	18	Interest (attach schedule) (see instructions)	18	
တ	19	Taxes and licenses	19	
	20	Depreciation (attach Form 4562)		
Õ	21	Less depreciation claimed on Schedule A and elsewhere on return	21b	_
≨	22	Depletion	22	
Z	23	Contributions to deferred compensation plans	23	
ANNE	24	Employee benefit programs	24	
Ö	25	Excess exempt expenses (Schedule I)		
S	26	Excess readership costs (Schedule J)	26	
MAY	27	Other deductions (attach schedule)	27	
<u></u>	28	Total deductions Add lines 14 through 27	28	
ယ	29	Inrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
_	30/	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
2021	3 /1	Unrelated business taxable income Subtract line 30 from line 29	31	
2	For P	Paperwork Reduction Act Notice, see instructions	ىر) ب	(9
9X2	JSA 2740 1 0		77.)
		2554HD K922 11/13/2020 12:44:41 PM V 19-7.7F 120-0082500-	0825	500

	Forn	1 330-1		and proxy tal) Idar year 2019 or other tax year begii						~	0.40		
			20 <u>19</u>	¹⁹ 2(0) 19									
		rtment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and	d the latest	information	ļ				
_	Intern	al Revenue Service	▶ Do	not enter SSN numbers on this form	c)(3)	Open to Pu 501(c)(3) O	iblic Inspection for Irganizations Only						
ဗ္ဗိ	Α	Internal Revenue Service A Check box if address changed B Exempt under section X 501(C)(3 Organization (STAND TOGETHER FOUNDATION Number, street, and room or suite no. If a P O. box, see instructions 408(e) 220(e) 408A 530(a) Type Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c). Check box if name changed and see instructions or suite no. If a P O. box, see instructions 1320 N. COURTHOUSE RD 220									ation number		
35										oyees' trust, see	instructions)		
. ≱ ₹	ВЕх	Exempt under section STAND TOGETHER FOUNDATION											
꽂	2 X	301(C)(30)	Print Number, street, and room or suite no. If a P.O. box, see instructions								27-3197768		
밎	¥	408(e) 0 or E									E Unrelated business activity code		
Ħ		408A 530(a)	Туре	1320 N. COURTHOUSE	RD			220	(See in	(See instructions)			
NO	Ì	529(a) City or town, state or province, country, and ZIP or foreign postal code											
9	C Bo	Book value of all assets ARLINGTON, VA 22201											
		at end of year F Group exemption number (See instructions)											
_ 6		36.368.503.		ck organization type ► X 50			501/0) trust	401(a)	trust	Other trust		
				nization's unrelated trades or busing			1 1 30 1(0			(or first) un			
2020	n c		•		23363		f only one	complete Parts		•			
6	4	ade or business her						•		•	Jescribe trie		
				end of the previous sentence, co	mpiete	Parts Fand II, O	ompiete a S	chequie ivi ioi ea	ch addillo	Ildi			
		ade or business, the					1 1				Yes X No		
כצ				corporation a subsidiary in an affi	-		-subsidiary (controlled group?		▶ ∟_	Yes X No		
SO Received				dentifying number of the parent or	orporati	on ▶	T-11		11 200	-6011			
₽		he books are in care						ne number ▶ 57					
Ĉ				r Business Income	1	(A) Inco	ome	(B) Exper	ises		C) Net		
- - - -	1 a	Gross receipts or s	sales										
	b		ances c Balance ▶			_							
5	2	Cost of goods sol	d (Schedu	ıle A, lıne 7)						-			
	3	•		2 from line 1c	-								
≥	4 a	Capital gain net in	ncome (at	tach Schedule D)	4a					<u> </u>	/ -		
z	þ	Net gain (loss) (Fo	rm 4797, I	Part II, line 17) (attach Form 4797)	4b	<u> </u>		/ e q	7	 	<u></u>		
<u> </u>	С	Capital loss deduc	ction for tr	rusts	4c	<u> </u>		!\ ⊑ U		 			
25	5	Income (loss) from a pa	adnership or	an S corporation (attach statement)	5				21				
383	6	Rent income (Sch	edule C) .		6		NOV E		5]	↓/			
	7	Unrelated debt-fir	nanced inc	come (Schedule E)	7	[47]		!	<u> </u>	/			
	8	Interest annuities roya	alties, and rer	nts from a controlled organization (Schedule F	8		V V V V V V		<u> </u>	4			
	9	Investment income of a	section 501	(c)(7), (9), or (17) organization (Schedule G)		-) ()(31)1-	MIT	1/	 			
	10	•	-	come (Schedule I)					-/				
	11			ule J)	11					 			
	12	•		ions, attach schedule)	12					ļ			
~	13			ough 12			0.			┸			
Λ	Aria.			Taken Elsewhere (See inst		ons for limitat	tions on c	leauctions)(Deaucti	ons must	be airectly		
()	/			e unrelated business incon			_/-			Т			
	14			directors, and trustees (Schedule K									
	15												
	16									 			
	17				_					_			
	18			see instructions)					I	_			
	19			· · · · · · · · · · · · · · · · · · ·					19				
လ	20	Depreciation (atta	ch Form	4562)			20						
	21			on Schedule A and elsewhere on r		· · · · · · · · · · · · · · · · · · ·			21b				
CANNE	22			/						-			
S	23		_	ompensation plans						1			
	24	Employee benefit	programs			م المنظم	· · · · ·		24	 			
D	25	Excess exempt ex	penses (S	chedule I)		/ (. ? .)	v ./·		25	 			
\leq	26	Excess readership	costs (Sc	hedule J)		· 1200	<i> </i> .		26	 			
MAY	27	Other deductions	(attach so	chedule)		1. JUS 4 1.	イ.∖.		27	<u> </u>			
<u></u>	28	Total deductions	Add lines	14 through 27		. l l	/		28	<u> </u>			
မ	29	Inrelated busines	ss taxabl	e income before net operating	loss	deduction Sub	tract line	28 from line	13 29				
	30/	,		loss arising in tax years beginni					ſ				
207	<u>3/1</u>	Unrelated busines	s taxable	income Subtract line 30 from line	e 29 .	<u> </u>	<u> </u>		31				
21	For F	Paperwork Reducti	on Act N	otice, see instructions				a	76	49 Form	n 990-T (2019)		
	10.4							∽ 1	7				

