990 erorm

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning	(04/01 ,2019 ,	, and end	ling		03/3	31, 20 20		
			C Name of organization					D Employer ide	ntificatio	n number		
В с	heck if a	pplicable:	ONWARD TOGETHER					82-129	1110			
X	Addre		Doing business as									
	7	e change	Number and street (or P.O. box if mail is r	not delivered to street ad	dress)	Room/su	ite	E Telephone nu	mber			
	+	l return	PO BOX 5256					(646) 82	8-996	58		
	Final	return/	City or town, state or province, country, a	nd ZIP or foreign postal	code							
	termi Amer	nated nded	NEW YORK, NY 10185	0 1				G Gross receipts	s \$	2,573,5	59.	
		cation	F Name and address of principal officer:	JESSICA WEN	ī			H(a) Is this a gro			No.	
	_ pend	ing	PO BOX 5256, NEW YORK,		•			subordinates		\vdash	No	
	Toy or	empt st		:) 	40.47(-)(4)		507	H(b) Are all subord		(see instructions)	_ NO	
			atus: 501(c)(3) X 501(c) (4 WWW.ONWARDTOGETHER.ORG	(insert no.)	4947(a)(1)	OI I	527					
				Association Othe		LV		H(c) Group exem tion: 2017 M			DC	
				Association Othe		LYE	ar or format	ion: ZOI/ W	State of	regar domicile:		
Fč	art I		ımmary		DV FN	COLLDVC	ידאכי ספי		DC A NI I	70 000		
_	1		y describe the organization's mission or							ZE, GEI		
nce			OLVED, AND RUN FOR OFFIC						1			
Governance	_		UES AND WORK TO BUILD A									
ove	2		k this box if the organization dis	•	•				1 1		2	
ري ص	3		per of voting members of the governing l						3		3.	
es 6	4		per of independent voting members of the						4		2.	
Activities &	5		number of individuals employed in cale						5		9.	
Ę	6		number of volunteers (estimate if necess						6			
⋖			unrelated business revenue from Part VI						7a		0.	
	b	Net u	nrelated business taxable income from F	orm 990-T, line 39					7b			
								Prior Year		Current Year		
<u>a</u>	8		ibutions and grants (Part VIII, line 1h) 🚬					2,258,05		1,481,07		
enr	9		am service revenue (Part VIII, line 2g) 🔒						0.		0.	
Revenue	10		tment income (Part VIII, column (A), line						0.	32,75		
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)			1,958,92		1,059,72		
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, colum	nn (A), line 12) .			4,216,97		2,573,55		
	13	Grant	s and similar amounts paid (Part IX, colu	mn (A), lines 1-3)					0.	955,00	JO.	
	14	Benef	its paid to or for members (Part IX, colur	nn (A), line 4)					0.	0.		
Se	15	Salari	es, other compensation, employee benef	A), lines 5-10),			489,74		602,114.			
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				51,00	00.	70,000.		
ž	b	Total	fundraising expenses (Part IX, column (D	0), line 25) ▶	1,227,612	•						
ш	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)				1,958,68		1,468,18		
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), li	ne 25)			4,531,42		3,095,30		
	19	Rever	nue less expenses. Subtract line 18 from	line 12				-314,44	2.	-521,74	11.	
sor							Begin	ning of Current		End of Year		
sets	20	Total	assets (Part X, line 16)					3,366,17	6.	2,755,50	J7.	
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)					284,07	75.	195,14		
Funda	22	Net as	ssets or fund balances. Subtract line 21	from line 20				3,082,10	1.	2,560,36	50.	
Pa	rt II	Sig	gnature Block									
Und	der pe	nalties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	s return, including acco	ompanying sched	ules and s	tatements, a	and to the best o	f my kno	wledge and belief,	, it is	
true	, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all i	mormation or win	ich prepan	er nas any ki	Towleage.				
٠.		N -	Jan We					01/2	6/202	21		
Sig		5	Signature of officer					Date				
Hei	re		JESSICA WEN		C00							
		Ī	Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTI	N		
Paid		AMY	C GILBERT CPA			01/	26/202	1 self-employ	ed	P00956578		
-	oarer	Firm's	s name ►GILBERT & WOLFAND	, P.C.		•		Firm's EIN ▶ 5	2-126	53814		
use	Only		imi's address ▶2201 WISCONSIN AVE, NW SUITE 320 WASHINGTON, DC 20007							42-6000		
May	/ the		iscuss this return with the preparer)		Phone no. 2		X Yes	No	
			Reduction Act Notice, see the separate		,					Form 990 (2		

Form 990 (2019) Page 2 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? 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?.... 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 \$ 1,142,796. including grants of \$ 560,000.) (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: 395,000. including grants of \$ 395,000.) (Revenue \$ COMMITTEE CONTRIBUTIONS IN ORDER TO ADVANCE PROGRESSIVE VALUES AND WORK TO BUILD A BRIGHTER FUTURE FOR GENERATIONS TO COME.) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 1,537,796.

