members (Part IX, column (A), The 4)		_,	0.	0.
	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5-10).		297,79	90.	489,740.
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)		38,6		51,000.
pe	''a	Total	fundraising expenses (Part IX, column (D) line 25) ► 1,524,896.	-			<u> </u>
ă			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>	1,372,9	28.	1,958,680.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,839,30		4,531,420.
	19		nue less expenses. Subtract line 18 from line 12.	_	3,396,54		-314,442.
<u> </u>	13	Reve	tide less expenses. Subtract line to fruit line 12		leginning of Current		End of Year
anc a	20 21 22	Total	assets (Part X, line 16)	<b> -</b>	3,654,79		3,366,176.
\$ 8 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	24		liabilities (Part X, line 26)		258,2		284,075.
	22		ssets or fund balances. Subtract line 21 from line 20,		3,396,5		3,082,101.
	rt		gnature Block		•	<del>'</del> -	<u> </u>
			of perjury, I declare that I have examined this return, including accompanying schedules	and statemen	nts, and to the best o	f my kn	nowledge and belief, it is
true	e, corre	ct, and	complete Declaration of preparer (other than officer) is based on all Information of which a	preparer has a	ny knowledge		
			1. 100		1/3	1202	ن <i>م</i>
Sig	n		Signature of officer		Date	<u> </u>	
He	re		JESSICA WEN COO				
			Type or print name and title				
		Print	Type preparer's name Preparer's signature	Date			
Pale	Paid AMY C GILBERT CPA ACGILAR CAN 1.25.						
Preparer  Firm's name						Redaction	
Use Only Firm's address >2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007						· · · · · · · · · · · · · · · · · · ·	
Ma	May the IRS discuss this return with the preparer shown above? (see instructions)						
_			Reduction Act Notice, see the separate instructions.				roma 330 (2018)
. ••	p-						· · ·



Department of the Treasury Internal Revenue Service Ogden, UT 84201 **Privacy Redaction** 

Tax period Notice date March 31, 2019 August 19, 2019

Employer ID number
To contact us

82-1291110 Phone 877-829-5500

FAX 877-792-2864

Page 1 of 1

120 W 45TH ST STE 2700 NEW YORK NY 10036-4062



D04814

Important information about your March 31, 2019 Ferm 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your March 31, 2019 Form 990.

Your new due date is February 15, 2020.

#### What you need to do

File your March 31, 2019 Form 990 by February 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

#### Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call B00-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Pa	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:
	BY ENCOURAGING PEOPLE TO ORGANIZE, GET INVOLVED, AND RUN FOR OFFICE,
	ONWARD TOGETHER WILL ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A
	BRIGHTER FUTURE FOR GENERATIONS TO COME.
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 services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	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.
4a	(Code: ) (Expenses \$ 1,985,594. including grants of \$ 1,327,000. ) (Revenue \$)
	ENCOURAGING PEOPLE TO ORGANIZE, GET INVOLVED, AND RUN FOR OFFICE
	IN ORDER TO ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A
	BRIGHTER FUTURE FOR GENERATIONS TO COME.
	<u> </u>
4h	(Code. ) (Expenses \$ 709,000. including grants of \$ 705,000. ) (Revenue \$ )
	COMMITTEE CONTRIBUTIONS AND POLLING FOR GUBERNATORIAL RACE IN
	ORDER TO ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A BRIGHTER
	FUTURE FOR GENERATIONS TO COME.
_	
4¢	(Code) (Expenses \$including grants of \$) (Revenue \$)
	·
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 2,694,594.

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	- 1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4				
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u> </u>
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		اما		х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<del></del>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			v
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
		1.0		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	اممها		x
		11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, tine 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del>- ` `</del>		
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 6		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<u> </u>	
19		19		x
	If "Yes," complete Schedule G, Part III	20a	$\vdash$	$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<del>                                     </del>	<del></del> -
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\vdash$	<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
	demostic government on Part IX, column (A), line 12 if "Ves." complete Schedule I, Parts I and II	21		1

	ONWARD TOGETHER Privacy Redaction			
Part	30 (2010)			
rait	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	$\Box$		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
	A current or former officer, director, trustee, or key employee? if "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<del> </del>	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N. Part II.	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	$\vdash$	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	٠,	x	l
	or IV, and Part V line 1	34	$\frac{\lambda}{x}$	<del>                                     </del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	<b> </b> -
D	of f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		х
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		<del></del>
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ŀ
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30-		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<b>—</b>	$\vdash$	
JO	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Par			•	1
411	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Citable in Collection & Containing & Foopening of Hotel to any line in time Fact Victor Containing in Containing i	<u>····</u>	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
. 4		-1	1	1

c Did the organization comply with backup withholding rules for reportable payments to vendors and 

Pari	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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3Ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	:		
	gifts were not tax deductible?	6b	Х	
7				
a	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation rees and capital contributions included on Part VIII, line 12			
D	Initiation fees and capital contributions included on Part VIII, line 12			
l1 -	Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes " complete Form 4720. Schedule O.	1	1	1

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in schedule o. s			
<b>2</b>	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	• • •	X
Secti	on A. Governing Body and Management		Yes	No
			100	""
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		x
	any other officer, director, trustee, or key employee?	2		-
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?			<del> </del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	х	
	one or more members of the governing body?			<del>                                     </del>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
_	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	Х	
	The governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	i	x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10=	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10ь		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	The state of the s	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l <u></u>
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			v
	with a taxable entity during the year?	16a		X
b	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			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			_
17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1			=04/=\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(580	uon :	50 1(C)
	Own website Another's website X Upon request Other (explain in Schedule O)			
4.6		erest	nalia	ບຸລຸກລັ
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	G1 651	PUNC	y, and
20	financial statements available to the public during the tax year  State the game, address, and telephone number of the person who possesses the organization's books and record	is 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record onward together 120 w. 45th St StE 2700 NEW YORK, NY 10036 646-828-9968			

## Part VII Compensation of Officers, Directors, Tru Independent Contractors

**Privacy Redaction** 

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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.