Exempt Organization Business Income Tax Return

STAND TOGETHER FOUNDATION

Form	SPO-T (2019) STAND TOGETHER FOUNDATION	27-319	7768	Page
Par	Total Unrelated Business Taxable Income			
132	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1		
,	· 1	32		
22	Instructions)	33		
33	Amounts paid for disallowed fringes	 		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line			
	34 from the sum of lines 32 and 33	35		O
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	Instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	 		
33		89		0
	enter the smaller of zero or line 37	59		
	Tax Computation	Г.,		
40	organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax See instructions	42		
43	Alternative minimum tax (trusts only)	43		
44	Tax on Noncompliant Facility Income See instructions	44		
	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
45 •	tV Tax and Payments	<u> </u>		
		T		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
	Other credits (see instructions)			
	General business credit Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d			
е	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	48		
49	Total tax. Add lines 47 and 48 (see instructions)	49		0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50		
	Payments A 2018 overpayment credited to 2019	-		
	2019 estimated tax payments			
	2019 estimated tax payments	1		
	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51g	\rangle		
52	Total payments Add lines 51a through 51g	5/2		5,330
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		5,330
	· · ·	56		5,330
58	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded Refunde			3,330
Par	MM			Voc N-
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		⊢	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign co	ountry	.
	here ▶		L	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust? .		X
	If "Yes," see instructions for other forms the organization may have to file			
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of penury, I declare that I have examined this return including accompanying schedules and statements and to the t	est of my kn	owledge an	id belief, it
Sigr	rue, 69648,988 6 Mplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her	1 Notes March	ay the IRS th the prep		
i i Ci'	· · · · · · · · · · · · · · · · · · ·	e instructions)?	$\overline{}$	_
	Prenary Mona prenary same	T 1 	PTIN	
Paid	' ' ' ' Chec	II	P0048	2834
	parer 11/16/20/20 sell-e	mployed	1-0160	
•	Firm's name DAD, DDF		_	
	Firm's address ► 1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106-2246 Phon			
JSA			Form 990	U-I (201

