

**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 04/01, 2018, and ending 03/31, 2019

|  |  |   |   |   |
|--|--|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ONWARD TOGETHER   |   | <b>D</b> Employer identification number<br>82-1291110   |   |
|  | Doing business as  |   | <b>E</b> Telephone number<br>(646) 828-9968   |   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>120 W. 45TH STREET STE 2700 |   | <b>G</b> Gross receipts \$ <u>4,216,978.</u>  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10036                       |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>F</b> Name and address of principal officer: <u>JESSICA WEN</u><br><u>120 W. 45TH STREET STE 2700, NEW YORK, NY 10036</u>   |  | <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>4</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |   |   |
| <b>J</b> Website: ▶ <u>WWW.ONWARDTOGETHER.ORG</u>  |  | <b>H(c)</b> Group exemption number ▶  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <u>2017</u>   |   | <b>M</b> State of legal domicile: <u>DC</u> |

**Part I Summary**

|   |   |  |                   |
|---|---|--|-------------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>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.</u> |  |                   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |                   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <u>3</u>   | <u>4.</u>         |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <u>4</u>   | <u>3.</u>         |
|   | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)   | <u>5</u>   | <u>8.</u>         |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <u>6</u>   |                   |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <u>7a</u>  | <u>0.</u>         |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38                    | <u>7b</u>   |  |                   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <u>3,158,451.</u>  | <u>2,258,050.</u> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <u>0.</u>  | <u>0.</u>         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <u>0.</u>  | <u>0.</u>         |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <u>3,077,460.</u>  | <u>1,958,928.</u> |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <u>6,235,911.</u>  | <u>4,216,978.</u> |
|   | <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <u>1,130,000.</u> |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     |   | <u>0.</u>  | <u>0.</u>         |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) |   | <u>297,790.</u>  | <u>489,740.</u>   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    |   | <u>38,650.</u>   | <u>51,000.</u>    |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,524,896.</u>      |   |  |                   |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      |   | <u>1,372,928.</u>  | <u>1,958,680.</u> |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | <u>2,839,368.</u>   | <u>4,531,420.</u>  |                   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | <u>3,396,543.</u>   | <u>-314,442.</u>   |                   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)  | <u>3,654,795.</u>  | <u>3,366,176.</u> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <u>258,252.</u>  | <u>284,075.</u>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <u>3,396,543.</u>  | <u>3,082,101.</u> |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                  |  |                        |
|------------------|--|------------------------|
| <b>Sign Here</b> | Signature of officer: <u>Jessica Wen</u>             | Date: <u>1/30/2020</u> |
|                  | Type or print name and title: <u>JESSICA WEN COO</u> |                        |

|                               |  |   |                        |   |                        |
|-------------------------------|--|---|------------------------|---|------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name: <u>AMY C GILBERT CPA</u>                           | Preparer's signature: <u>AGilbert CPA</u> | Date: <u>1.25.2020</u> | Check <input type="checkbox"/> if self-employed | PTIN: <u>P00956578</u> |
|                               | Firm's name: ▶ <u>GILBERT &amp; WOLFAND, P.C.</u>                              |   |                        | Firm's EIN: ▶ <u>52-1263814</u>                 |                        |
|                               | Firm's address: ▶ <u>2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007</u> |   |                        | Phone no.: <u>202-342-6000</u>                  |                        |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

|                    |  |
|--------------------|--|
| Notice             | CP211A                                 |
| Tax period         | March 31, 2019                         |
| Notice date        | August 19, 2019                        |
| Employer ID number | 82-1291110                             |
| To contact us      | Phone 877-829-5500<br>FAX 877-792-2864 |

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



004814

Important information about your March 31, 2019 Form 990

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

We approved the Form 8868 for your  
March 31, 2019 Form 990.  
Your new due date is February 15, 2020.

### What you need to do

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

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

### Additional information

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

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

**Part 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,985,594. including grants of \$ 1,327,000. ) (Revenue \$ )  
ENCOURAGING PEOPLE TO ORGANIZE, GET INVOLVED, AND RUN FOR OFFICE  
IN ORDER TO ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A  
BRIGHTER FUTURE FOR GENERATIONS TO COME.