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

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

(A) Name and Titl <del>e</del>	(B) Average hours per week (list any hours for	box, office	(C) Position (do not check more box, unless person officer and a direction of the control of the			is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related : organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MINYON MOORE	1.00									
DIRECTOR/PRESIDENT	0.	х		x				0.	0.	0.
(2)CHARLES BAKER	1.00							_		
DIRECTOR/TREASURER	0.	х		х				0.	0.	0.
(3)DENNIS W. CHENG	30.00									
DIRECTOR/FINANCE DIRECTOR	0.	Х		Х			<u> </u>	120,000.	0.	6,172
(4)ELLEN TAUSCHER	1.00									_
DIRECTOR BEGAN: 4/25/18	0.	Х						0.	0.	<u> </u>
(5)KELLY J. MEHLENBACHER	20.00				ľ					
CHIEF OPERATING OFFICER	0			X				98,250.	0.	3,105
(6)HUMA M. ABEDIN	20.00					1			·	
OFFICER	0.	<u> </u>		Х				81,750.	0.	5,331
(7)										
(8)										
(9)										
(10)					-					
(11)							-			<del></del>
(12)			-	<u> </u>	$\vdash$					
(13)				-	$\vdash$					
(14)	<u>.</u>		$\vdash$	$\vdash$	$\vdash$		├			_

**Privacy Redaction** 

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es, :	and F	_ ligi	hest Compensat	ed Employe	es (co	ontinue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box office	unies r and	Pos neck is pe	rson lirect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est ame comp	(F) imated ount of other ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	and orga	m the nization related nizations
	- <b></b>											
	<b></b>							25-10-14				
1b Sub-total							<b>&gt;</b>	300,000.		0.		14,608.
c Total from continuation sheets to Part VII, S	ection A .							300,000.		0.		0. 14,608.
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	<del></del>	1	لنتي		14,000.
reportable compensation from the organization	n ▶		1									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or	r tru	uste اما	е,	key e	emp	olayee, or highes	t compensa	ted	3	X
4 For any individual listed on line 1a, is the												
organization and related organizations gri	eater than	1 <b>\$</b> 15	50,0	007	? //	"Yes	S, "	complete Schedu	le J for su	ıch	4	x
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mper	ısati	ion	fron	n any	บท	related organizati	on or individ	ual	5	х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>	pensated i compensati	indepo ion fo	ende r the	ent e ca	con	tracto dar ye	ear e	that received more ending with or wit	than \$100, hin the organ	000 o nization	f n's tax	
(A) Name and business add	tress			<u></u>				(B) Description of se	ervices	С	(C) ompens	ation
ATTACHMENT 2							+					
						-	$\dagger$					

|--|

		Check if Schedule O contains a response	or note to any	y line in this Part VI	M	<u> </u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	2,258,050.				
	h	Total. Add lines 1a-1f	1	2,258,050.			+
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code				
P	g	Total. Add lines 2a-2f	<b>▶</b> Ì	0.	•		
	3 4 5	Investment income (including dividends and other similar amounts)	interest, ▶ oceeds . ▶	0. 0. 1,958,928.			1,958,928.
	6a b c	Gross rents	(ii) Personal		<u> </u>		
•	d 7a b	Net rental income or (loss)	(ii) Other	0.			
	C	Gain or (loss)				<del></del>	
Other Revenue	8a	Net gain or (loss)	0.	0.	· <u>-</u>		
ō	1	Less: direct expenses b		0.			
	9a	Gross income from gaming activities.  See Part IV, line 19	0.				
	ь	Less: direct expenses b	0.				
	C	Net income or (loss) from gaming activities.	<u></u>	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
		Less: cost of goods sold b		0.			
		Miscellaneous Revenue	Business Code			-	
	11a					+	<del> </del>
	b			_		<del> </del>	<del></del>
	C			_		<del>  _</del>	<del></del>
	d	All other revenue				-	
	6	Total. Add lines 11a-11d		0.		_	1 050 030
	12	Total revenue. See instructions	<u></u>	4,216,978.		<u> </u>	1,958,928.

Part IX Statement of Functional Expenses

#### **Privacy Redaction**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b. Fundraising 8b. 9b. and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations 2,032,000 2,032,000 and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 . . . . . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, 86,580 116,684 130,800. 334,064 trustees, and key employees . . . . . . . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 95,543 95,543 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 27,10127,101 15,121 9,290. 33,032 8,621 11 Fees for services (non-employees): 0 47,412. 41,249 6,163. 66,634 66,634 c Accounting . . . . . . . . . . 0 d Lobbying . . . . . . . . . . . . 51,000. 51,000. e Professional fundraising services. See Part IV, line 17. f Investment management fees ...... O. 9 Other, (If line 11g amount exceeds 10% of line 25, column 430,000 331,250 5,000 93,750. (A) amount, list line 11g expenses on Schedule O.). . . . . . 0 Advertising and promotion . . . . . . . 20,287 7,120. 2,137 11,030 13 Office expenses . . . . . . . . . . . . . . 0 14 0 43,533. 146,576 62,684 40,359 16 12,105 10,699 1,406. 17 Payments of travel or entertainment expenses n for any federal, state, or local public officials 659 14,768. 39,169 23,742 Conferences, conventions, and meetings . . . . 19 0 0 Payments to affiliates, , . . . . . . . . . . . . . . . . . 3,737. 3,737. Depreciation, depletion, and amortization 0 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 127,895. aLIST RENTAL EXPENSES 127,895 149,119. DINCOME TAXES 149,119 620,686. CDIRECT MAIL EXPENSES 620,686 dDIGITAL EXPENSES 219,325 219,325. 75,735 4,000 21,694 50,041. e All other expenses 2,694,594 311,930. 1,524,896. 4,531,420 25 Total functional expenses. Add lines 1 through 24e 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 0 following SOP 98-2 (ASC 958-720) . .

