efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492233001387 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number \square Address change FORWARD MT 13-4285849 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 136 FAST BROADWAY ☐ Final return/terminated (406) 542-8683 City or town, state or province, country, and ZIP or foreign postal code □ Amended return MISSOULA, MT 59802 F Group Exemption ☐ Application pending Number Check ▶ □ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www forwardmontana org **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other 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, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 103,396 2 2 Program service revenue including government fees and contracts 6,500 3 Membership dues and assessments 3 4 4 13 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) 3.053 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 112.962 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 76,200 12 Salaries, other compensation, and employee benefits . 12 13 4,687 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 6,445 15 15 1,040 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 19,113 17 Total expenses. Add lines 10 through 16 17 107,485 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 5,477 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 35,958 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 41,435 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions						ruge =
	Check if the organization used Schedule	O to respond to any q	juestion in this				🗹
22 Ch			ļ	(A) B	eginning of year	22	(B) End of year
	vings, and investments		· · · · · 		21,654	23	29,986
	sets (describe in Schedule O)		: : : :		14,304	_	13,752
25 Total as	sets				35,958	25	43,738
26 Total lia	abilities (describe in Schedule O)		[26	2,303
	ets or fund balances (line 27 of column	<u> </u>			35,958	27	41,435
Part III	Statement of Program Service	•	-			/R	Expenses equired for section 501(c)
What is the	Check if the organization used Schedule organization's primary exempt purpose?	O to respond to any c	question in this	Part III		(3)) and 501(c)(4)
Mobilize and	engage young Montanans to use the der	nocratic process to imp	prove their lives	and the	lives of their		ganizations, optional for ners)
fellow Monta Describe the	nans organization's program service accompli	shments for each of its	s three largest r	rogram	services as	-	,
measured by	y expenses. In a clear and concise manne	er, describe the service					
benefited, ai 28	nd other relevant information for each pro	ogram title					
	al Data Table						
(Grants \$)	If this amoun	t ıncludes foreıgn gran	its, check here		. ▶ 🗆	28a	
29						29a	
					. 🗖		
(Grants \$)	If this amoun	t includes foreign gran	its, check here	• •	. ▶ ⊔		
30						30a	
<i>,</i>					. \Box		
(Grants \$)		t includes foreign gran			. ▶ ⊔		
•	ogram services (describe in Schedule O)						
(Grants \$)	ogram service expenses (add lines 28a	t includes foreign gran				31a 32	62,043
Part IV	List of Officers, Directors, Trustees,				ompensated — see the		· ·
	Check if the organization used Schedule						
	(a) Name and title	(b) Average	(c) Report	able	(d) Health bend	efits,	(e) Estimated amount
	. ,	hours per week	compensa (Forms W-2/				ee of other compensation
		devoted to position	MISC) (if not		benefit plans, deferred compen		n
CHACE MOU	NEV	0 50	enter -0				
CHASE MOH	NET	0 50		0			
Director							
PARI KEMMI	CK	0 50		0			
Director							
SHANNON L	EWIS	0 50		0			
Treasurer							
JEN GURSKY	,	1 00		0			
President							
ANDY SHIRT	LIFF	0 50		0			
Director							
BRYAN WAT	Т	0 50		0			
Secretary							
JESSICA GR	ENNAN	1 00		0			
Vice Preside	nt						
CLAYTON EL		0 50		0			
Director							
BRENNA DA'	VIS	0 50		0			
				•			
Director ANNA LUCAS		0 50		0			
	-			J			
Director	EE-DORIA	20.00		17 060			
RACHEL HUF	-L-DOKIA	20 00		17,860			
EXECUTIVE		20.00		12 ===			
KIAH ABBEY		20 00		12,777			
DEPUTY DIR	ECTOR						
							Form 990-F7 (2016)

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	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
ь	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
С	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			
Ь	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
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities 39b 0			
	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), 501(c)(4), and 501(c)(29) 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
С	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ RACHEL HUFF-DORIA Telephone no ▶ (406) 5	42-8683	3
		5980	12	
L	At any time during the calendar year, did the organization have an interest in or a cignature or other authority over a	ſ		
D	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)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	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	[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	- 22	No
	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