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Form 990 (2019)

Part IV Checklist of Required Schedules Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		Х
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			7.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			7.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Λ
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		21
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- ''-		
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
		19		Х
9	If "Voc " complete Schodule C. Port III	1 13		X
9	If "Yes," complete Schedule G, Part III			21
9 0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
9 0 a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			
) a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	X	
9 20 a b 21	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b 21	x 990	(22

Form 990 (2019)

Part IV Checklist of Required Schedules (continued) Page 4

Fart	Checklist of Required Schedules (Continued)		Yes	No
00	Did the considering according to the OF 000 of greate or other positions to be for demostic individuals as		162	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
10.4	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030		Form		(2019)
	5421NI 7165 V 19-7.7F		PF	AGE 5

Form 990 (2019) Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		3.7	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		3.5	
	gifts were not tax deductible?	6b	X	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	/ !!		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

ONWARD TOGETHER 82-1291110 Page 6 Form 990 (2019) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ion 74 Coverning Body and management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2				
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	ship with				
	any other officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct				
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		Х	
6	Did the organization have members or stockholders?			6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	r appoint				
	one or more members of the governing body?			7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval	by) r	nembers,				
	stockholders, or persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	en during				
	the year by the following:						
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	<u> </u>	Х	
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Coc							
				4.0	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?			10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	401			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		10b	X		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	ling th	e form? .	11a	Δ.		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			425	Х		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests			12b	X		
	rise to conflicts?			120	21		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		12c	X		
	describe in Schedule O how this was done			13		Х	
13	Did the organization have a written whistleblower policy?			14		X	
14	Did the organization have a written document retention and destruction policy?			17			
15	Did the process for determining compensation of the following persons include a review are		-				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a		Х	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15b		Х	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			10.0			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngomont				
ıva	with a taxable entity during the year?	ı anı	ingemeni	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluata ite				
	participation in joint venture arrangements under applicable federal tax law, and take steps to						
	organization's exempt status with respect to such arrangements?			16b			
Sect	ion C. Disclosure			1			
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	and 990-1	r (Sec	tion 5	01/c	
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		a 000	. ,500		(0	
	Own website Another's website X Upon request Other (explain on Sc		e O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the organization made its governing do	nents	conflict o	of inte	rest r	olicv	
-	and financial statements available to the public during the tax year.	,				j	
	• • • • • • • • • • • • • • • • • • • •						

20

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ ONWARD TOGETHER PO BOX 5256 NEW YORK, NY 10185

9E1042 2.000

JSA

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

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. See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Individual or director				is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ier			related organizations
(1) DENNIS W. CHENG	30.00									
DIRECTOR/FINANCE DIRECTOR	0.	Х		Х				120,000.	0.	18,891.
(2) HUMA M. ABEDIN	20.00									
OFFICER	0.			Х				75,750.	0.	16,331.
(3)JESSICA WEN	40.00									
COO BEGAN MAY 2019	0.			Х				75,000.	0.	3,675.
(4) KELLY J. MEHLENBACHER	40.00									
COO RESIGNED JULY 2019	0.			Х				56,667.	0.	5,491.
(5)MINYON MOORE	1.00									
DIRECTOR/PRESIDENT	0.	Х		Х				0.	0.	0.
(6) CHARLES BAKER	1.00									
DIRECTOR/TREASURER	0.	Х		Х				0.	0.	0 .
(7) ELLEN TAUSCHER	1.00									
DIRECTOR DECEASED APRIL 2019	0.	X						0.	0.	0 .
(8)										
_(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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JSA

	1 990 (2019)	1 1/-	=				1 1	12 1					ige 8
Рa	rt VII Section A. Officers, Directors, Tru		y Em	pic			and F	ııgı					
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per	(do r							Reportable compensation from		imated ount of	
		week (list any	box,	unles	ss pe	rson	is both	an	from	related		ther	
		hours for			_		or/trust		the	organizations		ensation	1
		related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	igh Hgh	Former	organization	(W-2/1099-MISC)		m the nization	
		below dotted	idua	utio	er	gme	est o	er	(W-2/1099-MISC)		_	related	
		line)	۲ E	nal t		loye	w ion				orga	nizations	j
			stee	rust		Ф	bens						
				ee			Highest compensated employee						
			1										
			1										
			-										
			-										
41.	Out total							_	327,417.	0.		44,38	88
10	Sub-total								0.	0.		11,50	0.
	Total from continuation sheets to Part VII, Solution Total (add lines 1b and 1c)			• •		• •			327,417.	0.		44,38	
	Total number of individuals (including but not							re				11,5	
2	reportable compensation from the organization		11036		u ai	JOVE) WIIC) 16	ceived inore man	φ100,000 OI			
		<u> </u>										Yes	No
3	Did the organization list any former offic	or directo	or or	tri	icto	م ا	, ,	mn	lovoo or highest	t componented		100	
J	employee on line 1a? If "Yes," complete Schedu										3		Χ
4	For any individual listed on line 1a, is the sorganization and related organizations greater												
	individual										4		Х
5	Did any person listed on line 1a receive or												
-	for services rendered to the organization? <i>If</i> "Yes										5		Х
Se	ction B. Independent Contractors												
1	Complete this table for your five highest com	pensated i	ndepe	ende	ent o	cont	racto	rs t	hat received more	than \$100,000 of			
	compensation from the organization. Report of	ompensati	on for	the	ca	lend	ar ye	ar e	ending with or with	nin the organization	's tax		

(A) Name and business address	(B) Description of services	(C) Compensation
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 ► 4

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Part VIII Statement of Revenue