4b (Code: ) (Expenses \$ 709,000. including grants of \$ 705,000. ) (Revenue \$ )  
COMMITTEE CONTRIBUTIONS AND POLLING FOR GUBERNATORIAL RACE IN  
ORDER TO ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A BRIGHTER  
FUTURE FOR GENERATIONS TO COME.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 2,694,594.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee reporting, tax shelter transactions, contributions, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (3), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . .  X

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

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

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

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

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

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



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 2'.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a   | Federated campaigns . . . . .   | 1a                   |  |   |  |
|   | b  | Membership dues . . . . .   | 1b                   |  |   |  |
|   | c  | Fundraising events . . . . .  | 1c                   |  |   |  |
|   | d  | Related organizations . . . . .   | 1d                   |  |   |  |
|   | e  | Government grants (contributions) . . . . .   | 1e                   |  |   |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | 1f                   | 2,258,050.   |   |  |
|   | g  | Noncash contributions included in lines 1a-1f. \$   |                      |  |   |  |
|   | h  | <b>Total.</b> Add lines 1a-1f . . . . .   |                      | 2,258,050.   |   |  |
| <b>Program Service Revenue</b>                                    | 2a   | _____   | Business Code        |  |   |  |
|   | b  | _____   |                      |  |   |  |
|   | c  | _____   |                      |  |   |  |
|   | d  | _____   |                      |  |   |  |
|   | e  | _____   |                      |  |   |  |
|   | f  | All other program service revenue . . . . .   |                      |  |   |  |
|   | g  | <b>Total.</b> Add lines 2a-2f . . . . .   |                      | 0.   |   |  |
| <b>Other Revenue</b>  | 3  | Investment income (including dividends, interest,<br>and other similar amounts). . . . .  |                      | 0.   |   |  |
|   | 4  | Income from investment of tax-exempt bond proceeds . . . . .  |                      | 0.   |   |  |
|   | 5  | Royalties . . . . .   |                      | 1,958,928.   |   | 1,958,928.   |
|   |  |   | (i) Real             | (ii) Personal                                      |   |  |
|   | 6a   | Gross rents . . . . .   |                      |  |   |  |
|   | b  | Less: rental expenses . . . . .   |                      |  |   |  |
|   | c  | Rental income or (loss) . . . . .   |                      |  |   |  |
|   | d  | Net rental income or (loss) . . . . .   |                      | 0.   |   |  |
|   | 7a   | Gross amount from sales of<br>assets other than inventory . . . . .   | (i) Securities       | (ii) Other   |   |  |
|   | b  | Less: cost or other basis<br>and sales expenses . . . . .   |                      |  |   |  |
|   | c  | Gain or (loss) . . . . .  |                      |  |   |  |
|   | d  | Net gain or (loss) . . . . .  |                      | 0.   |   |  |
|   | 8a   | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | a                    | 0.   |   |  |
|   | b  | Less: direct expenses . . . . .   | b                    | 0.   |   |  |
|   | c  | Net income or (loss) from fundraising events . . . . .  |                      | 0.   |   |  |
| 9a  | Gross income from gaming activities.<br>See Part IV, line 19 . . . . . | a   | 0.                   |  |   |  |
| b   | Less: direct expenses . . . . .  | b   | 0.                   |  |   |  |
| c   | Net income or (loss) from gaming activities . . . . .                  |   | 0.                   |  |   |  |
| 10a   | Gross sales of inventory, less<br>returns and allowances . . . . .     | a   | 0.                   |  |   |  |
| b   | Less: cost of goods sold . . . . .                                     | b   | 0.                   |  |   |  |
| c   | Net income or (loss) from sales of inventory . . . . .                 |   | 0.                   |  |   |  |
|   | Miscellaneous Revenue  | Business Code   |                      |  |   |  |
| 11a   | _____  |   |                      |  |   |  |
| b   | _____  |   |                      |  |   |  |
| c   | _____  |   |                      |  |   |  |
| d   | All other revenue . . . . .  |   |                      |  |   |  |
| e   | <b>Total.</b> Add lines 11a-11d . . . . .                              |   | 0.                   |  |   |  |
| 12  | <b>Total revenue.</b> See instructions. . . . .                        |   | 4,216,978.           |  | 1,958,928.                              |  |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 2,032,000.            | 2,032,000.                      |  |                             |
| 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 . . . . .  | 334,064.              | 86,580.                         | 116,684.                               | 130,800.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 95,543.               | 95,543.                         |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 27,101.               | 27,101.                         |  |                             |
| 10 Payroll taxes . . . . .  | 33,032.               | 15,121.                         | 8,621.                                 | 9,290.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 47,412.               |                                 | 41,249.                                | 6,163.                      |
| c Accounting . . . . .  | 66,634.               |                                 | 66,634.                                |                             |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.  | 51,000.               |                                 |  | 51,000.                     |
| f Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 430,000.              | 331,250.                        | 5,000.                                 | 93,750.                     |
| 12 Advertising and promotion . . . . .  | 0.                    |                                 |  |                             |