	.6)						Page
						Yes	No
	anization engage, directly or indirect for public office? If "Yes," complete						
		·			46		No
All s	tion 501(c)(3) organization ection 501(c)(3) organizations	must answer quest	ions 47-49b and 52,	and complete the tal	oles for lu	nes 50	and 5
Chec	k if the organization used Schedule	O to respond to any q	uestion in this Part VI	<u> </u>		Yes	□ No
						103	-110
	anization engage in lobbying activiti mplete Schedule C, Part II		D1(h) election in effect		. 47		
8 Is the organ	nization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E .	48		
I 9a Did the orga	anization make any transfers to an	exempt non-charitable	related organization?		49a		
b If "Yes," wa	s the related organization a section	527 organization? .			49b		
	nis table for the organization's five h	-	mployees (other than o	officers, directors, truste	es and key	employ	ees)
who each re	eceived more than \$100,000 of com	pensation from the org	janization If there is r	one, enter "None "			
(a) Name	and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ		stimated er compi	
		devoted to position	(Forms W-2/1099- MISC)	benefit plans, and deferred compensation	n		
ONE							
f Total num	ber of other employees paid over \$	100,000					
	his table for the organization's five he on from the organization. If there is		ndependent contractors	who each received more	e than \$10	0,000 o	f
<u>'</u>	a) Name and business address of e	<u> </u>	actor	(b) Type of service	(c) Comp	ensation	
ONE							
							<u> </u>
d Total num	ber of other independent contractor	rs each receiving over :	\$100,000				
	ber of other independent contractor	_		st attach a			
52 Did the oi	·	IOTE. All Section 501(c)(3) organizations mu		. ► _{□ Y}	es 🗆 N	
Did the or completed place of the penalties of nowledge and be	rganization complete Schedule A? Note that I have example, it is true, correct, and complete	NOTE. All Section 501(c)(3) organizations mu	edules and statements,	and to the	best of	my
Did the or completed	rganization complete Schedule A? Note that I have example, it is true, correct, and complete	NOTE. All Section 501(c)(3) organizations mu	edules and statements,	and to the	best of	my
Did the or completed and penalties of nowledge and be as any knowledge.	rganization complete Schedule A? Note that I have example, it is true, correct, and complete	NOTE. All Section 501(c)(3) organizations mu	edules and statements,	and to the	best of	my
Did the or completed and per penalties of nowledge and be as any knowledge as a kn	rganization complete Schedule A? Note of Schedule A	NOTE. All Section 501(c)(3) organizations mu	edules and statements, is based on all information	and to the	best of	my
Did the or completed and penalties of nowledge and be as any knowledge and seas any knowled	rganization complete Schedule A? Note that I have example, it is true, correct, and complete	NOTE. All Section 501(c)(3) organizations mu	edules and statements, is based on all information	and to the	best of	my
Did the or completed and penalties of nowledge and be as any knowledge ign ere RACI	rganization complete Schedule A? Note that I have example, it is true, correct, and complete example of officer HEL HUFF-DORIA Executive Director	NOTE. All Section 501(c)(3) organizations mu	edules and statements, is based on all information and statements. 2017-08-21 Date Check I if PTI	and to the on of whic	best of	my
Did the or completed and penalties of nowledge and be as any knowledge ign ere RACI	rganization complete Schedule A? Note that I have examine that I have examined that I have ex	NOTE. All Section 501(c)(3) organizations mu	edules and statements, is based on all information and statements. 2017-08-21 Date	and to the	best of	my
Did the or completed and penalties of nowledge and be as any knowledge ign ere RACL	rganization complete Schedule A? Note of Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	check ☐ If Self-employed Firm's EIN ►	nnd to the on of whice	best of	my
Did the or completed and the penalties of nowledge and be as any knowledge ign ere RACL Type	rganization complete Schedule A? Med Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	2017-08-21 Date Check f PTI POOR Self-employed	nnd to the on of whice	best of	my
Did the or completed and the penalties of nowledge and be as any knowledge ign ere RACL Type	rganization complete Schedule A? Note of Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	check ☐ If Self-employed Firm's EIN ►	nnd to the on of whice	best of	my