Par	t VIII					
		Check if Schedule O contains a response or note to an	y line in this Part \ (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants mounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c				3601013 312-314
ns, Gifts Similar A	d e f	Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants,				
Contributions, Gifts, Grants and Other Similar Amounts	g	and similar amounts not included above . 1f 1,481,074. Noncash contributions included in lines 1a-1f 1g \$				
a C	h	Total. Add lines 1a-1f	1,481,074.			
ervice ue	2a b					
Program Service Revenue	c d e					
Pre	f g	All other program service revenue	0.			
	3	Investment income (including dividends, interest, and other similar amounts)	32,757.			32,757.
	5	Royalties	1,059,728.			1,059,728.
	6a b c	Gross rents 6a Less: rental expenses Rental income or (loss) 6c				
	d 7a	Net rental income or (loss) ▶ Gross amount from (i) Securities (ii) Other	0.			
en	b	sales of assets other than inventory Less: cost or other basis				
Revenue	c d	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	0.			
Other Ro	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a0.	· ·			
	b c	Less: direct expenses	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a 0.				
	b c	Less: direct expenses	0.			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less: cost of goods sold	0.			
neous	11a					
Miscellaneous Revenue	b d	All other revenue				
Ξ		Total. Add lines 11a-11d	0.			
ISA	12	Total revenue. See instructions ▶	2,573,559.			1,092,485.

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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										
<u></u>			(B)							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез					
	and domestic governments. See Part IV, line 21	955,000.	955,000.							
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	383,265.	102,795.	141,339.	139,131.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	0								
	persons described in section 4958(c)(3)(B)	136,832.	126 022							
	Other salaries and wages	130,032.	136,832.							
8	Pension plan accruals and contributions (include	0.								
_	section 401(k) and 403(b) employer contributions)	43,302.	43,302.							
	Other employee benefits	38,715.	18,758.	10,480.	9,477.					
10	Payroll taxes	30,713.	10,750.	10,100.	7/11/1					
	Fees for services (nonemployees):	0.								
	ı Management	30,155.		23,315.	6,840.					
	Accounting	78,031.		78,031.	·					
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	70,000.			70,000.					
	Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3	352,800.	169,800.	3,000.	180,000.					
12	Advertising and promotion	0.								
13	Office expenses	34,853.	20.	13,378.	21,455.					
14	Information technology	0.								
15	Royalties	0.	TO 001	46.005	40.001					
16	Occupancy	166,167.	78,081.	46,085.	42,001.					
17	Travel	25,961.	5,415.	3,331.	17,215.					
18	Payments of travel or entertainment expenses	0.								
	for any federal, state, or local public officials	23,252.	18,163.	653.	4,436.					
19	Conferences, conventions, and meetings	23,232.	10,103.	055.	1,130.					
20	Interest	0.								
21 22	Payments to affiliates Depreciation, depletion, and amortization	4,014.	4,014.							
23	Insurance	0.	-,							
24	Other expenses. Itemize expenses not covered	- 1								
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	LIST RENTAL EXPENSES	200,611.			200,611.					
b	INCOME TAXES	83,179.			83,179.					
-	DIRECT MAIL EXPENSES	262,051.			262,051.					
d	DIGITAL EXPENSES	144,525.	1,500.		143,025.					
е	All other expenses	62,587.	4,116.	10,280.	48,191.					
	Total functional expenses. Add lines 1 through 24e	3,095,300.	1,537,796.	329,892.	1,227,612.					
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									
	following SOP 98-2 (ASC 958-720)	0.								
					Form 000 (2010)					

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,903,753.	1	455,592.
	2	Savings and temporary cash investments	0.	2	2,082,757.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	408,096.	4	162,488.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
¥	9	Prepaid expenses and deferred charges	0.	9	4,357.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b	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	54,327.	14	50,313.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,366,176.	16	2,755,507.
	17	Accounts payable and accrued expenses	127,252.	17	101,430.
	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.
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	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	156,823.	25	93,717.
	26	Total liabilities. Add lines 17 through 25	284,075.	26	195,147.
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
aa	27	Net assets without donor restrictions	2,930,287.	27	2,516,546.
Ä	28	Net assets with donor restrictions	151,814.	28	43,814.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	3,082,101.	32	2,560,360.
ž	33	Total liabilities and net assets/fund balances	3,366,176.	33	2,755,507.
_					Form 990 (2019)

Form **990** (2019)

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Page **12** Form 990 (2019)

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			73,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2			95,3		
3	Revenue less expenses. Subtract line 2 from line 1	3 -521,74					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,082,101.			
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		2,5	60,3	60.	
Part	· •						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX 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?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ınt?		2c		X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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 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