Part X Balance Sheet

	ιλ	Check if Schedule O contains a response or note to any line in this Pa	ert X		
			(A) Beginning of year		(B) End of year
Τ,	1	Cash - non-interest-bearing	2,228,806.	1	2,903,753.
	2	Savings and temporary cash investments	0.	2	0.
ŀ	3	Pledges and grants receivable, net		3	0.
l	4	Accounts receivable, net	1,392,925.	4	408,096.
	5	Loans and other receivables from current and former officers, directors,			•
	ŭ	trustees, key employees and highest compensated employees	1		
	6	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
됩	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
``	9	Prepaid expenses and deferred charges	0.	9	0.
ļ	10 a	Land, buildings, and equipment: cost or			
Ì		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities		11	0.
	12	Investments - other securities See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	54,327.
	15	Other assets See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,034,193.	16	3,366,176.
	17	Accounts payable and accrued expenses	100,234.	17	127,252.
	18	Grants payable	•	18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
w l	22	Loans and other payables to current and former officers, directors,	-		
Liabilities	_	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			: <del></del>
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	158,018.	25	156,823.
	26	Total liabilities. Add lines 17 through 25	258,252.	26	284,075.
ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.	_		
ā	27	Unrestricted net assets	3,396,5 <u>43</u> .		2,930,287.
Ba	28	Temporarily restricted net assets	0.		151,814.
P	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
50	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	3,396,543.		3,082,101.
	34	Total liabilities and net assets/fund balances	3,654,795.	34	3,366,176. Form <b>990</b> (2018)
_	34	i otal liabilities and net assets/fund balances	3,034,193	<u> </u>	) ·   34

**Privacy Redaction** 

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.,,,,	V(45.0)				_		
art :							
	Check if Schedule O contains a response or note to any line in this Part XI	<del> ;</del>		<del></del>	16,9	77.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1					
2	Total expenses (must equal Part IX, column (A), line 25)	2			31,4		
3	Revenue less expenses. Subtract line 2 from line 1,	3			14,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,396,543.			
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 in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		3,0	82,1	101.	
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 X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con						
	reviewed on a separate basis, consolidated basis, or both:	•					
	Separate basis Consolidated basis Both consol dated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?			2b	X		
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ioht				
C	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, e						
	· · · · · · · · · · · · · · · · · · ·	العاطمة	1 141				
_	Schedule O.	4 fauth	. :_				
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortr	ı IN	   За		х	
	the Single Audit Act and OMB Circular A-133?		• • •	<del>"</del>		<u> </u>	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo dite	u1 <del>0</del>	3ь			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ullo.		30			

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campa**

**Privacy Redaction** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2018

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

if the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
<ul> <li>Section 501(c)(4), (5), or (6) organization</li> </ul>	anizations. Complete Fait III.		Employer ide	ntification number
ONWARD TOGETHER				
	rganization is exempt under	section 501(c) or i	Privacy R	edaction
	organization's direct and indirect p			
definition of "political campa	_	ontical campaign ac	MAINES III I BILIA. (200 H	isti actions ioi
	penditures (see instructions)		▶ €	709,000.
	campaign activities (see instruction			
	rganization is exempt under s			
	ise tax incurred by the organization		5 > \$	
	ise tax incurred by the organization materials			
•	a section 4955 tax, did it file Form	<del>-</del>		Yes No
_		-		
b If "Yes," describe in Part IV.				
Part I-C Complete if the c	rganization is exempt under	section 501(c), ex	cept section 501(c)(3	).
` • • •	xpended by the filing organization		•	<del> </del>
				4,000.
	ng organization's funds contributed			
	es.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			705,000.
	enditures. Add lines 1 and 2. En			
				709,000.
4 Did the filing organization file	e Form 1120-POL for this year?			. X Yes No
5 Enter the names, addresses	e Form 1120-POL for this year? and employer identification numb	er (EIN) of all section	ın 527 political organizi	ations to which the filing
organization made payment	s. For each organization listed, en	ter the amount paid	I from the filing organiz	ation's funds. Also enter
the amount of political conf	ributions received that were prom nd or a political action committee (I	iptiy and directly de	livered to a separate po	olitical organization, such oformation in Part IV
	-	1	<u> </u>	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
ATTACHMENT 1				political organization. If
				none, enter -0
(1)	1714 FRANKLIN ST			
COLOR OF CHANGE PAC	OAKLAND, CA 94612	30-0505290	150,000.	0.
(2)	351 CALIFORNIA ST			
EMERGE AMERICA	SAN FRAN, CA 94104	90-0787684	75,000.	0.
(3)	1800 M ST NW ST			
EMILY'S LIST	WASHINGTON, DC 20036	52-1391360	30,000.	0.
(4) RUN FOR SOMETHING	PO BOX 697			
PAC	NEW YORK, NY 10013	81-5222116	25,000.	0.
(5)	700 13TH ST	]		
SWING LEFT	WASHINGTON, DC 20005	81-5209959	25,000.	0.
(6)	155 WATER ST			
FITDDARLE	BROOKT, YN. NY 11201	81-5161730	l 50.000.	Ι 0.

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

Schedule C (Form 990 or 990-EZ) 2018

	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures			·		
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990 or 990-EZ) 2018

(election under section 501(h)).	(1	a)		(b)	,
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detaile escription of the lobbying activity.	Yes	No		Amou	
During the year, did the filing organization attempt to influence foreign, national, state, or loc	21				
legislation, including any attempt to influence public opinion on a legislative matter					
referendum, through the use of:					
Volunteers?	🖳				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i	17.	ļ			
Media advertisements?		<u> </u>			
Mailings to members, legislators, or the public?					
Publications, or published or broadcast statements?		ļ			
Grants to other organizations for lobbying purposes?		<b>├</b>			
Direct contact with legislators, their staffs, government officials, or a legislative body?		ļ			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-			
Other activities?		-	<del>                                     </del>		
Total Add lines 1c through 1i					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .		<del> </del>	ł		
If "Yes," enter the amount of any tax incurred under section 4912					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section		). or s	ectio	n	
501(c)(6).		,			
					Yet
Were substantially all (90% or more) dues received nondeductible by members?				1	<u> </u>
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				$\rightarrow$	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures	from the	prior	year?	2	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	from the	prior	year?	2 3	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	from the 501(c)(5 o," OR (	prior ), or s (b) Pa	year?	2 3	3, i
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures art III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members	from the 501(c)(5 o," OR (	prior ), or s (b) Pa	year? sectio	2 3	3, i
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Schedule C (Form 990 or 990-EZ) 2018

**Privacy Redaction** 

Page 4

Part IV Supplemental Information (continued)