| 13 Office expenses . . . . .  | 20,287.               | 2,137.                          | 11,030.                                | 7,120.                      |
| 14 Information technology . . . . .   | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 146,576.              | 62,684.                         | 40,359.                                | 43,533.                     |
| 17 Travel . . . . .   | 12,105.               | 10,699.                         |  | 1,406.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 39,169.               | 23,742.                         | 659.                                   | 14,768.                     |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  | 3,737.                | 3,737.                          |  |                             |
| 23 Insurance . . . . .  | 0.                    |                                 |  |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a LIST RENTAL EXPENSES  | 127,895.              |                                 |  | 127,895.                    |
| b INCOME TAXES  | 149,119.              |                                 |  | 149,119.                    |
| c DIRECT MAIL EXPENSES  | 620,686.              |                                 |  | 620,686.                    |
| d DIGITAL EXPENSES  | 219,325.              |                                 |  | 219,325.                    |
| e All other expenses  | 75,735.               | 4,000.                          | 21,694.                                | 50,041.                     |
| 25 Total functional expenses. Add lines 1 through 24e   | 4,531,420.            | 2,694,594.                      | 311,930.                               | 1,524,896.                  |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|                             |   | (A)<br>Beginning of year  |               | (B)<br>End of year |
|-----------------------------|---|---|---------------|--------------------|
| Assets                      | 1   | Cash - non-interest-bearing   | 2,228,806.    | 1 2,903,753.       |
|                             | 2   | Savings and temporary cash investments  | 0.            | 2 0.               |
|                             | 3   | Pledges and grants receivable, net  | 0.            | 3 0.               |
|                             | 4   | Accounts receivable, net  | 1,392,925.    | 4 408,096.         |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.            | 5 0.               |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.            | 6 0.               |
|                             | 7   | Notes and loans receivable, net   | 0.            | 7 0.               |
|                             | 8   | Inventories for sale or use   | 0.            | 8 0.               |
|                             | 9   | Prepaid expenses and deferred charges   | 0.            | 9 0.               |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   |               | 10a                |
|                             | b   | Less: accumulated depreciation  | 0.            | 10c 0.             |
|                             | 11  | Investments - publicly traded securities  | 0.            | 11 0.              |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 0.            | 12 0.              |
|                             | 13  | Investments - program-related. See Part IV, line 11   | 0.            | 13 0.              |
|                             | 14  | Intangible assets   | 33,064.       | 14 54,327.         |
|                             | 15  | Other assets. See Part IV, line 11  | 0.            | 15 0.              |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 3,654,795.  | 16 3,366,176. |                    |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 100,234.      | 17 127,252.        |
|                             | 18  | Grants payable  | 0.            | 18 0.              |
|                             | 19  | Deferred revenue  | 0.            | 19 0.              |
|                             | 20  | Tax-exempt bond liabilities   | 0.            | 20 0.              |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   | 0.            | 21 0.              |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  | 0.            | 22 0.              |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  | 0.            | 23 0.              |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  | 0.            | 24 0.              |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 158,018.      | 25 156,823.        |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 258,252.      | 26 284,075.        |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |               |                    |
|                             | 27  | Unrestricted net assets   | 3,396,543.    | 27 2,930,287.      |
|                             | 28  | Temporarily restricted net assets   | 0.            | 28 151,814.        |
|                             | 29  | Permanently restricted net assets   | 0.            | 29 0.              |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |               |                    |
|                             | 30  | Capital stock or trust principal, or current funds  |               | 30                 |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |               | 31                 |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |               | 32                 |
| 33                          | <b>Total net assets or fund balances</b>  | 3,396,543.  | 33 3,082,101. |                    |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | 3,654,795.  | 34 3,366,176. |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 4,216,978. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 4,531,420. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | -314,442.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 3,396,543. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 0.         |
| 6  | Donated services and use of facilities   | 6  | 0.         |
| 7  | Investment expenses  | 7  | 0.         |
| 8  | Prior period adjustments   | 8  | 0.         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,082,101. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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 the Single Audit Act and OMB Circular A-133? . . . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c |     | X  |
| 3a |     | X  |
| 3b |     |    |

