#### DLN: 93493324000400

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

2018

OMB No. 1545-0047

Department of the Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

A Fo	or the	e <b>2019</b> c	alendar year, or tax year beginning 01-01-2018 , and ending 12-31	L-2018					
3 Che	ck if a	pplicable:	C Name of organization RACE FORWARD		D Employ	er ident	tification number		
		change	NACE FORWARD		94-275	9879			
□ Nai		-	Doing business as		—				
	tial ret	urn n/terminated							
		return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephor	ne numbe	er		
□ Арі	plication	on pending	145 E 57TH ST 4TH FLOOR		(212) 5	13-792	:5		
			City or town, state or province, country, and ZIP or foreign postal code						
			NEW YORK, NY 10022		<b>G</b> Gross re	ceipts \$	10,074,556		
			<b>F</b> Name and address of principal officer:	H(a) Is	this a group re	turn for	r		
			GLENN HARRIS 145 E 57TH ST 4TH FLOOR	su	ıbordinates?		□Yes <b>☑</b> No		
			NEW YORK, NY 10022		e all subordinat cluded?	tes	☐ Yes ☐No		
[ Tax	x-exen	npt status:	☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		"No," attach a	list. (se			
J W	ebsit	e:▶ WW	/W.RACEFORWARD.ORG		roup exemption	•	•		
<b>∢</b> Forn	n of or	ganization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of fo	ormation: 1981	M Stat	e of legal domicile: CA		
			·						
Pa	art I	Sum	mary						
			cribe the organization's mission or most significant activities: WARD CATALYZES RACIAL JUSTICE MOVEMENT BUILDING. WE BUILD STR.	ATECIEC I	N DADTNEDCHT	D WITH	COMMUNITIES		
e e			WARD CATALTZES RACIAL JUSTICE MOVEMENT BUILDING. WE BUILD STR ATIONS, AND SECTORS TO ADVANCE RACIAL JUSTICE IN OUR POLICIES, II				COMMUNITIES,		
<u>=</u>	-		,		,				
Ĕ	-								
e Ac	_	Charlette	is box $lacktriangle$ if the organization discontinued its operations or disposed of m		250/ -5:1				
5			is box <b>&gt;</b> in the organization discontinued its operations or disposed of molecular members of the governing body (Part VI, line 1a)	ore than 2	25% or its net a	issets. 3	.   12		
Activities & Governance	l		of independent voting members of the governing body (Part VI, line 1b)		_	4			
e e	l		nber of individuals employed in calendar year 2018 (Part V, line 2a)			5			
	l		nber of volunteers (estimate if necessary)		• •	6			
Ac			•			72			
	l		elated business revenue from Part VIII, column (C), line 12		•	7 t			
	В	Net unrei	ated business taxable income from Form 990-T, line 34	<del></del>	D.:				
					Prior Year		Current Year		
ġ	l		ions and grants (Part VIII, line 1h)		14,367,		6,741,918		
Rəvenue	l	_	service revenue (Part VIII, line 2g)		1,201,		3,224,59		
æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)			889	9,528		
	l		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			212	98,51		
	_		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,578,		10,074,55		
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0	865,000		
			paid to or for members (Part IX, column (A), line 4)	nn (A), line 4)					
&	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,452,	840	5,590,77		
ens	<b>1</b> 6a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0			
Expenses	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶407,403						
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,867,	454	4,035,14		
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,320,	294	10,490,919		
	19	Revenue	less expenses. Subtract line 18 from line 12		10,258,	590	-416,36		
or Ses				Beginn	ning of Current Y	'ear	End of Year		
an Ka									
Net Assets or Fund Balances	l		ets (Part X, line 16)		14,964,		15,308,96		
E P	l		ilities (Part X, line 26)		316,		1,081,39		
Z 1 <u>I</u>	22	_	s or fund balances. Subtract line 21 from line 20		14,647,	970	14,227,56		
	rt II		ature Block				- 4b - b - 4 - 5		
			erjury, I declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than offic						
any k	nowle	edge.							
		*****	*		2020-11-19				
c:		Signati	ure of officer		Date				
Sign Here		L BANDA	LL CARLEY UP OF FINANCE AND ADMIN						
			ILL OAKLEY VP OF FINANCE AND ADMIN r print name and title						
		17	·	ate T		PTIN			
Paic	1	[		020-11-19		P004460	23		
		,   <sub> </sub>	irm's name ► MITCHELL & TITUS LLP		Firm's EIN ► 13-	-278164:	1		
	pare	;ı  .,			- 10				
use	On	יע   ד	irm's address ▶ 80 PINE STREET 32 FL		Phone no. (212)	709-450	0		
			NEW YORK, NY 10005						
May t	he IR	S discuss	this return with the preparer shown above? (see instructions)			<b>✓</b>	Yes 🗆 No		
•			• • • • • • • • • • • • • • • • • • • •						

Form	990 (2	2018)				Page <b>2</b>
Pa	rt III	Statement of Program S	Service Accomplis	hments		
		Check if Schedule O contains	response or note to	any line in this Part III		🗹
1	Briefly	y describe the organization's mi	ssion:			
		ARD CATALYZES RACIAL JUSTI IONS, AND SECTORS TO ADVAI			GIES IN PARTNERSHIP WITH COMM ITUTIONS, AND CULTURE.	UNITIES,
2	Did th	ne organization undertake any s	gnificant program ser	vices during the year w	hich were not listed on	
	the pr	rior Form 990 or 990-EZ? .				☐ Yes ☑ No
	If "Ye	s," describe these new services	on Schedule O.			
3	Did th	ne organization cease conducting	g, or make significant	changes in how it condu	ucts, any program	
		res?				☐ Yes ☑ No
4	Descr Section	ibe the organization's program	service accomplishmen inizations are required	I to report the amount o	largest program services, as measu of grants and allocations to others, t	
4a	(Code:	: ) (Expenses	\$ 8,115,378	including grants of \$	865,000 ) (Revenue \$	3,224,594 )
	•	dditional Data	, -,,	, , , , , , , , , , , , , , , , , , ,	, (	-,,
4b	(Code:	: ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4c	(Code:	: ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4d		program services (Describe in	Schedule O.) including grants of	\$	) (Revenue \$	)
4e	Total	program service expenses	8,115,3	178		

	990 (2018)			Page 3
Pai	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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	4	Yes	
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		No
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?	_		No
_	If "Yes," complete Schedule D, Part I 2	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8		No
9	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

orm	990 (2018)			Page <b>4</b>
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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		No
	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		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\cdot$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				