#### ONWARD TOGETHER

Schedule C (Form 990 or 990-EZ) 2018

**Privacy Redaction** 

Page 4

Part IV Supplemental	Information (continued)			<u>'</u>
			ATTACH	MENT 1
(A) NAME	(B) ADDRESS	(C) EIN	(D) AMOUNT PAID FROM FILING ORG.	(E) AMOUNT OF POLITICAL CONTRIB. RECEIVED
	700 14TH ST NW			
LATINO VICTORY FUND	WASHINGTON, DC 20005 1629 K ST NW	47-1137359	100,000.	
PROGR CHG CAMP CTE	WASHINGTON, DC 20006 340S LEMON	26-3881408	5,000.	
SISTER DISTRICT PRO-	JWALNUT, CA 91789 25 TAYLOR ST	82-1066046	25,000.	
TECH FOR CAMPAIGNS	SAN FRAN, CA 94102	82-0977440	25,000.	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

20**18** 

Open to Public Inspection

Employer Identification number

ONWARD TOGETHER Privacy Redaction Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 . . . . . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Part II 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 (e.g., 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 2 Held at the End of the Tax Year easement on the last day 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

	(ii) related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organi				
4	Describe in Part XIII the intended uses of the	ne organization' <u>s endo</u>	wment funds.		
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization ans	swered "Yes" on Fo	rm 990, Part IV, lin	e 11a. See Form	990, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment,				
	Othor			1	

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

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	Part IV line 11h Se	ee Form 990 Part X line 12
		(b) Book value	_	Nethod of valuation:
	(a) Description of security or category (including name of security)	(0) 5000 15.00		end-of-year market value
	al derivatives		<del></del>	
	-held equity interests			
(A)	<u></u>	<del>.</del>		<del>** · *</del> ·
(B)			<del></del>	
(C)			<u>-</u> -	
(D)		<del></del>		
(E)		÷ <del>=</del>		<del>.</del>
(F) (G)				
(H)			<del></del>	·· <del>-</del>
	n (b) must equal Form 990, Part X, col. (8) line 12.)	<del></del>		
	Investments - Program Related.			
I GIL VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. Se	ee Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) I	Method of valuation:
	(-,	• •	Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		a		
(8)		<del></del>		
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u>.</u> .	<u></u>	
Part IX	Other Assets.	113.4	D-4114 (the 44d C	F 000 Pert V line 15
•	Complete if the organization answered		, Part IV, line 110. S	(b) Book value
	(a) De	scription		(b) Book value
(1)				
(2)		· <del>-</del>	<del></del> .	
(3)			• • • • • • • • • • • • • • • • • • •	
(4)		\$ <b>\$</b>		
(6)		-	<u> </u>	-
(7)	A			
(8)	/*- W4 ·	44-MS-511		<u> </u>
(9)		·	· <del></del>	· · · · · · · · · · · · · · · · · · ·
	lumn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	·-	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	"Yes" on Form 99	), Part IV, line 11e or	11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book val	ie	
-	eral income taxes			
	DME TAXES PAYABLE	149,	119.	
	ROLL TAXES PAYABLE	7,	704.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1</b> 56,	823.	

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

JSA BE1270 1 000 5421NI 7165 Schedule D (Form 990) 2018

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,216,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	]	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	] [	
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		4,216,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)	<b>-</b>	
C	Add lines 4a and 4b	4c	4 016 020
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,216,978.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	4,531,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	4 1	
b	Prior year adjustments	4	
C	Other losses	4	
d	Other (Describe in Part XIII.)	<b>↓</b>	
e	Add lines 2a through 2d		4 521 400
3	Subtract line 2e from line 1	3	4,531,420.
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	-	
b	Other (Describe in Part XIII.)	┨	
_	Add lines 4a and 4b		4,531,420.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1 5 [	4,331,420.
Provid	XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	art V. lin	e 4. Part X. line
2: Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	,
	ASC 740-10		
FOR	THE FISCAL YEAR ENDED MARCH 31,2019, THE ORGANIZATION HAS DOCUMENTED		
ITS	CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES		
GUID	ANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED		
	NO MARRIES WASHINGTON HAV DOCUMENTS OUR LEVE BOD FIRMED DECOCATATO	NT.	
THAT	NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITIO	IN .	
OR D	DISCLOSURE IN THE FINANCIAL STATEMENTS.		
			<del></del>
			<u>-</u>

PAGE 31

Part XIII Supplemental Information (continued)

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization enswered "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.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for Instructions and the latest instructions. Inspection Internal Revenue Service Employer Identification number Name of the organization ONWARD TOGETHER **Privacy Redaction** Fundraising Activities. Complete if the organization answered "Yes" on F Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations 8 X Internet and email solicitations f Solicitation of government grants b C Phone solicitations g Special fundraising events X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a X | Yes | or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (ili) D d fundraiser have (or retained by) (i) Name and address of individual (Iv) Gross receipts (or retained by) (ii) Activity custody or control of fundralser listed in or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 ATTACHMENT 3 10 2,258,050 51,000 2,207,050. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Schedule G (Form 990 or 990-EZ) 2018

1		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(lotal number)	col (c))
4	Cross resolets				
•	Gross receipts				
2	Less: Contributions				
3	Gross income (line 1 minus				
	line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs		<u></u>	-	
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
	•				
10	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu	mn (d)		
	Gaming. Complete if the organization				reported more th
,	\$15,000 on Form 990-EZ, lin	e 6a			
	· · · · · · · · · · · · · · · · · · ·	<del></del>		·	<del>-</del>
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
				(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
		(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
2	? Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through col. (
2		(a) Bingo		(c) Other gaming	(d) Total gaming (accol. (a) through coi. (
3	Cash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (accol. (a) through coi. (
3	Cash prizes  Noncash prizes	(a) Bingo		(c) Other gaming	(d) Total gaming (ac col. (a) through coi. (
3	Cash prizes	(a) Bingo	bingo/progressive bingo		(d) Total gaming (ac col. (a) through col. (
3 4	Cash prizes     Noncash prizes	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (
3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	bingo/progressive bingo  Yes%	Yes %	col. (a) through col. (
3 4 5	Cash prizes     Noncash prizes	Yes%	bingo/progressive bingo  Yes%	Yes %	col. (a) through col. (
3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lin	Yes % No es 2 through 5 in colu	Yes% No	Yes%	col. (a) through col. (
3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes % No es 2 through 5 in colu	Yes% No	Yes%	col. (a) through col. (
2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su	Yes % No es 2 through 5 in columbtract line 7 from line	Yes% No mn (d) aning activities:	Yes% No	col. (a) through col. (
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	Yes% No mn (d) aning activities: in each of these state	Yes% No	col. (a) through col. (
2 3 4 5 6 7 8 a	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org	Yes % No es 2 through 5 in columbtract line 7 from line	Yes% No mn (d) aning activities: in each of these state	Yes% No	col. (a) through col. (
2 3 4 5 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lin Net gaming income summary. Su Enter the state(s) in which the org	Yes % No es 2 through 5 in columbtract line 7 from line anization conducts gaduct gaming activities	Yes% No mn (d) 1, column (d) ming activities: in each of these state	Yes% No	col. (a) through col