Form 990 (2018)

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>ONWARD TOGETHER</b> | Employer identification number<br><b>82-1291110</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ 709,000.
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ 4,000.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 705,000.
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 709,000.
- 4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name                  | (b) Address                             | (c) EIN    | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|---------------------------|---|------------|---|--|
| ATTACHMENT 1              |   |            |   |  |
| (1) COLOR OF CHANGE PAC   | 1714 FRANKLIN ST<br>OAKLAND, CA 94612   | 30-0505290 | 150,000.  | 0.   |
| (2) EMERGE AMERICA        | 351 CALIFORNIA ST<br>SAN FRAN, CA 94104 | 90-0787684 | 75,000.   | 0.   |
| (3) EMILY'S LIST          | 1800 M ST NW ST<br>WASHINGTON, DC 20036 | 52-1391360 | 30,000.   | 0.   |
| (4) RUN FOR SOMETHING PAC | PO BOX 697<br>NEW YORK, NY 10013        | 81-5222116 | 25,000.   | 0.   |
| (5) SWING LEFT            | 700 13TH ST<br>WASHINGTON, DC 20005     | 81-5209959 | 25,000.   | 0.   |
| (6) FLIPPABLE             | 155 WATER ST<br>BROOKLYN, NY 11201      | 81-5161730 | 50,000.   | 0.   |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 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? 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Provide 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 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART I-A LINE 1

COMMITTEE CONTRIBUTIONS AND POLLING FOR GUBERNATORIAL RACE.



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**Part IV** Supplemental Information *(continued)*

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**Part IV** Supplemental Information (continued)ATTACHMENT 1

| (A) NAME             | (B) ADDRESS                            | (C) EIN    | (D) AMOUNT PAID<br>FROM FILING ORG. | (E) AMOUNT OF<br>POLITICAL CONTRIB.<br>RECEIVED |
|----------------------|--|------------|-------------------------------------|---|
| LATINO VICTORY FUND  | 700 14TH ST NW<br>WASHINGTON, DC 20005 | 47-1137359 | 100,000.                            |   |
| PROGR CHG CAMP CTE   | 1629 K ST NW<br>WASHINGTON, DC 20006   | 26-3881408 | 5,000.                              |   |
| SISTER DISTRICT PROJ | 340S LEMON<br>WALNUT, CA 91789         | 82-1066046 | 25,000.                             |   |
| TECH FOR CAMPAIGNS   | 25 TAYLOR ST<br>SAN FRAN, CA 94102     | 82-0977440 | 25,000.                             |   |

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ONWARD TOGETHER

Employer identification number

82-1291110

Part 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 donor advised 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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 statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

**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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests                                       |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) INCOME TAXES PAYABLE   | 149,119.       |
| (3) PAYROLL TAXES PAYABLE  | 7,704.         |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 156,823.       |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |   |    |   |            |
|---|---|----|---|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .        |    | 1 | 4,216,978. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |    |   |            |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 2a |   |            |
| b | Donated services and use of facilities . . . . .  | 2b |   |            |
| c | Recoveries of prior year grants . . . . .   | 2c |   |            |
| d | Other (Describe in Part XIII.) . . . . .  | 2d |   |            |
| e | Add lines 2a through 2d . . . . .   | 2e |   |            |
| 3 | Subtract line 2e from line 1. . . . .   | 3  | 3 | 4,216,978. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                      |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                | 4a |   |            |
| b | Other (Describe in Part XIII.) . . . . .  | 4b |   |            |
| c | Add lines 4a and 4b . . . . .   | 4c |   |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . | 5  | 5 | 4,216,978. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |  |    |   |            |
|---|--|----|---|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                       |    | 1 | 4,531,420. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |    |   |            |
| a | Donated services and use of facilities . . . . .   | 2a |   |            |
| b | Prior year adjustments . . . . .   | 2b |   |            |
| c | Other losses . . . . .   | 2c |   |            |
| d | Other (Describe in Part XIII.) . . . . .   | 2d |   |            |
| e | Add lines 2a through 2d . . . . .  | 2e |   |            |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 3 | 4,531,420. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                         |    |   |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |   |            |
| b | Other (Describe in Part XIII.) . . . . .   | 4b |   |            |
| c | Add lines 4a and 4b . . . . .  | 4c |   |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . | 5  | 5 | 4,531,420. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

