Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	e 2017 calendar year, or tax year beginning 04/24, 2017,	and ending		03/31	, 20 18
B ch	eck if app	C Name of organization		D Employer id	entification	number
		ONWARD TOGETHER			1110	
	Addres	Doing Business As	D / 't-	82-129 E Telephone n		
	Name	change	Room/suite	l '		
X	Initial	return 120 W. 45TH STREET STE 2700 City or town, state or province, country, and ZIP or foreign postal code		(914) 45	8-10/9	
_	Termit Amend	·		G Gross receip	ite \$	6,235,911.
-	return	Tien Totally IVI Book		H(a) Is this a gro		Yes X No
	pendir	120 W. 45TH STREET STE 2700 NEW YORK, NY 10	1036	subordinates H(b) Are all subord	i?	Yes No
1 7	Tay ove				ch a list. (see ir	
-		empt status: $501(c)(3)$ X $501(c)$ (4) $(insert no.)$ $4947(a)(1)$ one: \blacktriangleright WWW.ONWARDTOGETHER.ORG	327	H(c) Group exem		
		forganization: X Corporation Trust Association Other	L Year of fo	ormation: 2017 M	·	
_	rt I					
	1	Briefly describe the organization's mission or most significant activities: BY ENC	OURAGING	PEOPLE TO	ORGANIZ	ZE, GET
اه	•	INVOLVED, AND RUN FOR OFFICE, ONWARD TOGETHER WIL	L ADVANC	E PROGRESSI	VE	
auc		VALUES AND WORK TO BUILD A BRIGHTER FUTURE FOR G	ENERATIO	NS TO COME.		
Governance	2	Check this box if the organization discontinued its operations or disposed			s.	
Š		Number of voting members of the governing body (Part VI, line 1a)			3	3.
		Number of independent voting members of the governing body (Part VI, line 1b)			4	2.
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	6.
Ę.	6	Total number of volunteers (estimate if necessary)			6	
¥	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	 		7b	0.
		•		Prior Year		Current Year
يو	8	Contributions and grants (Part VIII, line 1h)	(FOR (0.	$\frac{3,158,451}{0}$.
eu	9	Program service revenue (Part VIII, line 29)	SPECTION		0.	<u> </u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	3,077,460.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	6,235,911.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			0.	1,130,000
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	II.		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	297,790.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	I		0.	38,650
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	:			8
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	1,372,928.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-	0.	2,839,368
	19	Revenue less expenses. Subtract line 18 from line 12			0.	3,396,543.
e s				Beginning of Current	Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	[- · · · · · · · · · · · · · · · · · · ·	0.	3,654,795
Ass d Ba	21	Total liabilities (Part X, line 26)			0.	258,252
Fer	22	Net assets or fund balances. Subtract line 21 from line 20.	<u>. ,</u>		0.	3,396,543
Pa	rt II	Signature Block				
Und	der pe	nalties of perjury. I declare that I have examined this return, including accompanying scheduct, and complete. Deglaration of preparer (other than officer) is based on all-information of which	iles and stateme ch preparer has	ents, and to the best of any knowledge.	of my knowle	edge and belier, it is
	, 00110				0118	3
Sig	n			Date	1110	<i></i>
He		Signature of office W KELLY MEHIENBACHER COO				
110		ABBBI Managara				
		Type or print name and title Print/Type preparer's name Preparer's signature	Date	Charle	if PTIN	
Paid	i		11.2.	Check	」 ¹¹	956578
	parer	AMY C GILBERT CPA Firm's name GILBERT & WOLFAND, P.C.	1,1,0	Firm's EIN	52-126	
Use	Only	T HIT O TRAINS		Phone no.		12-6000
Mar	, tha	Firm's address 2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007 RS discuss this return with the preparer shown above? (see instructions)		Friotie IIo.		Yes No
		rwork Reduction Act Notice, see the separate instructions.		<u>.,</u>	 <u> </u>	Form 990 (2017)

Cumulative E-File History 2017

FED

Locator: 5421NI

Taxpayer Name: ONWARD TOGETHER

Return Type: 990, 990

Submitted Date

7/10/2018 4:11:58 PM

Acknowledgement Date 7/10/2018 4:26:23 PM

Status Accepted

Submission ID

78037520181915000000

Print

Close

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Alectronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	6-Month Extension of Time. Only sub-	mit original	(no copies needed).			
All corporat	ions required to file an income tax return ot	ner than Fori	m 990-T (including 1120	D-C filers), partnerships, l	REMICs, ar	nd trusts
must use F	orm 7004 to request an extension of time to	file income	tax returns.			
				Enter filer's identifying	number, see	instructions
Type or	Name of exempt organization or other filer, see	instructions.		Employer identification nur	nber (EIN) or	
Type or print	awar na magamuma			82-1291110	1	
File by the	ONWARD TOGETHER	hav assimateur	otiona			
due date for	Number, street, and room or suite no. If a P.O. 120 W. 45TH STREET STE 2700	oox, see msnu	CHOIS.	Social security number (SS	N)	
filing your return. See	City, town or post office, state, and ZIP code. F	or a foreign ad	dress see instructions			
instructions.	NEW YORK, NY 10036	of a foreign ad	uresa, see manuollons.			
						0 1
Enter the R	eturn Code for the return that this application	n is for (file	a separate application to	or each return)		التات
Application		Return	Application			Return
Application Is For		Code	ls For			Code
	r Form 990-EZ	01	Form 990-T (corporati			07
Form 990-B		02	Form 1041-A			08
Form 4720		03	Form 4720 (other tha	n individual)		09
Form 990-P		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
)	THE ORGANIZATI	ON				
 If the org If this is for the who a list with the state of the list with the	ne No. ► 646 809-2214 ganization does not have an office or place of the argument of the group, check this box ►	of business in four digit Grown digit Grown is for the organism for the or	the United States, check the United States, check the proup Exemption Number (and of the group, check the state of the group, check the state of the group, check the state of the United States, check the state of the United States of the States of the States of the United States of the States of the United States of the States of the States of the United States of	defundable credits and	If thi and atta organization	s is ach
c Balan	ice due. Subtract line 3b from line 3a. Includ	de your payn	nent with this form, if re	quired, by using EFTPS		
(Elect	tronic Federal Tax Payment System). See ins	tructions.			3c \$	0.
Caution. If y	ou are going to make an electronic funds withdra	wal (direct del	oit) with this Form 8868, so	ee Form 8453-EO and Form	1 8879-EO fo	r payment
instructions.		· · · ·			C 9969	(Part 1 2017)
For Privacy	Act and Paperwork Reduction Act Notice, see in	istructions.		ı	rorm 0008	(Rev. 1-2017)