Schedule G (Form 990 or 990-EZ) 2018

	ONWARD TOGETHER	D. D. L. (1	
Sched	lule G (Form 990 or 990-EZ) 2018	Privacy Redaction	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a memb		_
	formed to administer charitable gaming?		No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		<u>%</u>
b			<u>%</u>
14	Enter the name and address of the person who prepares the organization records:	n's gaming/special events books and	
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom		□ No
b	revenue?	n ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party		
	Name ►		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided >		
	Director/officer Employee Independer	t contractor	
	Advantage of the Advance		
17	Mandatory distributions:  Is the organization required under state law to make charitable distr	ibutions from the gaming proceeds to	
a	retain the state gaming license?	Yes	□ No
ь	Enter the amount of distributions required under state law to be dis	ributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year	the state of the s	
Par	Supplemental Information. Provide the explanation require Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applica (see instructions).		
		· · · · · · · · · · · · · · · · · · ·	**

Schedule G (Form 990 or 990-EZ) 2018

AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	2,258,050.	.000		P	rivacy Redaction	ATTAC VT 1
AMOUNT PAID TO (OR RETAINED BY FUNDRAISER		51,000				
GROSS RECEIPTS FROM ACTIVITY	2,258,050.					
DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	×	>	¢			
ACTIVITY		TERM MODGET	TIVE TOUR			V 18-7.6E
NAME AND ADDRESS OF FUNDRAISER	GROSS RECEIPTS ONWARD TOGETHER 120 W 45TH ST STE 2700 NEW YORK NY 10036	CHAPMAN CUBINE & HUSSEY	2000 15TH ST N STE 550 ARLINGTON VA 22201			5421NI 7165

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

	2018
; 5	Open to Public
	Inspection
	Employer identification number

OMB No. 1545-0047

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	Complete it the Organization answered tes on roth 350, rail 19, into 21 of 22.		
	► Attach to Form 990.	Openi	Open to Public
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.	dsul	Inspection
Name of the organization		Employer identification number	ier.
ONWARD TOGETHER	я.	82-1291110	
Part   General	Part I General Information on Grants and Assistance		
1 Does the organic	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	_	
the selection crit	the selection criteria used to award the grants or assistance?	X Yes	S No
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part Grants ar	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	on answered "Yes" on	Form 990,
Part IV, lis	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ded.	

(h) Purpose of grant or assistance Ä Ħ SENERAL SUPPORT **Privacy Redaction** GENERAL GENERAL GENERAL SENERAL SENERAL GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL (g) Description of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table................ (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash 150,000. 10,000 50,000. 127,000. 73, dan. 100 001 55,000 23,400, 75,000. 30,000. 150,000 grant (c) IRC section (if applicable) 501 (C) (4) 501(C)(3) 82-2765806 | 501(C) (3) 501(C) (4) 03-0575412 (501(C)(3) 81-5171259 |501(C) (4) 501 (C) (4) 501 (C) (4) Enter total number of other organizations listed in the line 1 table. 46-4605470 82-3079496 82-3135054 47-1427359 46-2914731 30-0505290 90-0787684 52-1391360 (b) EIN 243 5TH AVE MAILBOX 257 NEW YORK, NY 10016 351 CALIFORNIA ST SAN FRANCISCO, CA 94104 1149 S MARYLAND PKWY LAS VEGAS, NV 89104 (2) ASIAN AND PACIFIC ISLANDER AMERICAN VOTE 1612 K STREET NW WASHINGTON, DC 20006 1270 CAROLINE ST NE ATLANTA, GA 30307 611 PENN.AVE SE WASHINGTON, DC 20003 1 (a) Name and address of organization or government 1023 SPRINGDALE RD AUSTIN, TX 78721 810 7TH ST NE WASHINGTON, DC 20002 410 1ST ST SE WASHINGTON, DC 20003 1714 FRANKLIN ST OAKLAND, CA 94612 1800 M ST NW WASHINGTON, DC 20036 155 WATER ST BROOKLYN, NY 11201 (1) ALLIANCE FOR YOUTH ACTION (6) COLOR OF CHANGE PAC (4) CARE IN ACTION INC (5) COLLECTIVE FUTURE (11) FAIR FIGHT ACTION (8) DREAM BIG NEVADA (7) DEEDS NOT WORDS (9) EMERGE AMERICA (10) EMILYS LIST (3) THE ARENA (12) FLIPPABLE

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

) (2018)

Schedule 1 (F

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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part I' ► Attach to Form 990.

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2018

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 82-1291110

y P Go to		ER	General Information on Grants and Assistance
Department of the Treasury Internal Revenue Service	organization	ONWARD TOGETHER	General In
Department of the Treasu	Name of the organization	ONWARD	Parti