FASB ASC 740-10

FOR THE FISCAL YEAR ENDED MARCH 31, 2019, THE ORGANIZATION HAS DOCUMENTED

ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES

GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED

THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION

OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information *(continued)*

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for Instructions and the latest instructions.

Name of the organization

Employer identification number

ONWARD TOGETHER

82-1291110

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (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<br>ATTACHMENT 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    | 2,258,050                         | 51,000  | 2,207,050.  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,  
KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,



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

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|---|--------------|------------------|---------------------------------|
|                 |  | (event type)  | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts  |              |                  |                                 |
|                 | 2  | Less: Contributions   |              |                  |                                 |
|                 | 3  | Gross income (line 1 minus line 2)                          |              |                  |                                 |
| Direct Expenses | 4  | Cash prizes   |              |                  |                                 |
|                 | 5  | Noncash prizes  |              |                  |                                 |
|                 | 6  | Rent/facility costs   |              |                  |                                 |
|                 | 7  | Food and beverages  |              |                  |                                 |
|                 | 8  | Entertainment   |              |                  |                                 |
|                 | 9  | Other direct expenses                                       |              |                  |                                 |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                  |                                 |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |  | (a) Bingo             | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-----------------------|---|---------------------------|--|
|                 |  | 1                     | Gross revenue                                 |                           |  |
| Direct Expenses | 2  | Cash prizes           |   |                           |  |
|                 | 3  | Noncash prizes        |   |                           |  |
|                 | 4  | Rent/facility costs   |   |                           |  |
|                 | 5  | Other direct expenses |   |                           |  |
|                 | 6  | Volunteer labor       | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                        |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |                       |   |                           |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |                       |   |                           |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - 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 ▶ \$ \_\_\_\_\_

**Part IV** **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).

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ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER  | ACTIVITY    | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? |    | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION |
|---|-------------|--|----|------------------------------|--|--|
|   |             | YES  | NO |                              |  |  |
| GROSS RECEIPTS<br>ONWARD TOGETHER<br>120 W 45TH ST STE 2700<br>NEW YORK<br>NY 10036 |             |  | X  | 2,258,050.                   |  | 2,258,050.                                   |
| CHAPMAN CUBINE & HUSSEY<br>2000 15TH ST N STE 550<br>ARLINGTON<br>VA 22201          | DIRECT MAIL |  | X  |                              | 51,000.                                    | -51,000.                                     |

**SCHEDULE I**  
**(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ONWARD TOGETHER

Employer identification number

82-1291110

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.**

| 1 (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ALLIANCE FOR YOUTH ACTION<br>810 7TH ST NE WASHINGTON, DC 20002                   | 46-2914731 | 501(C)(4)                       | 127,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (2) ASIAN AND PACIFIC ISLANDER AMERICAN VOTE<br>1612 K STREET NW WASHINGTON, DC 20006 | 03-0575412 | 501(C)(3)                       | 75,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (3) THE ARENA<br>611 PENN.AVE SE WASHINGTON, DC 20003                                 | 81-5171259 | 501(C)(4)                       | 150,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (4) CARE IN ACTION INC<br>243 5TH AVE MAILBOX 257 NEW YORK, NY 10016                  | 46-4605470 | 501(C)(4)                       | 100,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (5) COLLECTIVE FUTURE<br>410 1ST ST SE WASHINGTON, DC 20003                           | 82-3079496 | 501(C)(4)                       | 55,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (6) COLOR OF CHANGE PAC<br>1714 FRANKLIN ST OAKLAND, CA 94612                         | 30-0505290 | 527                             | 150,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (7) DEEDS NOT WORDS<br>1023 SPRINGDALE RD AUSTIN, TX 78721                            | 82-3135054 | 501(C)(3)                       | 10,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (8) DREAM BIG NEVADA<br>1149 S MARYLAND PKWY LAS VEGAS, NV 89104                      | 82-2765806 | 501(C)(3)                       | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (9) EMERGE AMERICA<br>351 CALIFORNIA ST SAN FRANCISCO, CA 94104                       | 90-0787664 | 527                             | 75,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (10) EMILYS LIST<br>1800 M ST NW WASHINGTON, DC 20036                                 | 52-1391360 | 527                             | 30,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (11) FAIR FIGHT ACTION<br>1270 CAROLINE ST NE ATLANTA, GA 30307                       | 47-1427359 | 501(C)(4)                       | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (12) FLIPPABLE<br>155 WATER ST BROOKLYN, NY 11201                                     | 81-5161730 | 527                             | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table. . . . . ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ONWARD TOGETHER