35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
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		No			
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		No			
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		No			
38	B Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O						
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance						
		ĺ	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   102						

**b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .  ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Yes Form **990** (2018) e 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 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b a Gross income from members or shareholders . . . . . . . 11a

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . . **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b

11 Section 501(c)(12) organizations. Enter: 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans . . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . Nο

Form 990 (2018)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

01111	556 (2010)			rage				
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to i	lines ✓				
Se	ction A. Governing Body and Management							
_			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	${f b}$ Each committee with authority to act on behalf of the governing body?							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No				
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code						
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No				
115		105						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	161						
<b>C</b> ^	ection C. Disclosure	16b						
<u> </u>	List the States with which a copy of this Form 990 is required to be filed▶							
18	CA , NY  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s							
	only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶RANDALL OAKLEY 145 E 57TH ST 4TH FLOOR NEW YORK, NY 10022 (212) 513-7925							

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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, or 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

Check this box if neither the organization no	r any related o	raanizat	ion c	omn	anc	ated a	anv (	current officer dire	ctor or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Positio tha pers	n (do an on on is	(C) not e both	) t che ox, u h an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) RICHARD HEALEY DIRECTOR (THRU SEP 2018)	1.00	Х						0	0	0
(2) LORI BEZAHLER CHAIRPERSON	0.00	х		х				0	0	0
(3) DIANNE YAMASHIRO-OMI	1.00			x				0	0	0
VICE CHAIR	0.00							9	3	
(4) SUSAN SMITH-RICHARDSON DIRECTOR	0.00	Х						0	0	0
(5) RON SHIFFMAN DIRECTOR	1.00	Х						0	0	0
(6) ANDY SHALLAL DIRECTOR	0.00	Х						0	0	0
(7) RAMON RAMIREZ DIRECTOR	1.00	Х						0	0	0
(8) CHRIS RABB DIRECTOR	1.00	х						0	0	0
(9) JOHN POWELL DIRECTOR	1.00	х						0	0	0
(10) KAVITHA MEDIRATTA	1.00							0	0	0
DIRECTOR (11) RICHARD KIM	0.00 1.00	X						0	0	0
DIRECTOR (12) LEEANN HALL	0.00 1.00			_				0	0	0
TREASURER	0.00	Х		×				0	0	
(13) SCOTT NAKAGAWA	1.00	x		×				0	0	0
SECRETARY	0.00 40.00									
(14) MICHELL SPEIGHT CHIEF OF STAFF	0.00			х				137,146	0	25,162
(15) PAULETTE MARTIN SR VP, FINANCE & ADMIN	40.00			x				140,150	0	20,374
(16) GLENN HARRIS PRESIDENT & ED	40.00			х				91,308	91,308	22,522
(17) ROSA ANNA CRUZ  VP MOVEMENT & CAPACITY	40.00					х		113,052	0	22,941

Part VII

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

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι in of	t ch unle: ficer	and a	son	(D) Reportab compensat from the organization	ion e (W-	(E) Reportable compensation from relate organization	on d ns	Estim amount of compen from	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- 2/1099-MI:	SC)	(W- 2/1099 MISC)	related organizatio			
	AKIBA SOLOMON	40.00					Х		10	)4,295		0		17,840	
	DITORIAL DIRECTOR TERRENCE KELEHER	0.00 40.00													
·	JEHT LEADERSHIP AND PRACTICAL SPECIALIST						Х		10	1,463		0		30,567	
							<u> </u>					$\perp$			
	Sub-Total			•	•	,	-								
	Total (add lines 1b and 1c)	•				,	-		687,414		91,30	8		139,406	
2	Total number of individuals (including but of reportable compensation from the orga		those li	sted a	abov	/e) v	vho re	ceiv	ed more than	\$100	,000				
													Yes	No	
3	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>	•					•	nighe •	est compensa	ted er	nployee on	3		No	
4	For any individual listed on line 1a, is the organization and related organizations gr										ne	3		INO	
	individual		•	•	•	•	•	•		•		4	Yes		
5	Did any person listed on line 1a receive of services rendered to the organization? If	•						_	-	individ	lual for • •	5		No	
	ection B. Independent Contractors														
1	Complete this table for your five highest from the organization. Report compensations											npen	sation		
(A) (B) Name and business address Description of services									(C Comper						
												-			

		Statement of	Povonuo								Page <b>9</b>
Part	۷II			a recn	onse or note to an	/ line in this Part VIII					🗆
		CHECK II SCHOOL	e o contains	a respi	or flore to unit	(A) Total revenue	Re e fu	(B) lated or xempt inction	(C) Unrelated business revenue	e	(D) Revenue excluded from under sections
	1	a Federated campaig	ns	1a	<u> </u>		re	evenue			512 - 514
nts nts		<b>b</b> Membership dues		1b	<u>                                     </u>						
irai 10u		c Fundraising events		1c	<u>                                     </u>						
S, G An		d Related organizatio		1d	<u>                                     </u>						
Giff		e Government grants (co		1e	<u> </u> 						
ns,		f All other contributions,		_ <del>_</del> _	<u>                                     </u>						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts no above		1f	6,741,918						
Contributions, Gifts, Grants and Other Similar Amounts		· -									
<u>ت ة</u>		<b>h Total.</b> Add lines 1a-	-1r	•	>	6,741,918					
e n		FFFG AND CONTRACTO			Busines		68,542	1,668	542	$\rightarrow$	
Nen		FEES AND CONTRACTS	(ENTO				556,052	1,556		$\rightarrow$	
_a≥	t	SPONSORSHIPS AND EV	/ENIS			1,-	730,032	1,550	,032	$\rightarrow$	
Ä,Č	c			_						$\rightarrow$	
₹	C	d		_						_	
ran		• • • • • • • • • • • • • • • • • • •									
Program Service Revenue		f All other program se			3,	224,594	•		•		
		JTotal. Add lines 2a-2			<b>•</b>	1	1				
		Investment income (in similar amounts) .				9,52	8				9,528
	4	Income from investme	ent of tax-exe	empt b	ond proceeds	•					
	5	Royalties				•	ļ			$\bot$	
	۵.	a Gross rents	(i) Rea	ı	(ii) Personal						
	Uč	a Gross rents		21,025							
	ı	<b>b</b> Less: rental expenses		0							
	•	c Rental income or (loss)		21,025							
		d Net rental income o	r (loss)		· · · •	21,02	5	21,025			
			(i) Securi	ties	(ii) Other					$\top$	
	78	a Gross amount from sales of									
		assets other than inventory									
	ı	<b>b</b> Less: cost or									
		other basis and sales expenses									
		C Gain or (loss)				_					
		d Net gain or (loss) .			<b>•</b>					+	
<u>a</u>	0	Gross income from for the following forms of the following \$		of							
E E		contributions reporte See Part IV, line 18			}						
چ	ı	<b>b</b> Less: direct expense:		b		_					
Other Revenue	•	c Net income or (loss)	from fundrais	sing ev	rents •						
∯	98	Gross income from g See Part IV, line 19		ies.							
		See Fairty, inte 15		а							
	ı	${f b}$ Less: direct expense:	s	b							
		c Net income or (loss)		activit	ies <b>&gt;</b>	_				$\perp$	
	10	aGross sales of invent returns and allowand									
				а							
		<b>b</b> Less: cost of goods s		b							
	•	Net income or (loss)  Miscellaneous		finvent						+	
	11	1a <sub>MISCELL</sub> ANEOUS	кечепие		Business Code		1				77,491
		11100ELEANLOUS									.,
	ı	ь					1			+	
		с					+			+	
	•	d All other revenue .					+			+	
	•	<b>e Total.</b> Add lines 11a	-11d		•	77,49	1			$\top$	
	12	<b>2 Total revenue.</b> See	Instructions.			10,074,55		3,245,619		0	87,019
						10,074,55	<u>~I</u>	3,243,619			07,019