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the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	Total	onitoring the use of grant funds in the United States.
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mainta	ed to	organ
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Does the organization maintain records to substantia	ne selection criteria used to award the grants or assis	bescribe in Part IV the organization's procedures for mor
s the (	selecti	cribe i
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Part	Grants and Other Assistance to Domestic Org	mestic Org	anizations an	d Domestic Gove	ernments. Com	anizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	ation answered "Ye	es" on For	rm 990,
	Part IV, line 21, for any recipient that received		more than \$5,	000. Part II can b	e duplicated if a	more than \$5,000. Part II can be duplicated if additional space is needed.	eeded.		
	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	se of grant stance
(1) IVOTE									
PO BOX	PO BOX 382175 CAMBRIDGE, MA 02238	46-2919706	501(C)(4)	25,000.				GENERAL SUPPORT	PPORT
(2) LATINO	(2) LATING VICTORY FUND								
700 14	700 14TH ST NW WASHINGTON, DC 20005	47-1137359	527	100,000.				GENERAL	RT
(3) LATING	(3) LATINO VICTORY PROJECT								
700 14	700 14TH ST NW WASHINGTON, DC 20005	46-4651149	501(C) (4)	50,000.				GENERAL	RT
(4) LGBTQ	(4) LGBTQ VICTORY INSTITUTE								
1225 I	1225 I ST NW WASHINGTON, DC 20005	52-1835268	501(C) (3)	75,000.				GENERAL	RT
(2) FIAING	(5) LIVING UNITED FOR CHANGE IN ARIZONA								
5716 N	5716 N 19TH AVE PHOENIX, AZ 85015	27-1398645	501 (C) (4)	50,000.				GENERAL	RT
(6) NATION	(6) NATIONAL DOMESTIC WORKERS ALLIANCE								
395 HU	395 HUDSON STREET NEW YORK, NY 10014	35-2420942	501(C)(3)	100,000.				GENERAL	ВŢ
(7) ROC ACTION	TION								
275 71	275 7TH AVE NEW YORK, NY 10001	46-5249734	501 (C) (4)	50,000.				GENERAL	E Pr
(8) RUN FO	(8) RUN FOR SOMETHING PAC								·iva
PO BOX	PO BOX 697 NEW YORK, NY 10013	81-5222116	527	25,000.				GENERAL	둝 acv
(9) RUN FO	(9) RUN FOR SOMETHING ACTION FUND								Re
220 EY	220 EYE ST NE WASHINGTON, DC 20002	81-4761176	501(C)(4)	125,000.				GENERAL	<u>⊒</u> sbe
(10) SISTER	(10) SISTER DISTRICT ACTION NETWORK								eti
1787 1	1787 TRIBUTE ROAD SACRAMENTO, CA 95815	82-2112161	501(C) (4)	25,000.				GENERAL	ដ្ឋ

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100,000.

26-4486735 501(C) (4)

1201 CONN. AVE NW WASHINGTON, DC 20036

340 S. LEMON WALNUT, CA 91789

(12) SIXTEEN THIRTY FUND

(11) SISTER DISTRICT PROJECT

Enter total number of other organizations listed in the line 1 table.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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) (2018)

Schedule I (F

GENERAL

ISSUE A

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# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

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

Employer identification number 82-1291110 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance ONWARD TOGETHER Name of the organization Part 1

Š Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, X Yes Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . . . . . . . Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purp or as:	(h) Purpose of grant or assistance
(1) STATE ENGAGEMENT FUND								£ 400 cc
(2) SWING LEFT	F&6000-T9	20110114)	- 000 400					
700 13TH ST NW WASHINGTON, DC 20005	81-5209959	527	25,000.				GENER	ORT
(3) TECH FOR CAMPAIGNS								
25 TAYLOR ST SAN FRANCISCO, CA 94102	82-0977440	527	25,000.				GENERA	ORT
(4) TEXAS CIVIL RIGHTS PROJECT								
1405 MONTOPOLIS DR AUSTIN, TX 78741	74-1995879	501(C)(3)	50,000.				GENERA	PORT
(5) ULTRA VIOLET EDUCATION FUND								
PO BOX 34756 WASHINGTON, DC 20043	47-1872208	501 (C) (3)	25,000.				GENER	YORT
(6) VOIO LATINO								
1300 L STREET NW WASHINGTON, DC 20005	20-1350252	501 (C) (3)	150,000.				GENER	ORT
(7) SIXTEEN THIRTY FUND								
1201 CONN. AVE NW WASHINGTON, DC 20036	26-4486735	501 (C) (4)	50,000.				TRAIN	D <sub>1</sub>
(8)							. 1 V &	ive
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								on
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations lis	ted in the line 1 tak	le		<b>▲</b> ::::::::::::::::::::::::::::::::::::		æ
3 Enter total number of other organizations listed in the line 1 table.	ted in the line	1 table				<b>A</b> : : : : : : : : : : : : : : : : : : :		. 22.
For Paperwork Reduction Act Notice, see the instructions for Form 990.	ions for Form 9	90.				Schi	Schedule (	90) (2018)

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art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Doct 111 can be dissipated if additional space is peeded.	

ONWARD TOGETHER

ado incompa il paracidas og upo il tip	المصمدة				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV apprasal, other)	(f) Description of non-cash assistance
-					
2					
n					
4					
ı					
9					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	e information re	quired in Part I,	line 2, Part III, c	olumn (b); and any o	ther additional
PART I LINE 2:					

THE ORGANIZATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND THUS IS

ABLE TO MONITOR THE USE OF ITS GRANTS.

E 40

Schedule I (Form 990

**Privacy Redaction** 

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental In

**Privacy Redaction** 

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

82-1291110

ONWARD TOGETHER

PART VI, SECTION A, LINE 7A

THE MEMBERS OF THE ORGANIZATION HAVE THE POWER TO ELECT ONE DIRECTOR.

PART VI, SECTION B, LINE 11B

PRIOR TO FILING THE FORM 990, THE ORGANIZATION'S DIRECTORS, CHIEF OPERATING OFFICER AND OUTSIDE LEGAL COUNSEL REVIEW THE TAX RETURN PREPARED BY AN OUTSIDE CPA FIRM.

PART VI, SECTION B, LINE 12C

DIRECTORS/OFFICERS ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY. THEY ARE REQUIRED TO SIGN IT AND ATTEST TO READING, UNDERSTANDING AND COMPLYING WITH THE POLICY.

PART VI SECTION C, LINE 19

THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 UPON REQUEST.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, MD,

MN, MS, MO, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WV, WI,

Name of the organization
ONWARD TOGETHER

Employer identification number 82-1291110

ATTACHMENT 2

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EMRZ LLC 5903 SWAYDEN LANE AUSTIN, TX 78745	STRATEGIC CONSULTING	130,000.
JENNA LOWENSTEIN 306 GOLD ST BROOKLYN, NY 11201	DIGITAL CONSULTING	120,000.
QCT PRODUCTIONS LLC 2000 15TH ST N #550 ARLINGTON, VA 22201	ARTWORK & DESIGN	219,990.

ONWARD TOGETHER

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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	mplete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	
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► Attach to Form 990.