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

82-1291110

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.**

| 1 (a) Name and address of organization or government                           | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) IVOTE<br>PO BOX 382175 CAMBRIDGE, MA 02238                                 | 46-2919706 | 501(C)(4)                       | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (2) LATINO VICTORY FUND<br>700 14TH ST NW WASHINGTON, DC 20005                 | 47-1137359 | 527                             | 100,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (3) LATINO VICTORY PROJECT<br>700 14TH ST NW WASHINGTON, DC 20005              | 46-4651149 | 501(C)(4)                       | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (4) LGBTQ VICTORY INSTITUTE<br>1225 I ST NW WASHINGTON, DC 20005               | 52-1835268 | 501(C)(3)                       | 75,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (5) LIVING UNITED FOR CHANGE IN ARIZONA<br>5716 N 19TH AVE PHOENIX, AZ 85015   | 27-1398645 | 501(C)(4)                       | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (6) NATIONAL DOMESTIC WORKERS ALLIANCE<br>395 HUDSON STREET NEW YORK, NY 10014 | 35-2420942 | 501(C)(3)                       | 100,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (7) ROC ACTION<br>275 7TH AVE NEW YORK, NY 10001                               | 46-5249734 | 501(C)(4)                       | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (8) RUN FOR SOMETHING PAC<br>PO BOX 697 NEW YORK, NY 10013                     | 81-5222116 | 527                             | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (9) RUN FOR SOMETHING ACTION FUND<br>220 EYE ST NE WASHINGTON, DC 20002        | 81-4761176 | 501(C)(4)                       | 125,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (10) SISTER DISTRICT ACTION NETWORK<br>1787 TRIBUTE ROAD SACRAMENTO, CA 95815  | 82-2112161 | 501(C)(4)                       | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (11) SISTER DISTRICT PROJECT<br>340 S. LEMON WALNUT, CA 91789                  | 82-1066046 | 527                             | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (12) SIXTEEN THIRTY FUND<br>1201 CONN. AVE NW WASHINGTON, DC 20036             | 26-4486735 | 501(C)(4)                       | 100,000.                 |                                   |   |  | ISSUE ADVOCACY                     |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

ONWARD TOGETHER

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

82-1291110

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

**Part I 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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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.**

| 1 (a) Name and address of organization or government                  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) STATE ENGAGEMENT FUND<br>1401 K ST NW #700 WASHINGTON, DC 20005   | 81-0865943 | 501 (C) (4)                     | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (2) SWING LEFT<br>700 13TH ST NW WASHINGTON, DC 20005                 | 81-5209959 | 527                             | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (3) TECH FOR CAMPAIGNS<br>25 TAYLOR ST SAN FRANCISCO, CA 94102        | 82-0977440 | 527                             | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (4) TEXAS CIVIL RIGHTS PROJECT<br>1405 MONTOPOLIS DR AUSTIN, TX 78741 | 74-1995879 | 501 (C) (3)                     | 50,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (5) ULTRA VIOLET EDUCATION FUND<br>PO BOX 34756 WASHINGTON, DC 20043  | 47-1872208 | 501 (C) (3)                     | 25,000.                  |                                   |   |  | GENERAL SUPPORT                    |
| (6) VOTO LATINO<br>1300 L STREET NW WASHINGTON, DC 20005              | 20-1350252 | 501 (C) (3)                     | 150,000.                 |                                   |   |  | GENERAL SUPPORT                    |
| (7) SIXTEEN THIRTY FUND<br>1201 CONN. AVE NW WASHINGTON, DC 20036     | 26-4486735 | 501 (C) (4)                     | 50,000.                  |                                   |   |  | TRAINING                           |
| (8)   |            |                                 |                          |                                   |   |  |                                    |
| (9)   |            |                                 |                          |                                   |   |  |                                    |
| (10)  |            |                                 |                          |                                   |   |  |                                    |
| (11)  |            |                                 |                          |                                   |   |  |                                    |
| (12)  |            |                                 |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **8.**

