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► The organization may have to use a copy of this return to satisfy state reporting requirements

, and ending 12-31-2012

K Check ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 127,594

Check if the organization used Schedule O to respond to any question in this Part I ☒

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2012)

Part II

Balance Sheets

(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	30	22	20,234
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,257	24	986
25 Total assets	2,287	25	21,220
26 Total liabilities (describe in Schedule O)	17,027	26	6,616
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-14,740	27	14,604

Part III

Statement of Program Service Accomplishments

(see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
TRAIN, MOBILIZE AND ELECT THE NEXT GENERATION OF PROGRESSIVE LEADERS IN MONTANA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

FORWARD MONTANA'S MISSION IS TO TRAIN, MOBILIZE AND ELECT THE NEXT GENERATION OF PROGRESSIVE LEADERS IN THE STATE OF MONTANA. BUS TRIPS EACH YEAR FORWARD MONTANA ORGANIZES DOOR-TO-DOOR CANVASSES TO SUPPORT PROGRESSIVE ISSUES AND CANDIDATES ACROSS THE STATE. BUS TRIPS PROVIDE MEMBERS AND VOLUNTEERS WITH AN OPPORTUNITY TO USE THE MOST EFFECTIVE CANVASS IN A SAFE AND SUPPORTIVE ENVIRONMENT WHILE TRAVELING TO THE CANDIDATE'S DISTRICT. VOLUNTEERS MEET WITH OUR STAFF AND RECEIVE A BASIC TRAINING ABOUT KNOCKING ON DOORS. ON ARRIVAL, VOLUNTEERS HAVE A CHANCE TO SPEAK WITH CANDIDATES AND ASK THEM QUESTIONS. IN 2012, FORWARD MONTANA HELD BUS TRIPS TO BUTTE, WHITEFISH, AND RONAN. THESE BUS TRIPS TURNED OUT 86 MEMBER VOLUNTEERS WHO KNOCKED ON A TOTAL OF 2,268 DOORS. PROGRESSIVE HAPPY HOUR FORWARD MONTANA HOLDS MONTHLY PROGRESSIVE HAPPY HOURS AS AN OPPORTUNITY FOR INDIVIDUALS TO LEARN ABOUT A CURRENT EVENT AND ISSUES FACING THEIR COMMUNITY. IN 2012, FORWARD MONTANA HELD 5 PROGRESSIVE HAPPY HOURS AT LOCAL ESTABLISHMENTS AND FEATURED CREATIVE THEMES SUCH AS "CITIZENS IGNITED", "PRESIDENTIAL POWER HOUR" AND OTHERS. THESE EVENTS DREW OVER 600 ATTENDEES. LEADERSHIP AND ENGAGEMENT: FORWARD MONTANA'S EVENTS RELY HEAVILY ON MEMBER VOLUNTEERS FROM ACROSS THE STATE. THESE VOLUNTEERS ARE PROVIDED THE OPPORTUNITY TO LEARN ABOUT THEIR COMMUNITIES, MEET LOCAL ELECTED OFFICIALS AND COMMUNITY LEADERS AND LEARN HOW TO DIRECTLY IMPACT THEIR COMMUNITY FOR THE FUTURE. ADDITIONALLY, BY BEING A FORWARD MONTANA MEMBER AND VOLUNTEER, INDIVIDUALS ARE ABLE TO PRACTICE AND DEVELOP LEADERSHIP AND ORGANIZATIONAL SKILLS. IN 2012, FORWARD MONTANA DEVELOPED A FELLOWSHIP PROGRAM IN WHICH HIGHLY QUALIFIED YOUNG PEOPLE ARE TRAINED TO PLAN AND LEAD MEMBER VOLUNTEER EVENTS SUCH AS BUS TRIPS, PROGRESSIVE HAPPY HOURS, AND GET OUT THE VOTE DRIVES (GOTV).
(Grants \$ 86,460) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

86,460

Part IV

List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of kayje booker Telephone no (406) 542-8683 Located at 500 N HIGGINS SUITE 103 MISSOULA, MT ZIP + 4 59802		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here	<div>*****</div> <div>Signature of officer</div>			<div>2013-11-12</div> <div>Date</div>	
	<div>kayje booker Executive Director</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature KAREN NEEL CPA	Date	Check <input type="checkbox"/> if self-employed PTIN P00338064
	Firm's name <input checked="" type="checkbox"/> Boyle Deveny & Meyer PC				Firm's EIN <input checked="" type="checkbox"/>
	Firm's address <input checked="" type="checkbox"/> 305 South 4th East Suite 200 Missoula, MT 59801				Phone no (406) 721-3555

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 13-4285849

Name: FORWARD MT

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRIS CAVAZOS Secretary	0 50	0		
ANDREA MARCOCCIO CEO,EX-OFFICIO	14 00	12,104		
CHASE MAHONEY President	2 50	0		
JOHN BACINO Director	1 00	0		
JOHN BRUEGGEMAN Director	0 50	0		
AARON BROWNING Director	0 50	0		
MOLLY BELL Director	0 50	0		
HOLLY GIARRAPUTO Treasurer	1 50	0		
JESSICA GRENNAN Vice President	0 50	0		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization FORWARD MT	Employer identification number 13-4285849
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Identifier	Return Reference	Explanation
Form 990-EZ, General Explanation 1	COST SHARING AGREEMENT	FORWARD MONTANA 501(C)4 AND THE FORWARD MONTANA FOUNDATION 501(C)3 HAVE ENTERED INTO A COST SHARING AGREEMENT TO MINIMIZE DUPLICATED EXPENSES AND TO CARRY OUT THEIR COMPLIMENTARY MISSIONS IN AN ECONOMICAL AND EFFICIENT MANNER THROUGH THE SHARING OF EMPLOYEES, OFFICE SPACE AND EQUIPMENT
Form 990-EZ, Part II, Line 26 4	Total Liabilities 4	Checking Overdraft - Beginning \$2857 Checking Overdraft - Ending \$0
Form 990-EZ, Part II, Line 26 3	Total Liabilities 3	CREDIT CARD PAYABLE - Beginning \$8564 CREDIT CARD PAYABLE - Ending \$340
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	LOAN - Beginning \$2500 LOAN - Ending \$1650
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$3106 PAYROLL LIABILITIES - Ending \$4626
Form 990-EZ, Part II, Line 24 1	Other Assets 1	FURNITURE & EQUIPMENT - Beginning \$2257 FURNITURE & EQUIPMENT - Ending \$986
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	TECHNOLOGY \$271
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	BANK SERVICE CHARGES \$515
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	TELEPHONE & INTERNET \$969
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	MEALS \$2224
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	EVENT EXPENSES \$3848
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	DONATIONS/SPONSORSHIPS \$3973
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	DUES/FEES/SUBSCRIPTIONS \$4146
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$194
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$1271
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$1160
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$1841
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$788
Form 990-EZ, Part I, Line 16 1001	Other Expenses 1001	Advertising and Promotion \$132
Form 990-EZ, Part I, Line 8 2	Other Revenue 2	REIMBURSEMENTS \$206

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	OFFICE SUBLET \$13532