OMB No 1545-0047

82-1291110

Open to Public

Employer identification number Inspection 82-1291110

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

ONWARD TOGETHER Name of the organization Department of the Treasury Internal Revenue Servoe

Part

(g) on 512(b)(13) controlled entity? (f) Direct controlling entity Š **Privacy Redaction** Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because one or more related tax-exempt organizations during the tax year. ONWRD TOGTH (f) Direct controlling (e) End-of-year assels entity (e)
Public charity status
(if section 501(c)(3)) (d) Total income (c) Legal domicile (state or foreign country) (d) Exempt Code section 527 Legal domicile (state or foreign country) (b) Primary activity ច χX FEDERAL SSF Primary activity 35-2628726 (a) Name, address, and EIN (if applicable) of disregarded entity NEW YORK, NY 10036 Name, address, and EIN of related organization (1) ONWARD TOGETHER COMMITTEE 120 W 45TH ST STE 2700 Part II (3) (9) ම 3 3 (2) 3 (2) 9 3 ତ୍ର Ξ

For Paperwork Reduction Act Notice, see the instructions for Form 990.

rm 990) 2018

Schedule

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Page 2

ONWARD TOGETHER

Schedule R (Form 990) 2018

Section 512(b)(13) controlled entity? Yes No m 990) 2018 (k) Percentage ownership ntage (i) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. **Privacy Redaction** end-of-year assets identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, P Schedul Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of (f) Share of total (E) ² іпсоше Yes (g) Share of end-of-year assets (e)
Type of entity
(C cop, S cop, or tust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d) Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling Pentity (c) Legal domicile (state or fore-gn (a)Name, address, and EIN of related organization Primary activity (a) Name, address, and EIN of related organization Part III Part IV € 2 9 (4) (5) (9) (2) (3) 3 9 2 0 £ (1

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BE1308 1 000 5421NI 7165

82-1291110

m 990) 2018 Yes No determining X involved 45 Seles. Seles =| 0 ᆈ 5 4 4 7 19 ŧ <del>"</del> **Privacy Redaction** ž Schedule If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (b) Transaction type (a-s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity..... Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. V 18-7.6F Other transfer of cash or property from related organization(s), Name of related organization Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s). Dividends from related organization(s) 8E1309 1 000 5421NI 7165 N/A 7 æ £  $\Xi$ (3) € 9 (9) 3

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Schedule R (Farm 990) 2018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

(k) Percentage ownership orm 990) 2018 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. ž (I) General or managing partner? **Privacy Redaction** Yes Sched (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionale allocations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes (d)
Predominant
income (retated,
unrelated, excluded
from tax under
sections 512-514) (c) Legal domicle (state or foreign country) (b) Primary activity (a) Name, address, and EIN of entity (12) (13) B **1**9 (14) (15)(16) 9 ₹ (6) (11) E (2) (9) 9 9

46

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**Privacy Redaction** Schedule R (Form 990) 2018 Page 5 Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

### Form **4562**

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for Instructions and the latest information.

OMB No. 1545-0172

**Privacy Redaction** 

Attachment Sequence No.

Department of the Treasury nternal Revenue Service Name(s) shown on return

ONWARD TOGETHER

(99)

Identifylna number

Busi	ness or activity to which this form relates											
G	ENERAL DEPRECIATION											
Pa	rt I Election To Expense Co Note: If you have any lis				you comp	lete Part I.						
1	Maximum amount (see instructions)						1					
2	Total cost of section 179 property pla	iced in service (see In	structions)				2					
3	Threshold cost of section 179 proper	ty before reduction in	n limitation (se	e instruction	ns)		3					
4 5	Reduction in limitation. Subtract line 3 Dollar limitation for tax year. Subtract time 4 from separately, see instructions	3 from line 2. If zero of line 1 If zero or less lenter :	r less, enter -( 0 If married filing	)			4					
6	(a) Description				siness use only							
_	(1)					1						
_						^						
7	Listed property. Enter the amount from	m line 29			7			İ				
8	Total elected cost of section 179 proj						В	i				
9	Tentative deduction. Enter the smaller	•										
10	Carryover of disa lowed deduction fro											
11	Business income limitation. Enter the											
12	Section 179 expense deduction. Add											
13												
$\overline{}$	e: Don't use Part II or Part III below for				·							
$\overline{}$	rt II Special Depreciation A				on't include	listed propert	y See inst	ructions.)				
14	Special depreciation allowance fo											
• •	during the tax year. See instruct ons											
15	Property subject to section 168(f)(1)											
16												
Pa	rt III MACRS Depreciation (D	on't include listed	property. S	ee instruc	tions.)							
	•		Sec	tion A								
17	Section A											
18	If you are electing to group any a asset accounts, check here	ssets placed in ser	vice during (	he tax yea	ar into one	or more genera						
_	Section B - Assets						reciation S	vstem				
_		(b) Month and year			(d) Recovery			Ī				
44.	(a) Classification of property	placed in service	(business/inv only - see in		period	(e) Convention	(f) Method	(g) Depreciation deduction				
19a			<u> </u>			<u></u>						
	5-year property		ļ									
_	: 7-year property							<del> </del>				
_	1 10-year property					<del></del> -	<u> </u>					
	15-year property											
**	20-year property 25-year property		-		25 yrs		S/L	-				
		<del> </del>	<del>                                     </del>		25 yrs.	MM	S/L					
ŀ	Residential rental	-			27.5 yrs	MM	S/L					
	property	-	<del> </del>		39 yrs.	MM	S/L	<del> </del>				
ı	Nonresidential real property	-			- Ja yıa.	MM	S/L	-				
_	Section C - Assets P	laced in Service F	Juring 2018	Tay Vaar	Lising the			System				
20-	Class life	Iacan III Salaica r	Juling Zu 10		Jamy III		S/L					
	b 12-year	<del> </del>			12 yrs.		S/L					
	30-year	<del> </del>			30 yrs.	мм	S/L	<del>                                     </del>				
	d 40-year	<del> </del>	<del>                                     </del>		40 yrs.	MM	S/L	<del> </del>				
	art IV Summary (See instructi	ions )	<u> </u>	· · · ·	70 310.	141.141	,	<u> </u>				
							21					
21	Listed property. Enter amount from lin Total. Add amounts from line 12,			nd 20 in	column (a)	 and line 21 =	• • • —	-				
22	here and on the appropriate lines of v	nur return. Partnersh	ins and Sicord	norations - s	ee instruction	ns, , , , , , ,	22					
23	For assets shown above and place portion of the basis attributable to se	ection 263A costs	, me canen	. year, eill	23			L				