3 Enter total number of other organizations listed in the line 1 table . . . . . **22.**

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

Schedule I (Form 990) (2018)

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 |                                 |                          |                          |                                   |   |  |
| 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.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2018**

**Open to Public  
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Department of the Treasury  
Internal Revenue Service

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

Name of the organization

ONWARD TOGETHER

Employer identification number

82-1291110

PART VI, SECTION A, LINE 7A

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

PART VI, SECTION B, LINE 11B

PRIOR TO FILING THE FORM 990, THE ORGANIZATION'S DIRECTORS, CHIEF

OPERATING OFFICER AND OUTSIDE LEGAL COUNSEL REVIEW THE TAX RETURN

PREPARED BY AN OUTSIDE CPA FIRM.

PART VI, SECTION B, LINE 12C

DIRECTORS/OFFICERS ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY

ANNUALLY. THEY ARE REQUIRED TO SIGN IT AND ATTEST TO READING,

UNDERSTANDING AND COMPLYING WITH THE POLICY.

PART VI SECTION C, LINE 19

THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 UPON REQUEST.

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 1

AL, AR, CA, CO, CT,

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

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

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



Name of the organization

ONWARD TOGETHER

Employer identification number

82-1291110

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

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

**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  
Name of the organization

ONWARD TOGETHER

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

Employer identification number  
82-1291110

OMB No. 1545-0047  
**2018**

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) |   |                         |  |                     |                           |                                  |
| (2) |   |                         |  |                     |                           |                                  |
| (3) |   |                         |  |                     |                           |                                  |
| (4) |   |                         |  |                     |                           |                                  |
| (5) |   |                         |  |                     |                           |                                  |
| (6) |   |                         |  |                     |                           |                                  |

**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.

| (1) | (a)<br>Name, address, and EIN of related organization                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|     |   |                         |  |                            |   |                                  | Yes  | No |
| (1) | ONWARD TOGETHER COMMITTEE<br>120 W 45TH ST STE 2700<br>NEW YORK, NY 10036<br>35-2628726 | FEDERAL SSF             | NY   | 527                        |   | ONWRD TOGTHR                     | X  |    |
| (2) |   |                         |  |                            |   |                                  |  |    |
| (3) |   |                         |  |                            |   |                                  |  |    |
| (4) |   |                         |  |                            |   |                                  |  |    |
| (5) |   |                         |  |                            |   |                                  |  |    |
| (6) |   |                         |  |                            |   |                                  |  |    |
| (7) |   |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2018

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part 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 |
|---|---|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| b | Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| c | Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| d | Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| e | Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| f | Dividends from related organization(s) . . . . .  |     |    |
| g | Sale of assets to related organization(s) . . . . .   |     | X  |
| h | Purchase of assets from related organization(s) . . . . .   |     | X  |
| i | Exchange of assets with related organization(s) . . . . .   |     | X  |
| j | Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| k | Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| l | Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| m | Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | X  |
| o | Sharing of paid employees with related organization(s) . . . . .  |     | X  |
| p | Reimbursement paid to related organization(s) for expenses . . . . .  |     | X  |
| q | Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| r | Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| s | Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | N/A                                 |                               |                        |  |
| (2) |                                     |                               |                        |  |
| (3) |                                     |                               |                        |  |
| (4) |                                     |                               |                        |  |
| (5) |                                     |                               |                        |  |
| (6) |                                     |                               |                        |  |

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.

Table with 16 rows and multiple columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Attachment Sequence No. 179

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

Name(s) shown on return

Identifying number

ONWARD TOGETHER

82-1291110

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for general depreciation calculations and a table for listed property with columns (a) Description of property, (b) Cost, and (c) Elected cost.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2018.

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations, including listed property amount and total depreciation.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year (see instructions):
SEE AMORTIZATION DETAIL 25,000. 1,389.
43 Amortization of costs that began before your 2018 tax year 2,348.
44 Total. Add amounts in column (f). See the instructions for where to report 3,737.