	ONWARD TOGETHER	82-1291110
For	rm 990 (2017)	Page 2
P	art III 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.	
	BRIGHTER FOLICKE FOR GENERALIONS TO COME.	
_		to do no the
2	Did the organization undertake any significant program services during the year which were not list	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	/ program
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra	ants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
<u>4a</u>	(Code:) (Expenses \$ 1,135,331. including grants of \$ 650,000.) (Revenue \$	\$ 0.)
74	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.	
	(Code:) (Expenses \$ 480,000. including grants of \$ 480,000.) (Revenue \$	\$ 0.)
40	COMMITTEE CONTRIBUTIONS IN ORDER TO ADVANCE PROGRESSIVE VALUES AND	*
	WORK TO BUILD A BRIGHTER FUTURE FOR GENERATIONS TO COME.	
	WORK TO BOILD A BRIGHTER FOTORE FOR GENERALIONS TO COME.	
40	: (Code:) (Expenses \$ including grants of \$) (Revenue \$	\$)
70	, (Odde) (Expenses of	·
_	1 Other recovery convices (Departing in Calcadula O.)	
40	d Other program services (Describe in Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ▶ 1,615,331.	

•art	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		_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	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	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,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		Х
_	Part III.	5		
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	6	i	Х
_	"Yes," complete Schedule D, Part I	-0-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
p	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
8	complete Schedule D. Part III	8		Х
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1 37	e Grants ngr
	VII, VIII, IX, or X as applicable.	3 2 3		= 47g
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44.		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
f	the organization's separate or consolidated financial statements for the tax year include a routhole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			٠,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	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	40		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	x	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	''-	- ``	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	""	 	† ·
19	If "Yes," complete Schedule G, Part III	19		Х
	II 165, complete Schedule 3, Fait III	P	990	/2017

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	bid the digameation operate one of more inspired	20a		<u> </u>
b	The feet to line 200, did the organization attach a copy of the addition interior of the return 1.1.1.1.	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			37
	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	_		v
	tinough 24d and complete ochedule it. If ito, go to into 20di i i i i i i i i i i i i i i i i i i	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did tile digatization act as an off bettail of issue: for bottes extending at any time daming 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	25-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25b		Х
	If "Yes," complete Schedule L, Part I	250		
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	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II	20		
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	27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
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):	28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
	Schedule L, Part IV			
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Х
2.4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
32	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		İ	
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		ļ	
٠.	or IV and Part V. line 1	34	X	1
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Ψ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Forn	ายย0	(2017

Form 990 (2017)

Par				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		i	
٠	reportable gaming (gambling) winnings to prize winners?	1c	х	
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 6			
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		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	_		v
	account)?	4a		<u> </u>
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		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
oa	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
, a	gifts were not tax deductible?	6b_	X	
7	Organizations that may receive deductible contributions under section 170(c).			
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8	,	
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:	*		
	Gross income from members or shareholders	ł		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	addition all out to the control of t	12a		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		1	
	If Yes, effer the amount of tax-exempt interest received of desired dailing the year.	1		
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		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
L	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand	<u> </u>		L
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. va	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

ONWARD TOGETHER 82-1291110 Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body?...... Х 8b Each committee with authority to act on behalf of the governing body?...... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c Х 13 Did the organization have a written whistleblower policy?....... 13 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 1 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ► ONWARD TOGETHER 120 W. 45TH ST STE 2700 NEW YORK, NY 10036 Form 990 (2017)

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FUIII 990 (20	(1 <i>1)</i>	on mind room in the contract of the contract o												
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and			
	Independent Co	ontr	actors											

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	orga	niza	tion	COI	npen	sate	ed any current offic	er, director, or trus	tee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles	s pe	ition more	e than or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MINYON MOORE DIRECTOR/PRESIDENT	1.00	х		X				0.	0.	0
(2)CHARLES BAKER DIRECTOR/TREASURER	1.00	Х		Х				0.	0.	· 0
(3)DENNIS W. CHENG DIRECTOR/FINANCE DIRECTOR	30.00	Х		х				60,000.	0.	С
(4)KELLY J. MEHLENBACHER CHIEF OPERATING OFFICER	20.00			Х				35,000.	0.	0
(5)HUMA M. ABEDIN OFFICER	15.00			х				45,000.	0.	0
(6)										
(8)						-				
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2017)

Form 990 (201	Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	ye	es,	and F	ligi	hest Compensat	ed Employ	rees (co	Page ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck s pe	erson lirect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro 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
										-		
				-				-				
			-									
				-				-				
			-									
			_			<u> </u>		-				
				-				-				
			-	-		1		-				
1h Sub to	tal					L			140,000		0.	
c Total f	tal	Section A .			٠.			>	140,000	·	0.	
2 Total n	umber of individuals (including but no able compensation from the organizati	t limited to	those 0	liste	ed a	bov	e) wh	o re	eceived more than	\$100,000	of	
3 Did th	ne organization list any former off yee on line 1a? If "Yes," complete Sche	icer. direct	or, o	r tri	uste lual	e,	key (em;	ployee, or highes	st compens	ated	Yes M
organi	ny individual listed on line 1a, is the zation and related organizations of the contractions of the contraction of the cont	reater than	า \$1:	50,0	000	? /	f "Ye:	s, "	complete Schedu	sation from ule <i>J for</i>	the such	4
5 Did ar	ny person listed on line 1a receive of vices rendered to the organization? If "	r accrue co	ompei	nsat	ion	froi	n any	/ ur	related organizat	ion or indiv	idual <u>.</u>	5
Section B	. Independent Contractors						_					
1 Comp compe year.	lete this table for your five highest coensation from the organization. Report	mpensated compensat	indep tion fo	end r th	ent e ca	cor alen	ntracto dar ye	ors ear	that received mor ending with or wit	e than \$10 thin the org	0,000 c anizatio	ns tax
	(A) Name and business a	ddress							(B) Description of s	ervices	((C) Compensation
								-				
2 Total	number of independent contractors	(includina h	out no	ot lii	mite	ed t	o tho	se	listed above) who	received	.1,4, ,	in the second
more:	than \$100,000 in compensation from	the organiza	ation	>			0.					