ıax	() (see separate mstructions), thei	!!			
	() () () ()	anizations: Complete Part III.			
Nar	me of organization			Employer ide	ntification number
ON	WARD TOGETHER				
Pä	art I-A Complete if the o	organization is exempt under	section 501(c) or i	s a section 527 organ	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV. (see in	structions for
	definition of "political campa	aign activities")			
2	Political campaign activity e	expenditures (see instructions)		▶ \$	395,000.
3	Volunteer hours for political	campaign activities (see instruction	ns)		
	Enter the amount of any exc If the organization incurred a Was a correction made?	cise tax incurred by organization mages a section 4955 tax, did it file Form	anagers under section 4720 for this year? .	on 4955 ▶ \$	Yes No
	b If "Yes," describe in Part IV.	Employer identification number of organizations: Complete Part III.			
Ρŧ		Employer identification number R2 - 1291110			
1					
2					305 000
	Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number 82–1291110 ILPA Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions). Volunteer hours for political campaign activities (see instructions). Volunteer hours for political comparization is exempt under section 4955 (k). Ves				
3					395 000
4 5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political con-	le Form 1120-POL for this year? sand employer identification numb ts. For each organization listed, entributions received that were prom	er (EIN) of all section ter the amount paid ptly and directly de	n 527 political organiza I from the filing organiza livered to a separate po	Yes No No ations to which the filing ation's funds. Also enter olitical organization, such
	,,	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization. If
(1)		1714 FRANKLIN ST			
. ,	COLOR OF CHANGE PAC		30-0505290	50,000.	0.
(2)				,	
	EMERGE AMERICA	SAN FRAN, CA 94104	90-0787684	100,000.	0.
		UNKNOWN		,	
(υ,	CALIFORNIA	NEW YORK, NY 10185		10,000.	0.
(4)	Section 501(c)(4), (5), or (6) organizations: Complete Part III. et or organization Employer identification number 82-1291110				
	LATINO VICTORY FUND		47-1137359	50,000.	0.
	RUN FOR SOMETHING	PO BOX 75357			
. ,	POL ACTION CMTE	WASHINGTON, DC 20013	81-5222116	60,000.	0.
(6)		700 13TH STREET NW STE	31 3222110	00,000.	· · · · · · · · · · · · · · · · · · ·
(0)	SWING LEFT	WASHINGTON, DC 20005	81-5209959	50.000.	0.

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

Schedule C (Form 990 or 990-EZ) 2019

P		nplete if the org	ganizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under	
A	Check ▶	if the filing organiz			affiliated group (and excess lobbying expe		ach affiliated group mem	nber's name,	_
В	Check ▶	if the filing organiz	zation ch	ecked box A	A and "limited contro	ol" provisions app	ly.		
	(Th			ying Expendence	ditures nts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
i (Total lobbyingTotal lobbyingOther exemptTotal exempt	g expenditures to in g expenditures (ad t purpose expendit purpose expendit	nfluence ld lines 1 tures ures (add	a legislative a and 1b) d lines 1c an	ion (grassroots lobby be body (direct lobby) d 1d)	ng)			
	If the amount of	on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amount	is:			
	Not over \$500,				amount on line 1e.				
	Over \$500,000	but not over \$1,000	0,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
	Over \$1,000,00	00 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.			
	Over \$1,500,00	00 but not over \$17,	000,000	\$225,000 pl	us 5% of the excess of	over \$1,500,000.			
	Over \$17,000,0	000		\$1,000,000					
İ	h Subtract line Subtract line If there is an	1g from line 1a. If 1f from line 1c. If a amount other th	zero or le zero or le nan zero his year?	ess, enter -0 ss, enter -0- on either I		did the organiza	tion file Form 4720	Yes No	_ _ _
	(Some	organizations tha	t made a See	section 50 the separa	te instructions for I	t have to compl ines 2a through		nns below.	
_			Lobk	ying Exper	nditures During 4-Y	ear Averaging Pe	riod		_
	Calendar year beginr	(or fiscal year ning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
28	a Lobbying nonta	axable amount							
	b Lobbying ceilin (150% of line 2	-							
_	Total lobbying	expenditures							
_	d Grassroots nor	ntaxable amount							
_	Grassroots ceil (150% of line 2	•							
f	Grassroots lob	bying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019

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

'Yes," response on lines 1a through 1i below, provide in Part IV a detailed	۰ (د	a)		(b))	
of the lobbying activity.	Yes	No		Amo	unt	
the year, did the filing organization attempt to influence foreign, national, state, or local ion, including any attempt to influence public opinion on a legislative matter or dum, through the use of:						
·						
=						
	(c)(5)	, or s	ectio	n		
					Yes	N
				1		<u> </u>
				<u> </u>		<u> </u>
					3, is	
ssessments and similar amounts from members						
			1			
n 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (1			
all expenses for which the section 527(f) tax was paid).		of				
all expenses for which the section 527(f) tax was paid).		of	2a			
al expenses for which the section 527(f) tax was paid). t year		of	2a 2b			
al expenses for which the section 527(f) tax was paid). t year		of	2a 2b 2c			_
al expenses for which the section 527(f) tax was paid). t year	· · · ·	of	2a 2b			
al expenses for which the section 527(f) tax was paid). It year	es of th	of 	2a 2b 2c			
all expenses for which the section 527(f) tax was paid). It year	es of th	of ne	2a 2b 2c			
al expenses for which the section 527(f) tax was paid). It year	es of th	of 	2a 2b 2c			_ _ _
al expenses for which the section 527(f) tax was paid). It year	es of th	of	2a 2b 2c 3	II-A, li	nes	
	substantially all (90% or more) dues received nondeductible by members? organization make only in-house lobbying expenditures of \$2,000 or less? organization agree to carry over lobbying and political campaign activity expenditures fro Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	aff or management (include compensation in expenses reported on lines 1c through 1i)?. advertisements?	affor management (include compensation in expenses reported on lines 1c through 1i)?. advertisements?	aff or management (include compensation in expenses reported on lines 1c through 1i)?. advertisements?	aff or management (include compensation in expenses reported on lines 1c through 1i)?. advertisements?	aff or management (include compensation in expenses reported on lines 1c through 1i)?. advertisements?