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 13-4285849

Name: FORWARD MT

Form 990EZ, Part III - Statement of Program Service Accomplishments

•	·		
services, as measured by expenses	m service accomplishments for each of its three largest program s. In a clear and concise manner, describe the services provided, the other relevant information for each program title.	(c	Expenses puired for section 501)(3) and 501(c)(4) anizations; optional for others.)
their lives and the lives of their fellow for public policies that reflect their value better the lives of young people and all the leadership skills and training to be change, we focus on leadership develor community engagement. In 2016, For training interns and volunteers in the aDIY (Do It Yourself) classes in the fall of our internship and fellowship progradictivate young people around current progressive happy hours in Billings, Befrom information on learning more about worked administratively and through penvironment, equality, election reform of partners to encourage various state maintain an accessible, streamlined provided for greater non-discrimination County to make voting more accessible distributed 60,000 non-partisan voter people in the statewide races in Monta Volunteers and staff distributed these businesses, and door to door in areas facebook and social media that reache Montana and Montana State University groups including the Associated Studenting the statement of the stateme	ze and engage young Montanans to use the democratic process to improve Montanans. We believe that if more young people vote and advocate civically uses, a more supportive climate will be created to advance public policies that if Montanans. This change will happen faster if more young Montanans have effective civic advocates. To accomplish our mission and our theory of ipment, voter education, voter mobilization, and issue advocacy and ward Montana (FMT) helped train 32 interns and 9 fellows. We focus on art and science of grassroots organizing and issue advocacy. We launched of 2016 to expand our educational opportunities to volunteer leaders outside ims FMT hosts happy hours and public information nights to educate and events in their community and in Montana. In 2016, FMT held several ozeman, and Missoula, including election night watch parties. Themes ranged out Indian Education for All to different viewpoints on the protest vote. FMT hublic education and advocacy to push forward the 6 Es that they care aboutment, health care, education, and economic justice. They worked with a number departments to comply with the National Voter Registration Act and ocess of voter registration. They also supported executive action that in protections for state employees. FMT successfully encouraged Gallatin e for students by moving a polling location to MSU campus. FMT created and guides that highlighted where candidates stand on issues important to young na in six cities—Billings, Bozeman, Butte, Dillon, Helena, and Missoula voter guides at local colleges and universities, at coffee shops and local where young people live. They also promoted an online voter guide via d 39,713 people. FMT hosted Student Voter Day at the University of campuses. This year they expanded the event by partnering with student into of Montana State University, MontPIRG, Office of Student Engagement, FMT also brought along their trademark, Vote Goats to graze at both.	28a	

efile GRAPHIC print - DO NOT PROCESS				DLN: 9349223300138				
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Sunnlament	Supplemental Information to Form 990 or 990-EZ			OMB No 1545-0047 2016 Open to Public Inspection		
		Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions www.irs.gov/form990.			ons on n.			
Internal Revenue Se Name of the org FORWARD MT	ganization				Employer identi 13-4285849	fication number		
990 Schedul	e O, Sup	plemental Informatio	n					
Return Reference				Explanation				
Other Revenue 1	FEDERA	L REFUNDS \$3053						

990 Schedule O, Supplemental Information Return Explanation Reference Advertising and Promotion \$225

Other Expenses 1001

990 Schedule O, Supplemental Information Return Explanation Reference

Other Information Technology \$2255 Expenses 1003

990 Schedule O, Supplemental Information Return Explanation Reference Other Travel \$2908 Expenses 1005

990 Schedule O, Supplemental Information Return Explanation Reference Insurance \$1316

Other Expenses 1012

990 Schedule O, Supplemental Information Return Explanation Reference PROGRAM EXPENSE \$8746

Other Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other SUPPLIES \$1915 Expenses 2

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 3 BANK SERVICE CHARGES \$1570

990 Schedule O, Supplemental Information Return Explanation Reference Other **FACILITY RENTAL \$171** Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference **TRAINING \$7**

Other Expenses 7

990 Schedule O, Supplemental Information

I	Return Reference	Explanation
7		

Other RECEIVABLE FROM FORWARD MONTANA - Beginning \$13954 RECEIVABLE FROM FORWARD MONTANA - Ending \$13752
Assets 1

990 Schedule O, Supplemental Information

Return

Reference

Explanation

Reference	
Other Assets 2	DAMAGE DEPOSIT - Beginning \$350 DAMAGE DEPOSIT - Ending \$0

990 Schedule O, Supplemental Information

Return Explanation

Reference

Total PAYROLL LIABILITIES - Beginning \$0 PAYROLL LIABILITIES - Ending \$2303

Liabilities 1

Return Explanation
Reference

990 Schedule O, Supplemental Information

COST
SHARING
AGREEMENT
FORWARD MONTANA 501(C)4 AND THE FORWARD MONTANA FOUNDATION 501(C)3 HAVE ENTERED INTO A COS
T SHARING AGREEMENT TO MINIMIZE DUPLICATED EXPENSES AND TO CARRY OUT THEIR COMPLIMENTARY M
ISSIONS IN AN ECONOMICAL AND EFFICIENT MANNER THROUGH THE SHARING OF EMPLOYEES, OFFICE SPA
CE. AND FOUIPMENT