82-1291110 Part VIII Statement of Revenue ONWARD TOGETHER Page 9

		Check if Schedule O contains a response or note		(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	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d		,			,
ntributions, d Other Sim	e f	All other contributions, gifts, grants, and similar amounts not included above . 1f 3,156	3,451.	n.			
ರ ೯	g h	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	. ▶	3,158,451.			
- e		Business					
Program Service Revenue	2a b c d						
<u>ra</u> u	е						
o g	f	All other program service revenue		0.			
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	'	0.			
		and other similar amounts)		0.			
	4 5	Income from investment of tax-exempt bond proceeds		3,077,460.			3,077,460
	9	Royalties	onal	3,077,400.			3,011,100
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					İ
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities (ii) Ot	her				
		assets other than inventory		3			
	b	Less: cost or other basis					
	"	and sales expenses	ł				
		·					
	4	Gain or (loss)	_	0.			
	d	_	•				
re	8a	Gross income from fundraising			A		
Other Revenue		events (not including \$					
Re		of contributions reported on line 1c).					
er		See Part IV, line 18 a					
₽	b	Less: direct expenses b					
	С	Net income or (loss) from fundraising events	•	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	. 🕨	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	ь	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory.	. ▶	0.			
		Miscellaneous Revenue Business					
	44-						
	11a						
	b						
	С						
	d	All other revenue		0.			
	е	Total. Add lines 11a-11d	╵╶₹┝				3,077,460
	12	Total revenue. See instructions	. <u>.</u> ▶ <u> </u>	6,235,911.		<u> </u>	3,011,460

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Form **990** (2017)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,130,000.	1,130,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	- 0.			
5	Compensation of current officers, directors, trustees, and key employees	208,000.	66,000.	52,000.	90,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
7	persons described in section 4958(c)(3)(B)	64,532.	64,532.		
	Pension plan accruals and contributions (include	·			
ŭ	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	25,258.	12,557.	4,898.	7,803.
11	Fees for services (non-employees):				
а	Management	0.		00 070	7,943.
b	Legal	88,022.		80,079. 5,182.	7,943.
	Accounting	5,182.		3,102.	
	Lobbying	38,650.			38,650.
	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees				
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) ATCH 2	373,095.	287,563.	28,000.	57,532.
12	Advertising and promotion	0.			
13	Office expenses	11,251.	1,000.	8,283.	1,968.
14	Information technology	0.			
15	Royalties	0.		11 001	10 177
16	Occupancy	58,076.	27,818.	11,081.	19,177.
17	Travel	2,734.	2,734.		
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	9,126.	9,126.		
19	Conferences, conventions, and meetings	0.	3,120		······
20	Interest	0.			
21 22	Depreciation, depletion, and amortization	2,151.	2,151.		
23	Insurance	0.			
24					
	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.)	05.000			95,962.
	ALIST RENTAL EXPENSES	95,962.			150,535.
	DINCOME TAXES	150,535.			304,336.
	DICTURAL EXPENSES	304,336. 178,348.	11,850.		166,498.
	dDIGITAL EXPENSES	94,110.	11,000.		94,110.
	e All other expenses	2,839,368.	1,615,331.	189,523.	1,034,514.
25 26	organization reported in column (B) joint costs from a combined educational campaign and	2,000,000			· · · · · · · · · · · · · · · · · · ·
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	0.			
JSA					Form 990 (2017)

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art >	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
	Check it Schedule O contains a response of note to any line in this Fa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	0.	1	2,228,806
2		0.		0
3		0.		0
4		0.		1,392,925
5				
`	trustees, key employees, and highest compensated employees.			
		0.	5	0
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			
Ì	and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0
2일 7		0.		0
2122213 22 22 23		0.	8	0
ָּבָּן דְּי		0.	9	0
	a Land, buildings, and equipment: cost or	*		
'	other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation	0.	10c	0
11			11	0
12		0.	12	0
13		^	13	C
14	, -	0.	14	33,064
15		0.	15	0
16		0.		3,654,795
17		0.	17	100,234
18		0.	18	0
19	• •		19	C
20		0.	20	
21		0 .	21	C
ဖ္လ 22	Loans and other payables to current and former officers, directors,			
Liabilities	trustees, key employees, highest compensated employees, and	w	1	
<u> </u>	disqualified persons. Complete Part II of Schedule L		22	
⊐ ₂₃	Secured mortgages and notes payable to unrelated third parties	0		0
24	· · · · · · · · · · · · · · · · · · ·		24	
25			1 1	
	parties, and other liabilities not included on lines 17-24). Complete Part X	0		158,018
	of Schedule D	0	 	258,252
26		0	26	258,252
	Organizations that follow SFAS 117 (ASC 958), check here X and			•
<u>š</u>	complete lines 27 through 29, and lines 33 and 34.	0	. 27	3,396,543
E 2	111111111111111111111111111111111111111		28	3,330,010
g 2	, , , , , , , , , , , , , , , , , , , ,	0		
[2			- 25	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	a a		
g 3		·	30	
38			31	
8 3			32	
3 Set	- ·	0		3,396,543
3		0	. 34	3,654,795

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			91	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,36	
3	Revenue less expenses. Subtract line 2 from line 1	3	3	, 39	5,54	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
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	, 39	5,54	<u>3.</u>
Part .					_	_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>			上
			_	Y	es N	10
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ĺ		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	_	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or	-		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			١,	_	
b	Were the organization's financial statements audited by an independent accountant?		2	b 2		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ght			17
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt? 2	C	_	<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in			37
	the Single Audit Act and OMB Circular A-133?		$\cdot \cdot \mid \frac{3}{2}$	a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo 1	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3		90 (20	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

 Section 501(c)(4), (5), or (6) orga 	anizations: Complete Part III.			<u></u>
lame of organization			Employer ider	ntification number
NWARD TOGETHER	_		82-1291	
Part I-A Complete if the o	rganization is exempt under	section 501(c) or i	s a section 527 organ	ization.
1 Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV. (see in	structions for
definition of "political campa				
2 Political campaign activity ex	xpenditures (see instructions)		▶ \$	480,000.
	campaign activities (see instruction			
	organization is exempt under s			
1 Enter the amount of any exc	sise tax incurred by the organization	n under section 4955	5 ▶ \$	
2 Enter the amount of any exc	cise tax incurred by organization ma	anagers under section	on 4955 ▶ \$	
-	a section 4955 tax, did it file Form			
				Yes No
b If "Yes," describe in Part IV.	organization is exempt under	acation E01(a) av	cent section 501/cV3	
				<u>. </u>
	expended by the filing organization			
				