Forr	n 990 (2018)				Page <b>10</b>
	Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	lete column (A).	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	865,000	865,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	425,858	257,906	157,649	10,303
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,011,068	2,985,112	779,281	246,675
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	804,192	565,256	184,509	54,427
10	Payroll taxes	349,655	249,181	78,098	22,376
11	Fees for services (non-employees):				
a	Management				
ŀ	Legal	119,599	1,500	118,099	
c	Accounting	169,050		169,050	
c	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,405,955	1,258,481	108,736	38,738
12	Advertising and promotion	3,053	2,601	362	90
13	Office expenses	614,599	509,804	93,829	10,966
14	Information technology	89,721	76,552	8,006	5,163
	Royalties				
16	Occupancy	92,306	75,691	10,154	6,461
17	Travel	287,592	228,426	56,447	2,719
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	934,920	900,314	33,037	1,569
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,049	38,581	5,175	3,293
23	Insurance	28,697		28,697	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MISCELLANEOUS	105,481	12,342	91,996	1,143
	b SPONSORSHIPS	71,085	67,987	2,000	1,098
	c DUES, FEES AND OTHER	58,112	18,052	38,272	1,788
	d STAFF DEVELOPMENT	7,927	2,592	4,741	594

10,490,919

8,115,378

1,968,138

407,403

Form **990** (2018)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

**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 ► ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2018)

2

3

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

3,319,994

10,352,975

60,663

28.599

1,181,627

365,102

5,822

1.081.396

2.375.191

11,852,373

14,227,564

15,308,960

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15.308.960 1,075,574

End of year

Beginning of year

1,561,981

380,354

3,453,996

10,267,996

72,238

3.037

21.374

1,146,304

14.964.945

297,476

19,499

316.975

2.252.656

12,395,314

14.647.970

14,964,945

1

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17 18

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24 25

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31 32

33

34

0 15 Page **11** 

Cash-non-interest-bearing . Savings and temporary cash investments . . . Pledges and grants receivable, net . .

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

trustees, key employees, and highest compensated employees. Complete

Accounts receivable, net . Loans and other receivables from current and former officers, directors, Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . . . Assets Notes and loans receivable, net .

Inventories for sale or use .

Prepaid expenses and deferred charges 10a

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation

10b

Investments—publicly traded securities . Investments-program-related. See Part IV, line 11 Intangible assets . . . . .

11 Investments—other securities. See Part IV, line 11 . Other assets. See Part IV, line 11 .

12 13 14 15 16 17 Accounts payable and accrued expenses

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . Grants payable . .

18 19 Deferred revenue . . . . 20 Tax-exempt bond liabilities . . .

21 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .

23

Secured mortgages and notes payable to unrelated third parties 24

and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

26

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Nο

Form 990 (2018)

3h

Audit Act and OMB Circular A-133? 3a

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

# **Additional Data**

# Software Version:

**EIN:** 94-2759879

Software ID:

Name: RACE FORWARD

Г	000 (2010)	

SEE SCHEDULE O.

Form 990 (2018)

Form 990, Part III, Line 4a:

етне	GKA	APHIC brit	nt - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493324000400
	<b>IED</b> n 990	ULE A			Charity Statu			I	2018
0E	Z)				4947(a)(1) nonexe ► Attach to Form 9	mpt charitable	trust.		2010
		the Treasury	▶ (	Go to <u>s</u>	www.irs.gov/Forms				Open to Public Inspection
ıme	Reven of the ORWA	<del>ue Service</del> ne organiza RD	tion					Employer identific	<u> </u>
								94-2759879	
	t I		for Public Charity a private foundation be					See instructions.	
	ganiz		onvention of churches		•	•		(Δ)(i).	
2		,	scribed in section 17					()(-)-	
}			or a cooperative hospit			,	, ,	iii).	
Ļ		·	esearch organization o		-			-	nter the hospital's
	_	name, city,	and state:ation operated for the	hanafit	of a college or univer	sity owned or or	perated by a gov	ernmental unit descri	hed in section 170
	Ш	(b)(1)(A)	( <b>iv).</b> (Complete Part II	[.)	_		-		bed in Section 170
•		•	tate, or local governm					, ,	
,	✓		ation that normally rec ( <b>0(b)(1)(A)(vi).</b> (Cor			s support from a	governmental u	nit or from the gener	al public described in
3		A communi	ty trust described in <b>s</b> e	ection	170(b)(1)(A)(vi).	(Complete Part I	I.)		
1			ural research organizat ant college of agricult						ege or university or a
		from activit investment	ation that normally rec ies related to its exem income and unrelated See section 509(a)(2	pt fund busine	ctions—subject to cert ess taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
			ation organized and op			r public safety. S	ee section 509	(a)(4).	
		more public	ation organized and op ly supported organiza through 12d that des	tions d	escribed in section 5	<b>09(a)(1)</b> or sec	tion 509(a)(2	). See section 509(a	
		<b>Type I.</b> A so	supporting organization n(s) the power to regu Part IV, Sections A a	n opera Ilarly a	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
		manageme	supporting organization or the supporting or plete Part IV, Section	ganiza	tion vested in the san				
			unctionally integrate						ted with, its
l		Type III n	organization(s) (see in on-functionally inter integrated. The organ i). You must complet	<b>grate</b> o	I. A supporting organi generally must satis	zation operated i fy a distribution i	in connection wi	th its supported orgar	
		Check this	box if the organization	receiv	ed a written determin	ation from the I	RS that it is a Ty	pe I, Type II, Type II	I functionally
F	Enter		or Type III non-function of supported organization			-			
	Provid	de the follow	ing information about			s).			
	(i) N	lame of supp organizatior		IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
tal									
	aperv	vork Reduc	tion Act Notice, see	the In	structions for	Cat. No. 11285	iF :	Schedule A (Form 9	90 or 990-EZ) 201