Schedule C (Form 990 or 990-EZ) 2019

Part IV **Supplemental Information** (continued)

PART I-A LINE 1

COMMITTEE CONTRIBUTIONS

Page 4

Schedule C (Form 990 or 990-EZ) 2019 Page 4

Part IV Supplementa	I Information (continued)			
			ATTAC	HMENT 1
(A) NAME	(B) ADDRESS	(C) EIN	(D) AMOUNT PAID FROM FILING ORG	(E) AMOUNT OF POLITICAL CONTRIB. RECEIVED
TECH FOR CAMPAIGNS	25 TAYLOR ST SAN FRAN, CA 94102 700 13TH ST NW	82-0977440	25,000	
THE ARENA 527 PAC	WASHINGTON, DC 20005	82-3276502	50,000	

Schedule C (Form 990 or 990-EZ) 2019

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ONWARD TOGETHER

	ARD TOGETHER					Z-1Z911.	LU	
Pa	organizations Maintaining Donor Adv				Accou	ınts.		
	Complete if the organization answered	(a) Donor advi			/h	Funds and	other accoun	. to
	-	(a) Donor advi	seu n	urius	(D)	runus anu	Oli lei accour	11.5
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 dono							
_	funds are the organization's property, subject to the	-		-			Yes	No
6	Did the organization inform all grantees, donors,							
	only for charitable purposes and not for the bene							
	conferring impermissible private benefit?						Yes	No
Pa	rt II Conservation Easements.	d "Voo" on Form 000	Dord	1\/ line 7				
_	Complete if the organization answered							
1	Purpose(s) of conservation easements held by th		tnat					
	Preservation of land for public use (for example	le, recreation or education)	Н	Preservation				
	Protection of natural habitat		Ш	Preservation	of a cer	tified histoi	ic structure	!
_	Preservation of open space	and a supplier of a second		(the Com			
2	Complete lines 2a through 2d if the organization h	neid a qualified conserv	ation	contribution in		m of a cons		av Voor
	easement on the last day of the tax year.					neiu at tile	Eliu oi tile i	ax rear
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easemen				2b			
С.	Number of conservation easements on a certified				2c			
d	Number of conservation easements included in (· , ·						
_	historic structure listed in the National Register				2d	(1		
3	Number of conservation easements modified, tra	ansterred, released, ex	ingu	isnea, or termi	inated t	by the orga	anization d	uring the
	tax year >		_ 4 1	_				
4	Number of states where property subject to cons				ion bo	مطائمہ م		
5	Does the organization have a written policy re					_		
6	violations, and enforcement of the conservation ex						Yes	└ No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, nandling of viola	lions	, and enforcing	conserv	ation easem	ents during	the year
7	Amount of expenses incurred in monitoring, inspec	ating bandling of violatio		and anfaraing a	0000110	tion occom	onto durina	theyear
7	_	cting, nandling of violatio	л 15, c	and emorcing co	JIISEI VA	llioneasem	ents during	trie year
8	Does each conservation easement reported on line	2(d) above satisfy the re	auir.	omante of sacti	on 170/	h)///\/R)/i)		
0	and section 170(h)(4)(B)(ii)?	` '	•		,	, , , , , , , ,	Yes	□ No
9	In Part XIII, describe how the organization reports							□ NO
•	balance sheet, and include, if applicable, the text				-			ne
	organization's accounting for conservation easem		gan		iai olalo	monto that		.0
Pa	rt III Organizations Maintaining Collection	s of Art, Historical Ti	eas	ures, or Other	r Simila	ar Assets.		
	Complete if the organization answered							
1a	If the organization elected, as permitted under F	ASB ASC 958, not to	epoi	rt in its revenue	e stater	ment and h	alance she	et works
	of art, historical treasures, or other similar asse	ets held for public ext	nibitio	on, education,	or rese	earch in fu	rtherance	of public
	service, provide in Part XIII the text of the footnote							
b	If the organization elected, as permitted under fart, historical treasures, or other similar assets he	eld for public exhibition						
	provide the following amounts relating to these ite					_		
	(i) Revenue included on Form 990, Part VIII, line							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of a				assets 1	for financia	I gain, pro	vide the
	following amounts required to be reported under					. .		
a	Revenue included on Form 990, Part VIII, line 1.							
	ASSETS HICHOED III FORM MMU FAILA.							