527 exempt function activiti	es		▶\$	480,000.
3 Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL, ► \$	480,000.
4 Did the filing organization file	e Form 1120-POL for this year?			X Yes No
5 Enter the names addresses	and employer identification numb	er (EIN) of all section	n 527 political organiza	ations to which the filing
organization made payment	ts. For each organization listed, en	ter the amount paid	l from the filing organiz	ation's funds. Also enter
the amount of political cont	tributions received that were prom	ptly and directly de	livered to a separate po	ilitical organization, such
as a separate segregated fur	nd or a political action committee (I			ł
(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
				political organization. If none, enter -0
	1714 FD ANKE THE COM			
(1)	1714 FRANKLIN ST OAKLAND, CA 94612	30-0505290	100,000.	0.
COLOR OF CHANGE PAC	351 CALIFORNIA ST	30-0303290	100,000.	
(2)	SAN FRAN, CA 94104	90-0787684	100,000.	0.
EMERGE AMERICA	1800 M ST NW ST	30 0707001	200,0001	
(3) EMILY'S LIST	WASHINGTON, DC 20036	52-1391360	30,000.	0.
(4) RUN FOR SOMETHING	PO BOX 697	02 1031000		
PAC	NEW YORK, NY 10013	81-5222116	100,000.	0.
	700 13TH ST			
(5) SWING LEFT	WASHINGTON, DC 20005	81-5209959	100,000.	0.
(6)				
(~ <i>)</i>		1		
Car Danaguerk Badyetian Act Notic	e see the Instructions for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2017

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

Sch	edule C (Form 990 or 990-EZ) 2017 Of	WARD	TOGETHE	R		82	-1291110 Page 2
Pa	art II-A Complete if the orga section 501(h)).	nizatio	on is exem	pt under section	n 501(c)(3) and	filed Form 5768 (e	election under
A	Check ► if the filing organizate address, EIN, exper					ach affiliated group m	ember's name,
В	Check ► if the filing organizat	tion che	ecked box A	and "limited contro	ol" provisions app	oly.	
	Limits or (The term "expenditur		ying Expend ans amoun)	(a) Filing organization's totals	(b) Affiliated group totals
	 Total lobbying expenditures to infl 		•				
	 Total lobbying expenditures to infl 		-				
C	: Total lobbying expenditures (add	lines 1	a and 1b)				
	d Other exempt purpose expenditur						
	Total exempt purpose expenditure						
f	Lobbying nontaxable amount. E	nter the	e amount f	rom the following	table in both		
	columns.						
	If the amount on line 1e, column (a) o	or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000			mount on line 1e.			
	Over \$500,000 but not over \$1,000,0	000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500	,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,00	0,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000		\$1,000,000.				<u>- </u>
-	g Grassroots nontaxable amount (e						
	n Subtract line 1g from line 1a. If ze				r	<u>-</u>	
i	Subtract line 1f from line 1c. If ze	ro or le	ss, enter -0-,		<i></i>		
j	If there is an amount other than	n zero	on either li	ine 1h or line 1i,	did the organiza	ition file Form 4720	
	reporting section 4911 tax for this	s year?		. <u></u>			. Yes No
				aging Period Unde			
	(Some organizations that I						lumns below.
		See	the separat	e instructions for	lines 2a through	2f.)	
		Lobb	ying Exper	ditures During 4-Y	ear Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbying nontaxable amount	_					
	b Lobbying ceiling amount (150% of line 2a, column (e))		8 °		:		
-	c Total lobbying expenditures						
				İ	1	1	1

Schedule C (Form 990 or 990-EZ) 2017

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017

During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?, Mailings to members, legislators, or the public? Mailings to members, legislators, or the public? Mailings to members, legislators, or the public? Mailings to members, legislators or the public? Mailings to members, legislators, their staffs, government officials, or a legislative body? Mailings to members, legislators, their staffs, government officials, or a legislative body? Direct contact with legislators, their staffs, government officials, or a legislative body? Total, Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912. If the filling organization incurred a section 4912 tax, did the Form 4720 for this year? If the filling organization incurred a section 4912 tax, did the Form 4720 for this year? 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? Were substantially all (90% or more) dues received nondeductible by members? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? It lies to organization agree to carry over lobbying and political expenditures (do not include amounts of 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No." OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent an	(election under section 501(h)).	(a	a)		(b)	
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Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members	(c)(5) OR (b) Pa	ectior rt III-A)	3, is	
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excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (b) Pa	rt III-A 1 2a 2b 2c)	3, is	
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (), or s b) Pa	rt III-A 1 2a 2b 2c)	3, is	
Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 see instructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A LINE 1	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (unts es. n of t	of control of control	rt III-A 1 2a 2b 2c)	3, is	
Supplemental Information Divide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 see instructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A LINE 1	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (unts es. n of t	of control of control	1 2a 2b 2c 3)	3, is	
ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 see instructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A LINE 1	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) duly in notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year?	(c)(5) OR (of	rt III-A 1 2a 2b 2c 3)	3, is	
	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) OR (of	rt III-A 1 2a 2b 2c 3)	3, is	
	art III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		
MMITTEE CONTRIBUTIONS	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		
	art II-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dulf notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A LINE 1	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du frotices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information Ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		
	Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		
	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 "No," answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Total. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio excess does the organization agree to carryover to the reasonable estimate of nondeductible and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) art IV Supplemental Information ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A LINE 1	(c)(5) OR (of he ng	ection rt III-A 1 2a 2b 2c 3 4 5	, line		

Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

ONW	VARD TOGETHER	82-1291110
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	, T	of a historically important land area
	Trottoston or nataratives	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
	easement on the last day of the tax year.	0271. 7. 8
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2d
	historic structure listed in the National Register L	
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4	Does the organization have a written policy regarding the periodic monitoring, inspection	n handling of
5	violations, and enforcement of the conservation easements it holds?	Yes No
c	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
6	Staff and volunteer nours devoted to monitoring, inspecting, handling of violations, and emotioning devoted	or ration substituting the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
′	S	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	
9	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	al statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet
	works of art, historical treasures, or other similar assets field for public exhibition, educ public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	cribes these items.
b	If the organization elected as permitted under SEAS 116 (ASC 958), to report in its re-	evenue statement and balance sheet
b	works of art, historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	S:
а	Revenue included on Form 990 Part VIII line 1.	> \$
b	Assets included in Form 990, Part X	

ule D (Form 990) 2017 Page **2**

Pari	Organizations Maintainin	a Collections of	Art Hist	orical T	reasure	es or Oth	er Similar Asse	ets (cor		$\frac{d}{d}$
	Using the organization's acquisition									
	collection items (check all that apply		JUINO 10001	10, Onco	carry or	110 1011011	mg mat are a eig	,,,,,,		
а	Public exhibition	1).	d	loand	r eycha	nge prograr	ns			
b	Scholarly research		e	Other						
C	Preservation for future genera	ations	<u> </u>] 01.101						_
	Provide a description of the organ		s and expla	in how t	hev furt	her the ord	anization's exemp	ot purpo	se in	Part
	XIII.	ization a conconon	o and explo		noy ran		jameanorro enemp			
	During the year, did the organization	n solicit or receive (donations o	fart histo	orical tre	easures or o	other similar			
	assets to be sold to raise funds rather							Yes		No
Par			anica as pa	TOT LITE C		10110 001100	, , , , , , , , , , , , , , , , , , ,	1.55		
rai	Complete if the organizati	on answered "Ye	s" on Form	990 Pa	art IV. li	ne 9. or re	ported an amour	it on Fo	rm	
	990, Part X, line 21.	on answered Te	0 0111 0111	, 000, , ,	a ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	portou a a			
10	Is the organization an agent, trusted	e custodian or oth	er intermed	iary for c	ontributi	ions or other	r assets not			
ıa	included on Form 990, Part X?							Yes		No
L	If "Yes," explain the arrangement in								L]
D	if Yes, explain the arrangement in	I Part Aill and Com	hiere me m	owing tat	ле. Г		Amount			
_	Designing holonog				}	1c	71110411	-		
C	Beginning balance									
	Additions during the year							·		
e	Distributions during the year					1f				
f	Ending balance		Dort V line	 21 for o	[account liability?	Yes		No
2a	Did the organization include an amo	ount on Form 990,	Part A, line	ZI, IUI 6 mlanation	baa baa	n provided	on Part VIII			1.10
	If "Yes," explain the arrangement in	Part XIII. Check h	ere ii the ex	pianation	nas bee	en provided	UIT AIL XIII	· · · ·	<u></u>	
Par	Endowment Funds.	ion onewored "Ve	o" on Form	aan D	art IV/ li	na 10				
	Complete if the organizati					years back	(d) Three years back	(e) Fou	r vears	hack
	-	(a) Current year	(b) Prio	r year	(C) TWO	years back	(u) Tillee years back	(0)100		
1a	Beginning of year balance							+		
b	Contributions		ļ.—.					 		
C	Net investment earnings, gains,									
	and losses				-			+		
d	Grants or scholarships							-		
e	Other expenditures for facilities				l					
	and programs							 		
f	Administrative expenses							+		
g	End of year balance		<u> </u>		L			<u> </u>		
2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column	(a)) heid as	:			
а	Board designated or quasi-endowm	ıent ▶	_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, a	ınd 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of t	the organiza	ation that	are held	d and admi	nistered for the		[V	NI.
	organization by:							a (1)	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(11)		
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as requir	ed on Sch	nedule R	.?		3b		L
4	Describe in Part XIII the intended t	uses of the organiz	ation's endo	wment fu	nds.					
Pa	t VI Land, Buildings, and Equi Complete if the organiza	ipment.	oc" on Eor	m 000 F	Part I\/	line 11a S	See Form 990 Pa	art X lin	e 10.	
	Description of property	(a) Cost	or other basis	(b) Cost	or other ba	sis (c) Ac	cumulated	(d) Book v	alue	
	Description of property		estment)		other)		reciation			
1a	Land									
b	=									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	Add lines 1a through 1e (Column	(d) must equal Fo	rm 990. Pari	X. colum	n (B). lir	ne 10c.)				

Schedule D (F	orm 990) 2017		·	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X,	line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		d.	
Part VIII	Investments - Program Related.			40
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	IIV. II. E 000	Dent IV line 44d Can Form 000 Port V	lino 15
			, Part IV, line 11d. See Form 990, Part X,	Book value
	(a) Des	scription	(b) 5	OUK VAIUE
_(1)				
(2)				
(3)				
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9) T-4-1 (Co)	umn (b) must equal Form 990, Part X, col. (B) li	ino 15)		
	Other Liabilities.	110 10.), ,		
Part X	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, l	Part X,
1.	(a) Description of liability	(b) Book valu	е	
	eral income taxes			
	DME TAXES PAYABLE	150,		
	ROLL TAXES PAYABLE	7,	483.	
(4)				
(5)				
(6)			я	
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)	158,	018.	

ONWARD TOGETHER

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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	6,235,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	
	Add lines 2a through 2d	3	6,235,911.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u>·</u>
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	6 025 011
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,235,911.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	2,839,368.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	1	
d	Other (Describe in Part XIII.)	2e	
	Add lines 2a through 2d	3	2,839,368.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	2,839,368.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,039,300.
Provid	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V, li	ne 4; Part X, line
2; Pari	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	mation.	
FASB	ASC 740-10		
FOR	THE PERIOD APRIL 24,2017 (INCEPTION) TO MARCH 31,2018, THE		
ORGA	NIZATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME		
TAXE	S, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES,		
AND	HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR		
EITH	ER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.		
-		-	

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

V 17-7.2F

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public

Open to Public Inspection

Name of the organization					Employer identification	n number
ONWARD TOGETHER		•			82-1291110	<u> </u>
Form 990-EZ filers are no				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization ra				activities. Check a	ill that apply.	
a X Mail solicitations	•	e 🔲 Solid	citation of	non-government g	rants	
b X Internet and email solicitations	1			government grants	5	
c Phone solicitations	!	g Spe	cial fundra	ising events		
d X In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the 	0, Part VII) or entit dividuals or entities	ty in connec	ction with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2			 			
3						
4						
5						
3						
6						
7						
8						
9				-		
J						
10						
Total	. <u> </u>		· -	3,158,451	38,650	3,119,801.
3 List all states in which the organiz registration or licensing.	ation is registered	or license	d to solicit		<u> </u>	
AL, AK, AR, CA, CO, CT, DC, FL, GA, I	HT.TT.					
KS, KY, ME, MD, MA, MI, MN, MS, MO, 1		Y,NC,ND	,OH,			
OK, OR, PA, RI, SC, TN, UT, VA, WA, V			<u> </u>			
						