	Part II Support Schedule for	Organizations	Described in S	ections 170(b)	)(1)(A)(iv), 17	0(b)(1	L)(A)(vi)	, and 170	
	(b)(1)(A)(ix)								
	(Complete only if you ch						to qualify	under Part	
_	III. If the organization for Section A. Public Support	ans to quanty un	der the tests list	ed below, pleas	e complete Part	111.)			
	Calendar year	(-) 2014	(1-) 2015	(-) 2016	(4) 2017	(-) (	2010		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2	2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not	1,682,466	4,591,955	3,016,125	14,367,624	1	6,741,918	30,400,088	
	include any "unusual grant.")	_,,	.,	5,513,125	_ ,,,,,,,,		.,,		
2	Tax revenues levied for the								
	organization's benefit and either paid to or expended on its behalf								
	· · · ·								
3	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
4	<b>Total.</b> Add lines 1 through 3	1,682,466	4,591,955	3,016,125	14,367,624	-	6,741,918	30,400,088	
5	The portion of total contributions by								
	each person (other than a governmental unit or publicly								
	supported organization) included on							17,226,570	
	line 1 that exceeds 2% of the								
	amount shown on line 11, column (f)								
6	Public support. Subtract line 5							13,173,518	
_	from line 4.								
	Section B. Total Support  Calendar year								
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	(e)2	:018	(f)Total	
7	Amounts from line 4	1,682,466	4,591,955	3,016,125	14,367,624	ı	6,741,918	30,400,088	
8	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and	24,388	12,330	38,492	5,889		9,528	90,627	
	income from similar sources.								
9									
	activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)	16,285	13,264	2,191	3,839		77,491	113,070	
11								30,603,785	
	10								
	Gross receipts from related activities,					12		7,462,196	
13	First five years. If the Form 990 is for	-			•			nization,	
	check this box and <b>stop here</b>			<del></del>			<u>▶⊔</u>		
	Section C. Computation of Publi		_						
	Public support percentage for 2018 (li					14		43.050 %	
	Public support percentage for 2017 Sc					15	la a alla Alla da Ila	37.990 %	
16	a 33 1/3% support test—2018. If the								
	and stop here. The organization qual 33 1/3% support test—2017. If the								
'	box and <b>stop here.</b> The organization	_		•			•		
17	a 10%-facts-and-circumstances tes	t— <b>2018.</b> If the ord	ganization did not o	anization check a box on line		and line	 . <b>1</b> 4	. 🏲 🗀	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstance	s" test, check this	box and stop her	e. Expla	ain		
	in Part VI how the organization meets	the "facts-and-cire	cumstances" test. <sup>-</sup>	The organization q	ualifies as a public	ly suppo	orted		
	organization							▶□	
ı	10%-facts-and-circumstances te 15 is 10% or more, and if the organi						na line		
	Explain in Part VI how the organization						cly		
	supported organization							▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see			
	instructions						<u></u>	▶□	

Page 2

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	16					
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c.

8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . c Excess from 2016. . . . .

### **Additional Data**

### Software ID:

Software Version: **EIN:** 94-2759879

Name: RACE FORWARD

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; rt V, line 1; Part V, Section B, line 1e; Part V this part for any additional information. (See

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Par
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete t instructions).
·
Facts And Circumstances Test

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# Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493324000400

Inspection

Department of the Treasury Internal Revenue Service

EZ)

2

5

SCHEDULE C (Form 990 or 990-

▶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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** RACE FORWARD 94-2759879 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

Schedule C (Form 990 or 990-EZ) 2018

d

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Page 2

	expenses, and share of excess lobbyin		•				
<u>B</u>	Check ▶ ☐ if the filing organization checked box.  Limits on Lobbying			ovisions apply.		a) Filing anization's	(b) Affiliated group totals
	(The term "expenditures" means			red.)	5/9	totals	group totals
	Total lobbying expenditures to influence public opini	ion (grass	roots lobbying)				
	Total lobbying expenditures to influence a legislative						
	Total lobbying expenditures (add lines 1a and 1b)		0				
d	Other exempt purpose expenditures		8,115,378				
e	Total exempt purpose expenditures (add lines 1c an		8,115,378				
	Lobbying nontaxable amount. Enter the amount from columns.		555,769				
	If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxal	ole amount is:			
	Not over \$500,000	20% of th	e amount on line 1	e.	i		
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the ex	cess over \$500,000	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the ex	cess over \$1,000,0	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000	plus 5% of the exc	ess over \$1,500,00	00.		
	Over \$17,000,000	\$1,000,00	00.		<del>-  </del>		
		l					
g	Grassroots nontaxable amount (enter 25% of line 16	f)				138,942	
h	Subtract line 1g from line 1a. If zero or less, enter -	-0				0	
i	Subtract line 1f from line 1c. If zero or less, enter -0	0				0	
j	If there is an amount other than zero on either line section 4911 tax for this year?		,				] Yes ☐ No
	4-Vear Δ	veragin	a Period Und	er section 50	1(h)		
	(Some organizations that made a columns below. See t	section	501(h) elect	ion do not ha	ive to comple		ve
_	Lobbying Exp	enditur	es During 4-1	ear Averagin	ng Period		
	Calendar year (or fiscal year beginning in)		(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total
2a	Lobbying nontaxable amount		265,174	305,070	314,329	555,769	1,440,342
b	Lobbying ceiling amount (150% of line 2a, column(e))						2,160,513
c	Total lobbying expenditures		0	0	0	0	

66,294

76,268

360,086

540,129

78,582

138,942

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)(	(b)
activi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amoun
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectio	
	501(c)(6).			Yes
	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?			Yes I
· }	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		1 	Yes I
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		3	Yes I
	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o		Yes I
l 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o		Yes I
l 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	(5), o		Yes I
ar	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A,		Yes I
ar	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A,		Yes I
ar a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A,		Yes I
a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A,		Yes I
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A, l l l l l l l l l l l l l l l l l l l		Yes I
l 2 3 Par l 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A,		Yes I

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

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## Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, ► Attach to Form 990.