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page **2**

Pa	rt Organizations Maintaini	ng Collections of	Art, Histor	rical Tre	asures, o	r Other	Similar Assets (continued)
3	Using the organization's acquisition	on, accession, and	other record	ds, check	any of th	e follow	ring that make sign	nificant use of its
	collection items (check all that app	ly):		_				
а	Public exhibition		d	Loan	or exchang			
b	Scholarly research		е	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ	nization's collection	s and expla	in how t	hey furthe	r the or	ganization's exemp	t purpose in Part
	XIII.							
5	During the year, did the organization						_	
	assets to be sold to raise funds rath		tained as pai	rt of the o	organizatio	n's collec	ction?	Yes No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	•	es" on Forr	n 990, F	art IV, line	e 9, or r	eported an amou	nt on Form
1a	Is the organization an agent, truste	ee, custodian or oth	er intermed	iary for c	ontribution	s or othe	r assets not	
	included on Form 990, Part X?						[Yes No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing tab	ole:			
							Amount	
С	Beginning balance					;		
d	Additions during the year							
e	Distributions during the year							
f	Ending balance Did the organization include an am						o o o o unt li abilitu ()	Vaa Na
	If "Yes," explain the arrangement i							Yes No
	rt V Endowment Funds.	II Fait Alli. Check i	iere ii tile ex	piariation	ilas beeli į	Jiovided	OII FAIT AIII	· · · · · ·
ıa	Complete if the organiza	ation answered "Y	es" on Forr	n 990. F	Part IV. line	e 10.		
	, 3	(a) Current year	(b) Prior		(c) Two ye		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains,							
·	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage			e (line 1g,	column (a)) held as	:	
а	Board designated or quasi-endown		%					
	Permanent endowment	%						
С	The research read on lines 22. 2h	. % 	4000/					
2.0	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·		tion that	ara hald a	ad admir	viotored for the	
за	Are there endowment funds not in organization by:	the possession of t	ne organiza	lion mai	are neiu ai	iu auiiii	iistered for the	Yes No
	(i) Unrelated organizations							3a(i)
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the relate							3b
4	Describe in Part XIII the intended u	•	•					
Pa	rt VI Land, Buildings, and Equ	uipment.				- 44 - (O F 000 D-	
	Complete if the organize Description of property		r other basis		or other basis			I) Book value
	_ 100p.i.o 0. proporty		stment)		ther)		eciation	., 500% 70000
1 a	Land							
b	Buildings					-		
C	Leasehold improvements							
d	Equipment					-		
	Other		m 000 Port	Y colum	1 (R) line 1	00.1		

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 99	0 Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuat	ion:
	(including name of security)		Cost or end-of-year mark	et value
	ial derivatives			
	held equity interests			
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				5
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(4)			Soot of one of your mane	01 74140
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets.			
	Complete if the organization answered		0, Part IV, line 11d. See Form 990,	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.	•		
	Complete if the organization answered line 25.	I "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
` '	DME TAXES PAYABLE			83,179.
(-)	ROLL TAXES PAYABLE			10,538.
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T (1 (0)	(1)			02 717
ı otal. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)			93,717.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Schedule D (Form 990) 2019 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,573,559.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,573,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	2,573,559.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	5 I	2,373,339.
rait /	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	al I I.	
1	Total expenses and losses per audited financial statements	1	3,095,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2 005 200
	Subtract line 2e from line 1	3	3,095,300.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	-	
	Other (Describe in Part XIII.)	40	
	Add lines 4a and 4b	4c 5	3,095,300.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	J	370737300.
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
FASB	ASC 740-10		
FOR 7	THE FISCAL YEAR ENDED MARCH 31,2020, THE ORGANIZATION HAS DOCUMENTED		
ITS	CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES		
GUII	DANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES, AND HAS DETERMINED		
THA	AT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER		
RECOO	ENITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.		

Schedule D (Form 990) 2019

82-1291110 Schedule D (Form 990) 2019 ONWARD TOGETHER Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

ONWARD TOGETHER

2

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

X | Yes

1,481,074.

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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g X In-person solicitations

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?

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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 GROSS RECEIPTS

CHAPMAN CUBINE & HUSSEY DIRECT MAIL X 60,000. -60,000.

3 SGR CONSULTING FUNDRAISING X 10,000. -10,000.

Χ

1,481,074

4

6

 7

 8

9

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.
т.	K AR CA CO CT DC FI. CA HI II.

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,

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
3					
	Gross receipts				
1 2	2 Less: Contributions				
3	Gross income (line 1 minus				
	line 2)				
4	Cash prizes				
	Noncash prizes				
	Rent/facility costs				
5					
<u> </u>	7 Food and beverages				
3 8	B Entertainment				
_					
1	Other direct expenses				
10	Direct expense summary. Add line	es 4 through 9 in colu	umn (d)	•	
	Net income summary. Subtract lir				
[1]					
art	Gaming. Complete if the orga	anization answered			reported more tha
art		anization answered e 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
art	Gaming. Complete if the orga	anization answered			(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	anization answered e 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga	anization answered e 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes	anization answered e 6a.	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	(d) Total gaming (add
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or	reported more tha (d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered e 6a. (a) Bingo	"Yes" on Form 990, I	Part IV, line 19, or (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes9	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the orga \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes9	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No	Part IV, line 19, or (c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c)
Part	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line	Yes 9 No	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line Net gaming income summary. Su	Yes 9 No Stract line 7 from line	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo "Yes% No umn (d) 1, column (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summary. Summary.	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
Part	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Noncash prizes Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the organis the organization licensed to conde	Yes	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) aming activities: s in each of these state	Part IV, line 19, or (c) Other gaming Yes% No Part IV, line 19, or	(d) Total gaming (add col. (a) through col. (c)
art	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Summary. Summary.	Yes	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) aming activities: s in each of these state	Part IV, line 19, or (c) Other gaming Yes% No Part IV, line 19, or	(d) Total gaming (add col. (a) through col. (c)
art	\$15,000 on Form 990-EZ, line \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Noncash prizes Volunteer labor Direct expense summary. Add line Net gaming income summary. Su Enter the state(s) in which the organis the organization licensed to conde	Yes	"Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d) aming activities: s in each of these state	Part IV, line 19, or (c) Other gaming Yes% No Part IV, line 19, or	(d) Total gaming (add col. (a) through col. (c

Page 2

82-1291110 ONWARD TOGETHER

	OWNED TOOLTHAN	02 12)	1110	- 2
	lule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	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 boo records:	ks and		
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to		
-	retain the state gaming license?		Yes	No
b				
~	or spent in the organization's own exempt activities during the tax year ▶ \$	a. neations		
Par		s (iii) and i	(v) and	
ı al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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