						
						
						· · ·
	 				•	

Schedule G (Form 990 or 990-EZ) 2017

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising event gross receipts greater than \$5,00	t contributions and gros			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
₀		-	(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts				
Š	'	Gross receipts				
_	2	Less: Contributions	·			
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs		İ		
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11 11		0 from line 3, column (canization answered ")	i)	<u></u> ▶	orted more
Revenue	•		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
Expenses		Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			0/ 1/20	
	6	Volunteer labor	Yes%	Yes	% Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (c	1)		
	8_	Net gaming income summary. Subtra	act line 7 from line 1, co	olumn (d)	<u></u>	
	a Is	Enter the state(s) in which the organizates the organization licensed to conduct of "No," explain:	gaming activities in eacl	h of these states?		Yes N
		Were any of the organization's gaming f "Yes," explain:	licenses revoked, susp			. Yes N
	_					
				 	Schedule	G (Form 990 or 990-EZ) 20

ONWARD TOGETHER

Sched	ule G (Form 990 or 990-EZ) 2017 Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes No
12 ·	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
. b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	records.
	Nama N
	Name ►
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
C	If "Yes," enter name and address of the third party:
	Name ▶
	Address
	Address >
16	Gaming manager information:
10	Carring manager information.
	Name ►
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Delegandent contractor
	Director/officer Employee Independent contractor
17	Mandatory distributions:
17 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
a	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
	Schedule G (Form 990 or 990-EZ) 2017

ARLINGTON VA 22201

ATTACHMENT 1

990	SCHEDULE	G.	PART	Τ	_	HIGHEST	PAID	FUNDRAISER

ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	(OR RETAINED BY FUNDRAISER	(OR RETAINED BY ORGANIZATION
	X	3,158,451.		3,158,451.
DIRECT MAIL	Х		38,650.	-38,650.
		ACTIVITY CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO X	ACTIVITY CUSTODY OR CONTROL FROM ACTIVITY OF CONTRIBUTIONS? YES NO X 3,158,451.	ACTIVITY CUSTODY OR CONTROL FROM ACTIVITY (OR RETAINED BY OF CONTRIBUTIONS? FUNDRAISER YES NO X 3,158,451.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2017

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Inspection

Employer identification number

Name of the organization						82-12911	1.0
ONWARD TOGETHER						02-12911	
Part I General Information on Grants and							
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	or assistanc	e?				s or assistance, and	X Yes No
Part II Grants and Other Assistance to Do					plete if the organiza	ation answered "Y	es" on Form
990, Part IV, line 21, for any recipi							
(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
(1) ALLIANCE FOR YOUTH ACTION							
810 7TH ST NE WASHINGTON, DC 20002	46-2914731	501(C)(4)	75,000.				GENERAL SUPPORT
(2) COLLECTIVE FUTURE							
410 1ST ST SE STE 310 WASHINGTON, DC 20003	82-3079496	501(C)(4)	75,000.				GENERAL SUPPORT
(3) COLOR OF CHANGE PAC							
1714 FRANKLIN ST #100-136 OAKLAND, CA 94612	30-0505290	527	100,000.		. <u>.</u>		GENERAL SUPPORT
(4) EMERGE AMERICA							1
351 CA. ST STE 930 SAN FRANCISCO, CA 94104	90-0787684	527	100,000.				GENERAL SUPPORT
(5) EMILY'S LIST							
1800 M ST NW STE 375N WASHINGTON, DC 20036	52-1391360	527	30,000.			<u></u>	GENERAL SUPPORT
(6) GREATER WISCONSIN COMMITTEE, INC.]			1			
PO BOX 861 MADISON, WI 53701	20-0938084	501(C)(4)	50,000.				GENERAL SUPPORT
(7) IVOTE, INC.]						
PO BOX 382175 CAMBRIDGE, MA 02238	46-2919706	501(C)(4)	75,000.				GENERAL SUPPORT
(8) LATINO VICTORY PROJECT]					•	
700 14TH ST NW STE 200 WASHINGTON, DC 20005	46-4651149	501(C)(4)	75,000.				GENERAL SUPPORT
(9) NATIONAL REDISTRICTING FOUNDATION	1						
700 13TH ST NW STE 600 WASHINGTON, DC 20005	82-0757693	501(C)(3)	100,000.	ļ			GENERAL SUPPORT
(10) RUN FOR SOMETHING PAC	<u> </u>						
PO BOX 697 NEW YORK, NY 10013	81-5222116	527	100,000.				GENERAL SUPPORT
(11) RUN FOR SOMETHING ACTION FUND							
220 EYE ST NE #280 WASHINGTON, DC 20002	81-4761176	501(C)(4)	75,000.				GENERAL SUPPORT
(12) SWING LEFT							
	1	527	100,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and	government	organizations li	sted in the line 1 ta	bie			
3 Enter total number of other organizations list	ted in the line	1 table		<u> </u>	<u> </u>	<u> ▶</u>	

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

Schedule I (Form 990) (2017)

SCHEDULE I (Form 990)

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

2017

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 82-1291110 ONWARD TOGETHER General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (h) Purpose of grant (c) IRC section (d) Amount of cash (b) EIN (e) Amount of non-1 (a) Name and address of organization noncash assistance or assistance cash assistance or government (if applicable) grant (1) THE ARENA GENERAL SUPPORT 81-5171259 | 501(C)(4) 75,000. 79 MADISON AVE NEW YORK, NY 10016 (2) ULTRAVIOLET EDUCATION FUND GENERAL SUPPORT 47-1872208 501(C)(3) 25,000. PO BOX 34756 WASHINGTON, DC 20043 (3) VOTO LATINO INC. GENERAL SUPPORT 1710 RI AVE NW STE 600 WASHINGTON, DC 20036 20-1350252 | 501(C)(3) 75,000. (4) (5) (6) (7) (8) (9) (10)(11)(12)3. 12.

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

Schedule I (Form 990) (2017)

Page 2

Schedule i	(Form	990)	(2017)
Concado	(~~~,	(,

Part III		r Assistance to Domestic Individuals.	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 22.
	Part III can be du	olicated if additional space is needed.		