Form 990-T (2019)		<u> </u>					Page 3		
Schedule A - Cost of Go		iter method				T - T			
1 Inventory at beginning of year					6 Inventory at end of year 6				
2 Purchases			ld. Subtract line						
3 Cost of labor				ne 5 Enter					
4a Additional section 263A cos		• • • • • • • • • • • • • • • • • • •				T., T.,			
(attach schedule)					section 263A (v				
b Other costs (attach schedule	· · · · · · · · · · · · · · · · · · ·				or acquired for				
5 Total Add lines 1 through 4			to the org	anization?	· · · · · · · · · · · · · · · · · · ·	<u> </u>	. X		
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Property	Leased V	vith Real Prope	rty)			
(see instructions)						·. <u>.</u> .			
1 Description of property			***************************************						
(1)					·				
(2)	*****						••••		
(3)						 			
(4)					,				
	2 Rent recei	ved or accru	ed						
(a) From personal property (if the personal property is more than more than 50%)	10% but not	percent 50% or	rom real and personal property age of rent for personal propert of the rent is based on profit or	for personal property exceeds in columns 2(a) and 2(b) (attach schedu is based on profit or income)					
(1)	*************************						***************************************		
(2)									
(3)			·						
(4)	*****************************								
Total		Total					· · · · ·		
(c) Total income Add totals of coli	umns 2(a) and 2(b) Enter			(b) Total deducted Enter here and or				
here and on page 1, Part I, line 6, o		-			Part I, line 6, colui				
Schedule E - Unrelated Del			e instructions)			· · · · · ·	-		
	**** 144		2 Gross income from or	3 (eductions directly co		able to		
1 Description of debt-	financed property		allocable to debt-financed	(a) Chanal		ced property (b) Other de			
			property				eductions nedule)		
(1)						<u> </u>			
(2)				-					
(3)									
(4)							-,,		
4 Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to debt-financed debt-financed property			6 Column 4 divided by column 5	7 Gross income reportable (column 6 x total 3(a) and 3		al of columns			
(1)			%						
(2)			%						
(3)			%	1	***************************************	***************************************			
(4)			%		-				
					e and on page 1, e 7, column (A)	Enter here and Part I, line 7, o			
Totals				L		·			

Form **990-T** (2019)

Page 4

Schedule F - Interest, Ann				ontrolled Or						
Name of controlled organization	2 Employer identification number	ו ופט	3 Net unrelated income (loss) (see instructions)		1	4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)	1000									
(4)					 					
Nonexempt Controlled Organia	zations				·					
Trendsempt demindred digam.		20000		Total of specifi		10	Part of colum	n 9 that is	1	1 Deductions directly
7 Taxable Income	8 Net unrelated i (loss) (see instruc			ayments made		incl	uded in the o nization's gro	ontrolling		nnected with income in column 10
(1)										
(2)										
(3)							·			
(4)										
Totals	· · · · · · · · · · · · · · · · · · ·		 (c)(7),	(9), or (17	▶ ′) Orga	Ent Pa	Id columns 5 er here and or it I, line 8, col	n page 1, umn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1 Description of income	2 Amount o			3 Deduction directly contact (attach sch	ctions nnected		4 S	et-asides n schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)									$\neg \uparrow$	·
(2)	-				-					
(3)			_						$\neg \dagger$	
(4)			+			-			-+	
(4)	Enter here and	on page 1,	<u> </u>		•			*	- +	Enter here and on page
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, c		her Th	an Advert	ising In	come	(see instr	uctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirect connected production unrelated business in	ly d with on of ed	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	ted tradé (column lumn 3) ompute	from is no	ross income activity that of unrelated ness income	6 Exper attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-			 		 		 		
(2)	_				****					
								<u> </u>		
(3)									—–	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,	*.		L				Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J-Advertising In										
Part I Income From Per	iodicals Repor	ted on a C	onsol	idated Bas	SIS					· · · · · · · · · · · · · · · · · · ·
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		Circulation ncome	6 Reade	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)	†			<u> </u>						
	 	<u> </u>								
(3)	 -			 				 	—–	
(4)										
Totals (carry to Part II, line (5))							<u>.</u>			Form 990-T (201
										rorm 330-1 (2019

STAND TOGETHER FOUNDATION

(3)

(4)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-		_		_
(2)						
(3)					_	
(4)						
Totals from Part I ▶				•		_
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		,		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Name	2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)				%		
(2) ATCH 2				%		

Form 990-T (2019)

%

%

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	<u>TITLE</u>	BUSINESS PERCENT	COMPENSATION
EVAN FEINBERG 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	EXECUTIVE DIRECTOR	0	0.
BRIAN HOOKS 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	BOARD MEMBER	0	0.
KRISTY KENDALL 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	BOARD MEMBER	0	0.
BRIAN MENKES 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	SECRETARY	0	0.
SUSAN MOTIFF 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	TREASURER	0	0.
DALE GIBBENS 1320 N. COURTHOUSE RD 220 ARLINGTON, VA 22201	BOARD MEMBER	0	0.
TOTAL COMPENSATION			0.