DLN: 93493324000400 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** RACE FORWARD 94-2759879 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) . . . . . 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . □ <sub>Yes</sub> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2018

Part	***	Organizations Ma	aintaining Col	lections o	of Art, His	toric	al Tr	easu	ires, or	Other	Similar A	ssets (ca	ontinued	1)
3		the organization's acq (check all that apply):		n, and other	records, ch	eck ar	ny of t	he fo	llowing th	nat are a	significant	use of its	collectio	n
а		Public exhibition				d		Loan	or excha	nge prog	ırams			
b		Scholarly research				e		Other	r					
c		Preservation for future	e generations											
4	Provid Part X	de a description of the	_	lections and	explain hov	w they	furth	er the	e organiza	ation's ex	kempt purpo	ose in		
5	Durin	g the year, did the org s to be sold to raise fur										☐ Yes	. $\Box$	No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	990,	Part	IV, li	ne 9, or	reporte	ed an amo			
1a	Is the	e organization an agent led on Form 990, Part )	, trustee, custodia X?	an or other	intermediary	y for c	ontrib	ution:	s or othe	r assets 	not	☐ Yes	: <b></b>	No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the follow	wina ta	able:		Γ			mount		
c		ning balance				_				1c				
d	-	ions during the year .								1d				
e		butions during the year							<u> </u>	1e				
f	Endin	g balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990. Par	t X. line 21.	for es	scrow	or cu	stodial ad	count lia	ability?	□ Ves	П	No
		s," explain the arrange									-	_	_	140
	t V	Endowment Fund												
				(a)Curren		(b)Pric					(d)Three ye		(e)Four y	ears back
<b>1</b> a B	Beginn	ing of year balance .												
b	Contrib	outions												
c i	Net inv	estment earnings, gair	ns, and losses											
d (	Grants	or scholarships												
		expenditures for facilitie ograms	es											
f /	Admini	strative expenses .												
g E	End of	year balance												
2		de the estimated perce			l balance (lir	ne 1g,	colur	nn (a)	)) held as	:				
а	Board	l designated or quasi-e	ndowment 🟲											
b	Perma	anent endowment ►												
c	Temp	orarily restricted endov	wment ►											
		ercentages on lines 2a	•	•										
3a		nere endowment funds lization by:	not in the posses	sion of the	organization	that a	are he	eld and	d adminis	stered fo	r the		Va	o No
	-	nrelated organizations										3a	(i) Ye	s No
	• •	elated organizations .										3a(		
b	• •	s" on 3a(ii), are the rel			equired on s	Sched	ule R?					. 3		
4	Descr	ibe in Part XIII the inte	ended uses of the	organizatio	n's endowm	ent fu	nds.							
Par	t VI	Land, Buildings,									000			· · · · · · · · · · · · · · · · · · ·
	Docari	Complete if the organized	ganization answ (a) Cost or oth		" on Form (b) Cost or o			_			rm 990, Pa lepreciation		⊇ 10. I) Book v	alue
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost of t	ouner D	usis (0	uiei)	(C) ACC	muiateu (	iepreciation		, book v	anue
<b>1</b> a l	and						6	0,000						60,000
b E	Buildin	gs					1,31	1,667			315,345			996,322
<b>c</b> l	_easeh	old improvements					3	5,262						35,262
d E	Equipm	nent					15	5,052			65,009			90,043

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

Part VII		nizatio	n answe	ered "Yes" on For	m 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		<b>(b)</b> Book value		Method of valuation: end-of-year market value
	Il derivatives	: -			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(A) work and France 200 Park V. or (A) (France 12)				
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.	<u>• </u>			
	Complete if the organization answered 'Yes' on Form 99  (a) Description of investment (t	90, Par <b>b)</b> Book			990, Part X, line 13.  Method of valuation:
	(a) z see pass or more and				end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		000 P	- D/ Day 444 Co. 1	Towns 000 Post V live 45
Part IX	Other Assets. Complete if the organization answered 'Yes' on  (a) Description	n Form	990, Pan	IV, line IId. See i	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mm (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	<b>Other Liabilities.</b> Complete if the organization answere See Form 990, Part X, line 25.	ed Yes			ne lle or llf.
<b>1.</b> (1) Federal i	(a) Description of liability		<b>(b)</b> Bo	ok value	
(-,					
(2)					
(3)					
(4)					
(5)		+			
(6)		+			
(7)					
(8)		$\perp$			
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 25.)  or uncertain tax positions. In Part XIII, provide the text of the fool	tnote to	o the er-	anization's financia	ctatements that reports the
	or uncertain tax positions. In Part XIII, provide the text of the fool 's liability for uncertain tax positions under FIN 48 (ASC 740). Che				_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

#### Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . . 1 1 10,490,919 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . . 2c C 2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e Subtract line **2e** from line **1** . . . . . . . 3 10,490,919 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b

Add lines **4a** and **4b** . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 Supplemental Information Return Reference Explanation

5 10.490.919 Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. See Additional Data Table

Page <b>5</b>		chedule D (Form 990) 2018			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2018

### Additional Data

Software ID:

**EIN:** 94-2759879

Name: RACE FORWARD

**Supplemental Information** 

PART X, LINE 2:

Return Reference

Explanation

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT

AS OF DECEMBER 31, 2018, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TA KEN. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POS

LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

ITIONS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THE ERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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

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

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

OMB No. 1545-0047

DLN: 93493324000400

Open to Public

Schedule I (Form 990) 2018

reasury nternal Revenue Service		► Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> for	the latest information	on.		
ame of the organization						Employer identifi	cation number
ACE FORWARD						94-2759879	
	mation on Grants						
the selection criteria use	d to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
=-	-	-	se of grant funds in the U		1 11 11 11 11 11 11 11 11 11 11 11 11 1		
Part II Grants and Othe that received mor	e than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, lin-	e 21, for any recipient
(a) Name and address of organization or government	<b>(b)</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)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of se	ction 501(c)(3) and g	overnment organization	s listed in the line 1 table			<u> </u>	
3 Enter total number of ot	her organizations liste	ed in the line 1 table .				<b>.</b> ►	