(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, appraisal, other)	(f) Description of non-cash assistance
1					<u> </u>
2					
3					
4					
5			-		
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I LINE 2:

THE ORGANIZATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES AND THUS IS

ABLE TO MONITOR THE USE OF ITS GRANTS.

5421NI 7165

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
ONWARD TOGETHER

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

Employer identification number 82-1291110

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

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

PREPARED BY AN OUTSIDE CPA FIRM.

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, MA, MI,

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

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

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

(A) TOTAL (B)
PROGRAM
SERVICE EXP.

(C) MANAGEMENT AND GENERAL (D) FUNDRAISING

EXPENSES

DESCRIPTION

FEES

28,000.

COMPLIANCE

28,000.

Name of the organization
ONWARD TOGETHER

Employer identification number 82-1291110

ATTACHMENT 2 (CONT'D)

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
DIGITAL	141,375.	102,563.		38,812.
DATA BASE MANAGEMENT	18,720.			18,720.
RESEARCH	50,000.	50,000.		
STRATEGY	135,000.	135,000.		
TOTALS	373,095.	287,563.	28,000.	57,532.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
20 17
Open to Public Inspection

Employer identification number 82-1291110

Name of the organization
ONWARD TOGETHER

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets (f) Direct controlling Total income Primary activity Name, address, and EIN (if applicable) of disregarded entity entity or foreign country) (1) (2) (3) (4) (5)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?		
		_		<u></u>	Yes	No	
					ļ		
FEDERAL SSF	NY	527		ONWRD TOGTHR	Х		
					ļ	<u> </u>	
1							
					<u></u>	-	
_						1	
	-					 	
4							
	<u> </u>	<u> </u>		-	-		
4							
-							
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or foreign country) Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3))	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) entity Direct controlling entity	or foreign country) (if section 501(c)(3)) entity contract ent Yes	

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

Schedule R (Form 990) 2017

JSA

(6)

7E1307 1.000 5421NI 7165

Page 2

Part III	Identification of Relate because it had one or	ted Organizations more related orga	Taxable anization	e <mark>as a Partners</mark> is treated as a p	hip. Complete if the artnership during the	organization a e tax year.	inswered "Yes"	on Form	990, Part IV,	line 34,
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)

(a Name, addres related org) s, and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		n) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			Country		300110113 012 0117			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)				-									
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
									Yes No
(1)		-				-			
(2)									
(3)		-		•					
(4)		-							
(5)									
(6)									
(7)									

JSA 7E1308 1.000 Schedule R (Form 990) 2017

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D	٠,
Page	•

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
	During the tax year, did the organization engage in any of the following transactions with one or more to	related organizations lis	sted in Parts II-IV?		_	
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
e	Loans or loan guarantees by related organization(s)				1e	X
_	Distance from coloted accomination(a)				1f	X
f	Dividends from related organization(s)				1g	X
					1h	X
h	Purchase of assets from related organization(s)				1i	X
ı.	Exchange of assets with related organization(s)				1j	X
J	Lease of facilities, equipment, or other assets to related organization(s)			}	.,	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
I	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses			· · · · ·	1q	X
			•			X
r	Other transfer of cash or property to related organization(s)				1r	$\frac{\lambda}{\lambda}$
	Other transfer of cash or property from related organization(s)	this lime implication and	ared relationships and trans-	ootion throa	1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			action thres		5.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o amoui	(d) of deter nt invol	
(1)	N/A					
(2)						
(3)						
(4)						
(5)						
(5)						
(6)		1	<u> </u>	<u> </u>		

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PAGE 38

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

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	· ····· · · · · · · · · · · · · · · ·	Yes	No	
1)													
2)						-							
3)													
4)													
5)				- - -									
6)													
7)				 									
8)		 											
9)													-
0)				-				 					
1)													
2)													
3)													
4)												_	
5)													
6)					-			-	-		<u> </u>		

JSA

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form 4562

Department of the Treasury

Internal Revenue Service

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

Attachment Sequence No. 179

Name(s) shown on return

Identifying number

С	NWARD TOGETHER						82-1291110
	iness or activity to which this form relates						
G	ENERAL DEPRECIATION	ſ					
	art I Election To Expense C		Under Section 179				
	Note: If you have any lis			you comp	lete Part I.		
1						1	
2	Total cost of section 179 property pla						
3	Threshold cost of section 179 proper						
4	Reduction in limitation. Subtract line	-					-
5	Dollar limitation for tax year. Subtract line 4 from separately, see instructions	line 1. If zero or less, enter	-0 If married filing			5	
	(a) Description	-6		siness use only			
_	(4, 2000), p.1.	F			, , ,		1
							7
7	Listed property. Enter the amount from	m line 29		7			1
8	Total elected cost of section 179 proj					8	1
9	Tentative deduction. Enter the smaller	•				· · · · 	
10	Carryover of disallowed deduction from					· · · · 	
11	Business income limitation. Enter the						
12	Section 179 expense deduction. Add						
	Carryover of disallowed deduction to					12	-
13	e: Don't use Part II or Part III below for						
_	art II Special Depreciation A			on't include	listed propert	v) (See i	nstructions)
	Special depreciation allowance fo						Tion dollorio.
14	· ·						
	during the tax year (see instructions)						1
15	Property subject to section 168(f)(1)						
16	Other depreciation (including ACRS)				<u> </u>	16	<u> </u>
Pá	art MACRS Depreciation (Jon t include listed	Section A	ctions.)			
						17	T
17	MACRS deductions for assets placed					• • • —	
18	If you are electing to group any a					<u>ai</u>	
	asset accounts, check here	<u> </u>	D		P	rociation	Svetom
	Section B - Assets		e During 2017 Tax Yea (c) Basis for depreciation	ir Using the	General Dep	reciation	bystem
	(a) Classification of property	(b) Month and year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
198	a 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	ММ	S/L	
	i Nonresidential real			39 yrs.	M M	S/L	
	property				ММ	S/L	
_	Section C - Assets F	laced in Service	During 2017 Tax Year	Using the	Alternative De	preciation	n System
20	a Class life					S/L	
	b 12-year	7		12 yrs.		S/L	
_	c 40-year	1		40 yrs.	ММ	S/L	
	art IV Summary (See instruct	ions.)					
21						21	
	Total. Add amounts from line 12,				nd line 21. Enti	er	
22	I UIAI. AUU AMUUMIS HUM ME 12,	mica i - unough ii	,co is and 20 mile	(9), u	= =	-	l

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here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.