PAGE 48

Form	4562 (	2018)									Priva	cy Re	daction			Page 2
Pa		Listed Pro	operty (Include			certair	n oth	ner vel	_ hicle	s, certa	ain air	craft,	and	proper	ty us	ed for
		entertainme	ent, recreation, o	r amuseme	ent.)					·	d	lann-				nh. 04=
		Note: For a 24b, column	ny vehicle for whi s (a) through (c) of	ich you are Section A.:	e using all of S	i the st Section E	andard 3. and	nileaç Section	ge ra Cifa	te or de: applicable	ducting	lease	expense	, comp	lete of	ily 24a,
			Depreciation and									passe	nger au	tomobik	es.)	
24a	Do yo	u have evidenc	e to support the bus	ness/investm	ent use	claimed?	?  Y	res	No	24b  f"	Yes," is t	he evide	nce writt	en?	Yes	No
		(a)	(b)	(c) Business/		(d)		(e) asis for depr	eciation	(f)		g)	1 1	h)		(1)
		property (list cles first)	Date placed in service	investment use	Cost	or other ba		usiness/inve	stment	INACOVADA		hod/ ention		ciation action		section 179 ost
25	Speci	ial depreciation	n allowance for		ted pr	onerty r	nlaced			lurina	<del></del>	<u> </u>				
20			ed more than 50%									. 25				
26			e than 50% in a qu										1		•	
				9	%											
		<u> </u>			%											
			( ! !!'S		%											
<u>27</u>	Prope	erty used 50%	6 or less in a qualifi T							1	S/L -		1		ı——	_
_					% %						S/L -		<del> </del>			
					*						S/L -		İ		1	
28	Add a	mounts in co	lumn (h), lines 25	through 27.	Enter	here an	d on li	ine 21, p	age	1		. 28			1	
			lumn (i), line 26. E											. 29		
										ehicles						
Com	plete	this section fo	r vehicles used by	a sole prop	rietor, p	partner,	or oth	er "more	thar	1 5% own	er," or r	elated	person	lf you p	rovided	vehicles
to ye	our emp	proyees, first an	swer the questions in	1 Section C to					T		т .	-	1	<del> </del>	r	<u></u>
						a) ide 1		(b) hide 2	\	(c) /ehicle 3		d) icle 4		e) icle 5		(1) : de 6
30			estment miles drivi lude commuting m												,	
31									1		1					
	Total commuting miles driven during the year,     Total other personal (noncommuting)     miles driven															
	miles		•													
33	3 Total miles driven during the year. Add															
		_	2	ī				1	ļ	1		τ		1		T
34			available for	· .	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No_
25			hours?	ſ		-				-		-				<del>                                     </del>
35			used primarily by related person?						ľ	•						
36			le available for						1		<del> </del>	<u> </u>				
••				*				<u> </u>								
			ction C - Questic		ploye	rs Who	Prov	ide Vel	hicle	s for Us	e by Th	eir En	nploye	es		
			ns to determine if			eption t	о соп	pleting	Sect	ion B for	vehicle	s used	by em	ployees	who a	ren't
mo	re than	1 5% owners	or related persons.	See instruc	tions.										T 1/2	T
37			a written policy s										ommutir	ng, by	Yes	No
38	your i	employees?	a written policy :		hat pr	ohibits	nerso	nal use	of v	ehicles	except (		iting by	 / VOLIC		1
-			ne instructions for													
39	Do yo	ou treat all us	e of vehicles by em	ployees as	person	al use?										
40	Do y	ou provide n	nore than five ve	hicles to yo	our en	nployees	s, obt	ain info	rmati	on from	your e	mploye	es abo	ut the		
	use o	f the vehicles	, and retain the info equirements conce	ormation red	ceived1	?										<u> </u>
41																J
D a			ver to 37, 38, 39, 4	10, or 41 is	'Yes," (	on't co	mpiete	e Section	חאומ	or the cov	erea ve	nicies.				
Pa	I C VI	Amortizat	.1011			1						1	B)		<del>.</del>	
		(a)		(b) Date amorti	ization	1	(c	•		{d		Amor	ization		(f)	
		Description	OT COSTS	begins		Ап	nortizab 	le amount		Code s	ection		od or entag <del>e</del>	Amortiz	ation for t	nis year
42			sts that begins dur	ing your 20	18 tax	year (se										
_	SEE	AMORTIZAT	CION DETAIL				25	,000.								1,389
				<u> </u>	40:	<u> </u>						<u> </u>	<del></del>			2,348
43			sts that began beforts in column (f). Se								• • • •		43			3,737
**	ıvlal	- Aud alliodi	no in column (i). O	CO HIGHISHI	*0110119	IOI WIR	51 G IU I	SPUIL .		· · · · ·			44			<del>-, , -, ,</del>

Form 4562 (2018)

82-1291110 Current-year depreciation Current-year 179 expense MA CRS class ACRS Life Conv. Me-Ending Accumulated depreciation t Beginning Accumulated A depreciation Basis for depreciation 2018 Basis Reduction 179 exp. reduction in basis ₩. 8 Unadjusted Cost or basis Date placed in service Asset description Description of Property GENERAL DEPRECIATION
DEPRECIATION ONWARD TOGETHER

											P	
											riva	
Less: Relired Assels											acy	
Subtotals	•										Re	
TOTALS											eda	
AMORTIZATION											eti	"
1	Date placed in	Cost				Accumulated	Accumulated Accumulated		ير و		ion	Current-year
ONWARDTOGETHER. COM	05/11/2017	_ _			•	770.	1,610. A197		15.000			840.
ONWARDTOGETHER.NET	05/11/2017	12,608.				.077	1,611. A197	$\vdash$	15.000			841.
TRADEMARK	05/04/2017	10,000.				611.	1,278. A197	$\rightarrow$	15.000			. 667.
ONWARDTCGETHER.ORG	04/18/2018	12, 500.					764. A197		15.000			764.
ONWARDTOGETHER.ORG	06/18/2018	12,500.					625. A197	_	15.000			625.
TOTALS	•	60,215.				2,151.	5, 888.					3,737.
*Assets Refired												
JSA BX8024 1 000 5421NT 7165			V 18-7.6F	<u>!•</u>								20
COT: TWIZEC			***	2								•

Subtotals..... Listed Property