Cat. No. 50055P

Schedule I (Form 990) 2018

(6)

(7)

Part IV

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

**Explanation** 

**Return Reference** 

### **Additional Data**

PARTNERSHIP FOR SOUTHERN

100 PEACHTREE ST SUITE

ATLANTA, GA 30303

**EQUITY** 

1960

Software ID: Software Version: **EIN:** 94-2759879 Name: RACE FORWARD

27-4424115

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	<b>(f)</b> Method of valuation	
organization		if applicable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

organization	if applicable	grant	cash	(book, FMV, appraisal,
or government			assistance	other)

501 C(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(h) Purpose of grant

AND ENERGY LOCALLY

TO SUPPORT THE

ADVANCEMENT OF

POLICY IN CLIMATE

RACIALLY-EQUITABLE

AND ENERGY LOCALLY

(g) Description of

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
PUGET SOUND SAGE 414 MAYNARD AVE S SEATTLE, WA 98104	20-8974030	501 C(3)	200,000				TO SUPPORT THE ADVANCEMENT OF RACIALLY-EQUITABLE POLICY IN CLIMATE

200,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 27-2623232 501 C(3) 200.000 EMPOWER DC TO SUPPORT THE 1419 V ST NW ADVANCEMENT OF WASHINGTON DC, MD 20009 RACIALLY-EOUITABLE POLICY IN CLIMATE AND ENERGY LOCALLY

TO PARTNER AND

ADVOCATION FOR

GREATER RACIAL **LEOUITY IN ENERGY** SYSTEMS

ISUPPORT THE

GLOBAL PHILANTHROPY 56-2342600 501 C(3) 65,000 PARTNERSHIP 2440 N LAKEVIEW 15A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHICAGO, IL 60614

(c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 46-3811348 501 C(3) 15.000l TO PARTNER AND SOLUTIONS PROJECT INC 4096 PIEDMONT AVE 728 ISUPPORT THE OAKLAND, CA 94611 ADVOCATION FOR GREATER RACIAL

STRUCTURAL RACISM

CITY OF DURHAM 56-6000225

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

(b) EIN

**EQUITY IN ENERGY** SYSTEMS 20,000 TO SUPPORT PROJECTS 101 CITY HALL PLAZA FOCUSED ON DURHAM, NC 27701 IELIMINATING

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) HOMESIGHT 94-3117253 501 C(3) 20.000 TO ADVANCE RACIAL EQUITY WITHIN THE 5117 RAINIER AVENUE S ENVIRONMENT AND SEATTLE, WA 98118

SOUND REGION

INFRASTRUCTURE EFFORTS IN PUGET NAKANI NATIVE PROGRAM 82-2361294 501 C(3) 85,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

SOUND REGION TO ADVANCE RACIAL 814 NE 40TH ST **TEOUITY WITHIN THE** SEATTLE, WA 98105 ENVIRONMENT AND INFRASTRUCTURE EFFORTS IN PUGET

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) MASS TRANSIT STREET 13-6533451 501 C(3) 6.000 TO INCREASE THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CULTURAL SECTOR IN PURSUING RACIAL

EQUITY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

BROOKLYN, NY 11201

**(b)** EIN

THEATER PO BOX 347 BRONX, NY 10468			,,		CAPACITY OF THE NEW YORK CITY ARTS AND CULTURAL SECTOR IN PURSUING RACIAL EQUITY.
ASIAN AMERICAN ARTS	13-3480189	501 C(3)	6.000		TO INCREASE THE

ALLIANCE CAPACITY OF THE NEW YORK CITY ARTS AND 20 JAY ST

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) THE LAHMODOMAT DROJECT 97-0753470 E01 C(3) 6 0001 TO INCREASE THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CULTURAL SECTOR IN PURSUING RACIAL

EQUITY

127 W 127TH ST SUITE 434 NEW YORK, NY 10027	67-0733479	301 C(3)	0,000			CAPACITY OF THE NEW YORK CITY ARTS AND CULTURAL SECTOR IN IPURSUING RACIAL
						PURSUING RACIAL
						EQUITY
				 ·	·	

27-0889467 501 C(3) 6.000 ARTS EAST NEW YORK INC. 534 LIVONIA AVENUE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

TO INCREASE THE CAPACITY OF THE NEW YORK CITY ARTS AND BROOKLYN, NY 11207

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or assistance or assistance SPACEWORKS NYC LLC 46-0633792 501 C(3) 6,000 TO INCREASE THE

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

YORK CITY ARTS AND

CULTURAL SECTOR IN PURSUING RACIAL

EQUITY

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

307 STERLING PLACE BROOKLYN, NY 11238 **(b)** EIN

540 PRESIDENT STREET SUITE 2E BROOKLYN, NY 11215					CAPACITY OF THE NEW YORK CITY ARTS AND CULTURAL SECTOR IN PURSUING RACIAL EQUITY
CENTER FOR AFRICAN AND DIASPORA DANCE INC	47-5039336	501 C(3)	6,000		TO INCREASE THE CAPACITY OF THE NEW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 06-1650662 501 C(3) 6,000 TO INCREASE THE KUNDIMAN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

113 WEST 60TH ST ROOM 924 NEW YORK, NY 10023					CAPACITY OF THE NEW YORK CITY ARTS AND CULTURAL SECTOR IN PURSUING RACIAL EQUITY
ARTNOIR INC	82-0741535	501 C(3)	6,000		TO INCREASE THE

PURSUING RACIAL

EQUITY

1365 S NICHOLAS AVENUE 19 CAPACITY OF THE NEW YORK CITY ARTS AND NEW YORK, NY 10033 CULTURAL SECTOR IN

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501 C(3) 6.000 TO INCREASE THE 81-4884105 CAPACITY OF THE NEW