23 For assets shown above and placed in service during the current year, enter the

	AEC2 (2017)											82-	-1291	110	Page 2
	rt V Listed Pro	perty (include a	utomobiles	, cert	ain ot	her ve	hicles.	cer	tain airc	raft, c	ertain	comp	ıters,		
	used for en	tertainment, recr	eation, or a	muser	ment.)										
	Note: For an	ny vehicle for whi s (a) through (c) of	ch you are Section A a	using II of Se	the sta action F	andard 3. and S	mileag ection (e rate Cifat	e or ded policable.	ucting 1	ease e	xpense,	comp	iete oni	y 24a,
		Depreciation and								mits for	passe	nger aut	omobile:	es.)	
24a	Do you have evidence								24b if "Y					Yes	No
	(a)	(b)	(c)		(d)	Page	(e)	aintion	(f)	(g	1)	(1	•	(i)	
	Type of property (list vehicles first)	Date placed in service	Business/ investment use	Cost o	r other ba		is for depre siness/inve	stment	Recovery period	Meth Conve		Depreciation deduction		Elected se	
			percentage	L			use only)		·		1				
25	Special depreciation the tax year and us										25				
26	Property used more					C (300 II		0113)							
	Troporty adda mor	1 4	%	_	-				 -						
		,	%	_						-	-				
			%	5											
27	Property used 50%	or less in a qualifi	ed business	use:											
			%	5						S/L -			_		
			%	+						S/L					
			%	1						S/L -				-	
	Add amounts in co														
29	Add amounts in co	lumn (i), line 26. E								<u> _.</u>			. 29	<u> </u>	
o	nplete this section fo	r vehicles used by	Section							ar" or re	alated n	erson li	f vou r	rovided	vehicles
to v	our employees, first an	swer the questions in	Section C to	see if y	ou meet	an exce	ption to	compl	eting this	section f	or those	vehicles	, you p 5.	1041000	*01110100
,		· · · · · · · · · · · · · · · · · · ·		(a			b)		(c)	(c		$\overline{}$	e)	(f)
30	Total business/inve	en during	Vehicle 1			icle 2	Ve	ehicle 3	. Vehi	cle 4	Vehicle 5		Vehicle 6		
30	the year (don't incl														
31	Total commuting m	iles driven during	the year .					_							
32	Total other p	ersonal (nonco	mmuting)												
	miles driven									-					
33	Total miles drive														
	lines 30 through 33			V	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle			Yes	No	162	NO	162	110	163	140	163	110	105	
	use during off-duty			_					+	1		 	-		
35	Was the vehicle than 5% owner or r		I .							1			,		
36	Is another vehic														
•	use?,														
	Se	ction C - Question	ons for Em												
Ans	swer these question	s to determine if	you meet a	n exce	eption t	o com	pleting	Secti	on B for	vehicles	sused	by emp	oloyees	who a	ren't
mo	re than 5% owners o	or related persons	(see instruct	ions).											
37	Do you maintain	a written policy s	statement th	at pro	hibits	all pers	sonal u	se of	vehicles	, includ	ling co	mmutin	g, by	Yes	No
	your employees?. Do you maintain										ommu	ting by			
38	employees? See the	a written policy	statement tr vehicles use	d by co	ornorati	person e office	iai use rs direc	or ve	or 1% or	more o	vners	ung, by	you		
39	Do you treat all us														
40	Do you provide n	nore than five ve	hicles to yo	ur em	ployee	s, obta	in info	rmatic	n from	your er	nploye	es abol	ut the		
	use of the vehicles	, and retain the inf	ormation red	eived?)										
41	Do you meet the re	equirements conce	erning qualifi	ed aut	omobile	e demo	nstratio	n use	? (See in:	struction	ns.)				
	Note: If your answ	er to 37, 38, 39, 4	10, or 41 is "	Yes," d	ion't co	mplete	Section	n B fo	r the cov	ered vel	nicles.				
Pa	art VI Amortizat	ion							<u> </u>		1 .	,		-	
	(a)		(b)			(c)			(d)		(€ Amort			(f)	
	Description (of costs	Date amorti begins		An	nortizable			Code se		perio	od or	Amortiz	ation for th	nis year
	Amostination of	ata that basins do			Vear (s	ae inefr	uctione	<u></u>			perce	maye	_		
42	Amortization of co		ing your 20	ı ı lax	year (St		, 215.	,.			Γ				2,151
	OPP MHOKITAKI	TON DUINT	 		-		,	_							
43	Amortization of co	sts that began bef	ore your 20	17 tax '	year							43			
44	Total. Add amour	its in column (f). S	ee the instru	ictions	for who	ere to re	eport	 <u></u> .			<u></u>	44			2,151
													_	AEC	2 (0047

Form **4562** (2017)

Description of Property															
GENERAL DEPRECIATION															
Date Unadjusted 179 exp. Date placed in Cost Bus. reduction Basis Basis for Accumulated															
	Date placed in	Unadjusted Cost or basis	Bus.	179 exp. reduction	Basis	Basis for	Accumulated	Accumulated	Me-			ACRS	CRS	Current-year 179 expense	Current-year depreciation
Asset description	service	or basis	%	in basis	Reduction	depreciation	depreciation	depreciation	thod	Conv.	Life	class	class	expense	depreciation
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Lang: Retired Assets												-		<u> </u>	
Less: Retired Assets			:								,	Ÿ			
Subtotals	· · · · · · ·	<u> </u>						1	L					I	
Listed Property			<u> </u>	T		1	Γ		<u> </u>			T			
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Less: Retired Assets															
Subtotals															
TOTALS			ĺ												
AMORTIZATION				<u> </u>											
	Date	Cost					1	Ending							0
Asset description	placed in service	or basis					Accumulated	Accumulated amortization	Code	Life				ļ	Current-year amortization
	05/11/2017	12,607.	1				a.iioi d.zadioii		A197	15.00	- "				770.
ONWARDTOGETHER.COM			1				_	 	A197	15.00	_				770.
ONWARDTOGETHER.NET	05/11/2017		1				-		A197	15.00					611.
TRADEMARK	05/04/2017	10,000.	-					611.	A19/	15.00	<u> </u>				011.
	1	ļ	-				<u> </u>		-		\dashv				
		ļ	4					-		<u> </u>					
TOTALS		35,215.						2,151.							2,151.

*Assets Retired

JSA 7X9024 1.000

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