Open to Public Inspection

Employer identification number

ONWARD TOGETHER						82-129111	LO
Part I General Information on Grants an	nd Assistanc	е					
 Does the organization maintain records to state the selection criteria used to award the grant Describe in Part IV the organization's process. 	nts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COLLECTIVE FUTURE							
410 1ST ST SE WASHINGTON, DC 20003	82-3079496	501(C)(4)	10,000.				GENERAL SUPPORT
(2) COLOR OF CHANGE PAC							
1714 FRANKLIN ST OAKLAND, CA 94612	30-0505290	527	50,000.				GENERAL SUPPORT
(3) COMMON DEFENSE CIVIC ENGAGEMENT							
251 W 30TH ST STE 318 NEW YORK, NY 10001	83-3156982	501(C)(4)	20,000.				GENERAL SUPPORT
(4) EMERGE AMERICA							
351 CALIFORNIA ST SAN FRANCISCO, CA 94104	90-0787684	527	100,000.				GENERAL SUPPORT
(5) FIGHT BACK CALIFORNIA		527	10,000.				GENERAL SUPPORT
(6) FORWARD FLORIDA ACTION							
1427 PIEDMONT DR TALLAHASSEE, FL 32308	83-4380076	501(C)(4)	50,000.				GENERAL SUPPORT
(7) HIGHER HEIGHTS FOR AMERICA							
147 PRINCE STREET #30 BROOKLYN, NY 11201	45-3211706	501(C)(4)	50,000.				GENERAL SUPPORT
(8) INDEPENDENT MEDIA INSTITUTE							
18 W 21ST STREET NEW YORK, NY 10010	52-1309876	501(C)(3)	20,000.				GENERAL SUPPORT
(9) INSTITUTO POWER							
221 E INDIANOLA AVE PHOENIX, AZ 85012	83-2870376	501(C)(4)	30,000.				GENERAL SUPPORT
(10) IVOTE INC							
PO BOX 382175 CAMBRIDGE, MA 02238	46-2919706	501(C)(4)	50,000.				GENERAL SUPPORT
(11) LATINO VICTORY FUND							
700 14TH ST NW WASHINGTON, DC 20005	47-1137359	527	50,000.				GENERAL SUPPORT
(12) LATINO VICTORY PROJECT							
700 14TH ST NW WASHINGTON, DC 20005	46-4651149	501(C)(4)	25,000.				GENERAL SUPPORT
 Enter total number of section 501(c)(3) and Enter total number of other organizations lie 	•	•					

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

Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2019

Employer identification number

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ONWARD TOGETHER 82-1291110 **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 No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) REPAIRERS OF THE BREACH 1206 EAST ASH ST GOLDSBORO, NC 27530 46-3332424 501(C)(3) 50,000. GENERAL SUPPORT (2) RUN FOR SOMETHING PAC 81-5222116 PO BOX 75357 WASHINGTON, DC 20013 60,000. GENERAL SUPPORT (3) RUN FOR SOMETHING ACTION FUND PO BOX 75357 WASHINGTON, DC 20013 81-4761176 501(C)(4) 35,000 GENERAL SUPPORT (4) SIXTEEN THIRTY FUND 1201 CONN. AVE NW WASHINGTON, DC 20036 26-4486735 501(C)(4) 50,000. TRAINING (5) STATE ENGAGEMENT FUND 1401 K ST NW #700 WASHINGTON, DC 20005 81-0865943 501(C)(4) 20,000. GENERAL SUPPORT (6) SWING LEFT 700 13TH ST NW WASHINGTON, DC 20005 81-5209959 527 50,000 GENERAL SUPPORT (7) TECH FOR CAMPAIGNS 25 TAYLOR ST SAN FRANCISCO, CA 94102 82-0977440 527 25,000. GENERAL SUPPORT (8) THE ARENA 700 13TH ST NW WASHINGTON, DC 20005 81-5171259 501(C)(4) 25,000. GENERAL SUPPORT (9) THE ARENA 527 PAC 700 13TH ST NW WASHINGTON, DC 20005 82-3276502 527 50,000. GENERAL SUPPORT (10) TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129 94-3153687 501(C)(4) 25,000. ISSUE ADVOCACY (11) VOTO LATINO 1300 L ST NW WASHINGTON, DC 20005 20-1350252 501(C)(3) 60,000. GENERAL SUPPORT (12) WOMMEN'S CENTER FOR CREATIVE WORK 2425 GLOVER PL LOS ANGELES, CA 90031 47-3461777 501(C)(3) 30,000. GENERAL SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

ONWARD TOGETHER						82-129111	.0
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ints or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SIXTEEN THIRTY FUND 1201 CONN. AVE NW WASHINGTON, DC 20036	26-4486735	501(C)(4)	10,000.				ISSUE ADVOCACY
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations I							4.

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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 I (Form 990) (2019)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ONWARD TOGETHER

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

Employer identification number 82-1291110

PART VI, SECTION 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

PART VI, SECTION B, LINE 12C

PREPARED BY AN OUTSIDE CPA FIRM.

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

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

UNDERSTANDING AND COMPLYING WITH THE POLICY.

PART VI SECTION C, LINE 19

THE ORGANIZATION PROVIDES COPIES OF THE FORM 990 UPON REQUEST.