IEQUITY

ART AND RESISTANCE THROUGH EDUCATION INC PO BOX 82

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

YORK CITY ARTS AND BROOKLYN, NY 11211 ICULTURAL SECTOR IN PURSUING RACIAL

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19332	24000	400
Sch	edule J	Co	ompensati	ion Information	10	1B No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						3
•	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inform	mation.		to Pul	
	al Revenue Service ne of the organiza	ation			Employer identificat		ectio ımber	
RAC	E FORWARD				94-2759879			
Pa	rt I Questi	ons Regarding Compensa	tion		J+ 2/330/3			
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payment	s 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	Teur, cner)			
b		xes in line 1a are checked, did tl all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	nent or reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all r, regarding the items checked in line	. 152	2		
	directors, truste	es, officers, including the CEO/E	Executive Director	, regarding the items checked in line	tar			
3	organization's C	EO/Éxecutive Director. Check al	l that apply. Do r	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
		ation committee	lacksquare	Written employment contract				
		ent compensation consultant of other organizations	<b>☑</b>	Compensation survey or study  Approval by the board or compensa	tion committee			
	EE 101111 330	or other organizations		Approval by the board of compensa	don committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b	•		•	ified retirement plan?		4b		No
С			,	nsation arrangement? elicable amounts for each item in Part		4c		No
	0   504( )(0	\ F04( \/4\ \   F04( \/00\						
5		), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any				
,		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," decided in the contract of the contract		8		No
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		No
For F	Panerwork Redu	ıction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No <sup>a</sup>	50053T Schedule J		1 990)	2018

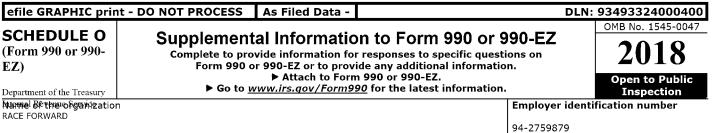
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 MICHELL SPEIGHT CHIEF OF STAFF	(i)	137,146	0	0	2,926	22,236	162,308	0
CHEF C. S.M.	(ii)	0	0	0	0	0	0	0
2 PAULETTE MARTIN GR VP, FINANCE & ADMIN	(i)	140,150	0	0	3,570	16,804	160,524	0
	(ii)	0	0	0	0	0	0	0
3 GLENN HARRIS PRESIDENT & ED	(i)	91,308	0	0	3,652	8,066	103,026	0
FRESIDENT & ES	(ii)	91,308	0	0	2,739	8,065	102,112	0
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Schedule J (Form 990) 2018	Page <b>3</b>
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990)



Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	SION DESIGNED FOR AUDIENCE MEMBERS. INSTITUTIONAL AND SECTORAL CHANGE DEPARTMENT RACE FORW ARD'S INSTITUTIONAL AND SECTORAL CHANGE WORK SEEKS TO ESTABLISH RACIAL EQUITY PRACTICE IN AN ENTIRE FIELD (RATHER THAN ORGANIZATION) ON A LONG-TERM BASIS. THE WORK INCLUDES FACILITATING LEARNING COHORTS IN THESE SECTORS, DEVELOPING TOOLS FOR LONG-TERM CHANGE, AND TRACKING THE SHIFTS THAT DEMONSTRATE THEIR REPLICATION. SELECT 2018 HIGHLIGHTS: REACHED OVER 100 MEMBERS IN OUR GOVERNMENT ALLIANCE ON RACE & EQUITY NETWORK. IT ALSO EXPA NDED WITH A FOCUS ON THE SOUTH. GARE ALSO HELD A NATIONAL MEETING IN CHICAGO THAT GATHERD REPRESENTATIVES FROM 75 JURISDICTIONS, OR OVER 500 ATTENDEES. LAUNCHED RACIAL EQUITY HERE, A NATIONAL CAMPAIGN BASED ON LOCAL COMMUNITY-LEVEL ENGAGEMENTS THAT TAKE CONCERTED ACTIO N TO DISMANTLE STRUCTURAL RACISM CITY BY CITY, MORE THAN 600 ORGANIZATIONS ACROSS THE COUN TRY HAVE MADE COMMITMENTS. LAUNCHED THE PHILANTHROPIC CHANGE INITIATIVE, A PROGRAM THAT SU PPORTS FOUNDATIONS, PHILANTHROPY-SERVING ORGANIZATIONS, AND OTHER PHILANTHROPIC ORGANIZATI ONS IN ADVANCING RACIAL EQUITY WITHIN THEIR INSTITUTIONS AND IN THE LARGER SECTOR. RESEARCH RACE FORWARD'S EFFORTS IN THIS DEPARTMENT CONDUCT APPLIED RESEARCH, WHICH UPLIFTS THE EX PERIENCE OF THOSE DIRECTLY AFFECTED BY INSTITUTIONS AND IN THE LARGER SECTOR. RESEARCH RACE FORWARD'S EFFORTS IN THIS DEPARTMENT CONDUCT APPLIED RESEARCH, WHICH UPLIFTS THE EX PERIENCE OF THOSE DIRECTLY AFFECTED BY INSTITUTIONAL AND STRUCTURAL RACISM AND PROVIDES SY STEMICALLY-AWARE AND RACE-EXPLICIT SOLUTIONS. THROUGH RIGOROUS SURVEY ANALYSIS, MEDIA AND NARRATIVE CONTENT ANALYSIS, PUBLIC OPINION AND ATTITUDES RESEARCH, AND OTHER METHODS, THESE INITIATIVES PROVIDE ANALYSIS, AND MATERIALS TO HELP ACTIVISTS, TEACHERS, ADVOCATES, AND GOVERNMENT OFFICIALS ARTICULATE AND PURSUE A RACIAL EQUITY STANDARD IN THEIR WORK, IT ALSO PROVIDES ASSISTANCE TO EXTERNAL PARTNERS, HELPING THEM TO ASSESS THE EFFECTIVENESS OF THEIR OWN, INITIATIVES PROVIDE ANALYSIS, PUBLIC OPPORTUNITIES CENTER (ROC.) TO DEC

Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	JUSTICE CHALLENGES. IN NOVEMBER OF 2018, WE GATHERED OVER 3500 ATTENDEES, HELD 80 BREAKOU T SESSIONS, 3 PLENARIES, 2 KEYNOTE SPEECHES, AN ART GALLERY, FILM SCREENINGS, A LOCAL TOUR, AND A VARIETY OF PERFORMING ARTISTS. THE NEXT CONFERENCE WILL TAKE PLACE IN NOVEMBER 202 0 IN RALEIGH, NC. B. PLACE-BASED STRATEGIES: RACE FORWARD'S APPROACH TO PLACE-BASED WORK T AKES THE COMPONENTS OF OUR THEORY OF CHANGE AND SITUATES THEM WITHIN THE UNIQUE SOCIAL AND POLITICAL CONTEXT OF A PARTICULAR GEOGRAPHIC LOCATION. GIVEN THE PERVASIVE NATURE OF RACI AL DISPARITIES, IT IS NECESSARY TO CREATE LOCALIZED SPACES WHERE PEOPLE COME TOGETHER ACRO SS ISSUE AREAS AND SECTORS TO DEVELOP LONG-TERM STRATEGIES THAT SHIFT POWER AND RESOURCES TO INDIGENOUS COMMUNITIES AND COMMUNITIES OF COLOR. C. MASS FREEDOM: CRIMINALIZATION IS NO T JUST THE COURTBASED LEGAL PROCESS. IT ENCOMPASSES THE INSTITUTIONAL ATTITUDES AND RULES THAT BUILD THE SYSTEMIC RACISM THAT RESULTS IN PEOPLE BEING CAGED PHYSICALLY, EMOTIONALLY, SPIRITUALLY, AND MENTALLY, REDUCING THEM TO CRIMINALS WITHOUT THE RIGHT TO DICTATE THEIR OWN LIVED EXPERIENCES. MASS FREEDOM CONFRONTS MASS INCARCERATION AND MASS DEPORTATION BY MOBILIZING MULTIRACIAL SYSTEMIC SOLUTIONS AGAINST THE CARCERAL STATE. OUR WORK IS ROOTED IN COMMUNITIES, POWERED AT THE GRASSROOTS LEVEL, AND BASED ON THE PROPOSITION THAT THE MOST EFFECTIVE VOICES ARE THOSE OF LOCAL LEADERS.

Return Explanation

FORM 990,
PART VI,
SECTION B,
COMMENT PERIOD OF AT LEAST ONE-WEEK IS ALLOWED FOR QUESTIONS OR COMMENTS BEFORE FILING.
LINE 11B

990 Schedule O, Supplemental Information Explanation Return

Poference

Reference	
FORM 990,	BOARD MEMBERS COMPLETE CONFLICT OF INTEREST POLICY STATEMENTS ANNUALLY. THE EXECUTIVE DIRECTOR
PART VI,	AND THE BOARD CHAIR(S) TRACK ANY POTENTIAL CONFLICTS. WHEN POTENTIAL CONFLICTS ARE IDENTIFIED, THEY
CECTION B	ARE DISCUOSED TO THE CHILL BOARD OF DIRECTORS AND THE DOTENTIALLY CONFLICTED DIRECTOR IS EVOLUCED.

SECTION B. LINE 12C FROM ALL RELATED CONVERSATIONS.

Return

Reference	Explanation
FORM 990,	INDEPENDENT MEMBERS OF THE BOARD, WITHOUT THE EXECUTIVE DIRECTOR'S PARTICIPATION, DO A
PART VI,	COMPENSATION REVIEW AS PART OF THE E D'S YEARLY PERFORMANCE EVALUATION. THEY EXAMINE PUBLISHED
SECTION B,	DATA ON NON-PROFIT SALARIES TO DETERMINE COMPARABLE COMPENSATION LEVELS. THE RESULTS OF THE
LINE 15	REVIEW ARE THEN DISCUSSED WITH THE E D AND A FINAL COMPENSATION RECOMMENDATION IS APPROVED BY
	THE BOARD.

Evolunation

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	OTHER FEES: PROGRAM SERVICE EXPENSES 1,256,610. MANAGEMENT AND GENERAL EXPENSES 102,657.
PART IX,	FUNDRAISING EXPENSES 38,578. TOTAL EXPENSES 1,397,845. PAYROLL: PROGRAM SERVICE EXPENSES 1,871.
LINE 11G	MANAGEMENT AND GENERAL EXPENSES 6.079. FUNDRAISING EXPENSES 160. TOTAL EXPENSES 8.110.

Explanation

990 Schedule O, Supplemental Information **Explanation** 

Return

Reference	
FORM 990	THE AUDITED FINANCIAL STATEMENTS FOR YEAR ENDED DECEMBER 31, 2018 WAS NOT AVAILABLE WHEN THE

DIFFERENCES ORGANIZATION FILED THE 2018 FORM 990 FOR NOVEMBER 15, 2019 DUE DATE. THE BEST AVAILABLE FINANCIAL

 $_{
m I}$  ON AMENDED.  $^{\dagger}$  DATA WAS USED TO PREPARE THE 2018 FORM 990. THE ORGANIZATION IS AMENDING THE FORM 990 BASED ON RETURN THE AUDITED FINANCIAL STATEMENTS ISSUED. PLEASE SEE THE ATTACHED SCHEDULE FOR DETAILED CHANGES. efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

(Form 990)

Department of the Treasury

Internal Revenue Service

90-0686577

#### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

2018

DLN: 93493324000400

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization RACE FORWARD 94-2759879 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity 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 (c) (e) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) EQUITY ACTION ADVOCACY ON RACIAL & CA 501(C)(4) RACE FORWARD No 900 ALICE ST STE 400 ECONOMIC JUSTICE ISSUES OAKLAND, CA 94607 20-3745400 (2) CENTER FOR SOCIAL INCLUSION NY CREATE EQUITABLE 501(C)(3) RACE FORWARD No 150 BROADWAY STE 303 OUTCOMES FOR ALL NEW YORK, NY 10038

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, excluded from tax under sections 512)	d, total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		g ownersh
					314)			Yes	No		Yes No		
			1 1										
Identification of Related Organiza because it had one or more related on						nization ansv	wered "Yes	s" on F	orm 9	90, Part IV,	, line	34	
		L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	-of- Perce	, line 1) ntage ership	S-(1	(i) ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	S-(1	ection 512 13) control entity?
pecause it had one or more related on  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling	(e) /pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) e of end- year	-of- Perce	1) ntage	Si (1	

chedule R (Form 990) 2018					Page <b>3</b>
Part V Transactions With Related Organizations Complete if the organization and	nswered "Yes" on Form 990, Pai	rt IV, line 34, 35b,	or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	es No
1 During the tax year, did the organization engage in any of the following transactions with one or	more related organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
${f b}$ Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	No
c Gift, grant, or capital contribution from related organization(s)				1c	No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d Y	es
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
<b>g</b> Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				<b>1</b> i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, including covered i	relationships and tran	nsaction thresholds.	•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount invo	lved
1)CENTER FOR SOCIAL INCLUSION	D	336,199			
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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>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No												
										Schedul	e R (Form	990	0) 2018											

chedule R (Fo	Page	je <b>5</b>						
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).						
Return Reference		Explanation						