ATTACHMENT

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CO, CT,

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

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

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

JSA 9E1227 1.000

Name of the organization	Employer identification number					
ONWARD TOGETHER	82-1291110					
	ATTACHMENT 2					

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ELIZABETH ZARETSKY 790 ST JOHNS PL #1A BROOKLYN, NY 11216	DIGITAL SERVICES	103,000.
ACTION MAILING 90 COMMERCE DRIVE ASTON, PA 19014	DIRECT MAIL	130,629.
QCT PRODUCTIONS LLC 2000 15TH ST N #550 ARLINGTON, VA 22201	DIRECT MAIL	174,450.
CHAPMAN CUBINE AND HUSSEY 2000 15TH ST N #550 ARLINGTON, VA 22201	DIRECT MAIL	123,818.

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
COMPLIANCE	51,000.		3,000.	48,000.
DIGITAL	132,000.			132,000.
RESEARCH	45,000.	45,000.		
STRATEGY	124,800.	124,800.		
TOTALS	352,800.	169,800.	3,000.	180,000.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public
Inspection

Name of the organization
ONWARD TOGETHER
82-1291110

(a)	4.5				
Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	12(b)(13) olled	
							Yes	No
(1) ONWARD TOGETHER COMMITTEE	35-2628726							
PO BOX 5256 NEW YORK, 1	NY 10185	FEDERAL SSF	NY	527		ONWRD TOGTHR	X	
(2) ONWARD TOGETHER FOUNDATION	84-2986757							
PO BOX 5256 NEW YORK, I	NY 10185	EDUCATION	NY	501(C)(3)	7	ONWRD TOGTHR	X	
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

Part III	because it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d)(e) (f) (g) (h) (i) (j)											
Nar	(a) ne, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V - UBI	(j) General or	Р	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropi alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		oountry)		,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

Schedule R (Form 990) 2019 Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: 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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		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 three	shold	s.	
	(a)(b)(c)Name of related organizationTransactionAmount involvedMethod	(d) of dete	erminin	na
		unt invo		9
	27/2			
(1)	N/A			
(2)				
(2)				
(3)				
(3)				
(4)				
`''				
(5)				
(6)				

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Part V

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Schedule R (Form 990) 2019

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreign country) unrela		unrelated, excluded	(d) Predominant ncome (related, excluded from tax under			(g) Share of end-of-year assets	Disprop	(h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)	man: part	ner?	(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2019

Page 4

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Schedule R (Form 990) 2019 Page 5

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

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172 20**19**

Attachment Sequence No. 179

82-1291110

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

ONWARD TOGETHER

Identifying number

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. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property (business/investment use (f) Method placed in only - see instructions) service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs. S/I 27.5 yrs. MMS/L h Residential rental ММ S/L 27.5 yrs. property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I **c** 30-year 30 yrs. MMS/L

Listed property. Enter amount from line 28

Part IV Summary (See instructions.)

d 40-year

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

MM

S/I

40 yrs.

Form 4562 (2019)

82-1291110 Property (Include automobiles, certain other vehicles, certain aircraft, and property used 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 (e) (b) (i) (h) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 investment use (business/investment vehicles first) Convention deduction cost in service percentage 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 Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/L -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 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. (c) Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year. 32 Total other personal (noncommuting) 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal 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. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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 (e) (b) (c) (d) (a) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2019 tax year (see instructions):

Form 4562 (2019)

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Amortization of costs that began before your 2019 tax year

Total. Add amounts in column (f). See the instructions for where to report

4,014

4,014

Description of Property GENERAL DEPRECIATION

ח	FI	٦I	RΙ	F	CI	Δ	TI	O	N
_		- 1	•	_		-		.,	ıv

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
ess: Retired Assets															
ubtotals															
isted Property															
isted i Toperty															
ess: Retired Assets															
ubtotals															
OTALS															
MORTIZATION															
	Date placed in	Cost or					Acquesidatad	Ending Accumulated amortization							Current ves
Asset description	service	basis					amortization	amortization	Code	Life					Current-year amortization

•					
Asset description	Date placed in service	Cost or basis	Accumu	Ending ated Accumulate tion amortization	
ONWARDTOGETHER.COM	05/11/2017	12,607.	1,	10. 2,450	. A1
ONWARDTOGETHER.NET	05/11/2017	12,608.	1,	11. 2,452	. A19
TRADEMARK	05/04/2017	10,000.	1,	78. 1,945	. A19
ONWARDTOGETHER.ORG	04/18/2018	12,500.		64. 1,597	. A19
ONWARDTOGETHER.ORG	06/18/2018	12,500.		25. 1,458	. A19
OTALS		60,215.	5,	88. 9,902	

Current-year amortization
840.
841.
667.
833.
833.
4,014.

*Assets Retired

JSA 9X9024 1.000

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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Name of exempt organization or other filer, see instructions. Type or 82-1291110 print Onward Together Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 120 W. 45th Street, Suite 2700 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. New York NY 10036 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Code Is For is For Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 04 Form 5227 Form 990-PF 11 05 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 06 Form 990-T (trust other than above) • The books are in the care of ▶ Jessica Wen Fax No. ► 646-828-9968 Telephone No. ▶ • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ 🗌 . If it is for part of the group, check this box ▶ 🧻 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until _____February 15 _____, 20 ___21_, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► ☐ calendar year 20 or ▶ ☑ tax year beginning April 01 , 20 19 , and ending March 31 , 20 20 . If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a |\$ any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 3c |\$ using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.