



**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
<b>22</b> Cash, savings, and investments . . . . .	21,654	<b>22</b>	29,986
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	14,304	<b>24</b>	13,752
<b>25</b> Total assets . . . . .	35,958	<b>25</b>	43,738
<b>26</b> Total liabilities (describe in Schedule O). . . . .		<b>26</b>	2,303
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,958	<b>27</b>	41,435

**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?  
Mobilize and engage young Montanans to use the democratic process to improve their lives and the lives of their fellow Montanans  
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**  
See Additional Data Table  
(Grants \$ ) If this amount includes foreign grants, check here ☐  
**29**  
(Grants \$ ) If this amount includes foreign grants, check here ☐  
**30**  
(Grants \$ ) If this amount includes foreign grants, check here ☐  
**31** Other program services (describe in Schedule O) . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here ☐  
**32** Total program service expenses (add lines 28a through 31a) **32** 62,043

**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
CHASE MOHNEY Director	0 50	0		
PARI KEMMICK Director	0 50	0		
SHANNON LEWIS Treasurer	0 50	0		
JEN GURSKY President	1 00	0		
ANDY SHIRTLIFF Director	0 50	0		
BRYAN WATT Secretary	0 50	0		
JESSICA GRENNAN Vice President	1 00	0		
CLAYTON ELLIOT Director	0 50	0		
BRENNA DAVIS Director	0 50	0		
ANNA LUCAS Director	0 50	0		
RACHEL HUFF-DORIA EXECUTIVE DIRECTOR	20 00	17,860		
KIAH ABBEY DEPUTY DIRECTOR	20 00	12,777		

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	No
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	No
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	0
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	0
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	No
<b>c</b> 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 sections 4912, 4955, and 4958 ▶ . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>RACHEL HUFF-DORIA</u> Telephone no ▶ <u>(406) 542-8683</u> Located at ▶ <u>136 EAST BROADWAY SUITE 1 MISSOULA, MT</u> ZIP + 4 ▶ <u>59802</u>		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	No
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</b> 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) . . . . .	<b>45b</b>	No

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	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 . . . . . ☐

		<b>Yes</b>	<b>No</b>
<b>47</b>	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 . . . . .	<b>47</b>	
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>49b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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	(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 business address of each independent contractor	(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 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.

<b>Sign Here</b>	***** Signature of officer		2017-08-21 Date	
	RACHEL HUFF-DORIA Executive Director Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Gregg N Olson	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00623121
	Firm's name ► Rutherford MacDonald & Olson PC			Firm's EIN ►
	Firm's address ► 619 SW Higgins Ave Ste R Missoula, MT 59803			Phone no (406) 549-2334

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

**Additional Data**

**Software ID:** 16000303  
**Software Version:** 2016v3.0  
**EIN:** 13-4285849  
**Name:** FORWARD MT

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

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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> Forward Montanas mission is to mobilize and engage young Montanans to use the democratic process to improve their lives and the lives of their fellow Montanans We believe that if more young people vote and advocate civically for public policies that reflect their values, a more supportive climate will be created to advance public policies that better the lives of young people and all Montanans This change will happen faster if more young Montanans have the leadership skills and training to be effective civic advocates To accomplish our mission and our theory of change, we focus on leadership development, voter education, voter mobilization, and issue advocacy and community engagement In 2016, Forward Montana (FMT) helped train 32 interns and 9 fellows We focus on training interns and volunteers in the art and science of grassroots organizing and issue advocacy We launched DIY (Do It Yourself) classes in the fall of 2016 to expand our educational opportunities to volunteer leaders outside of our internship and fellowship programs FMT hosts happy hours and public information nights to educate and activate young people around current events in their community and in Montana In 2016, FMT held several progressive happy hours in Billings, Bozeman, and Missoula, including election night watch parties Themes ranged from information on learning more about Indian Education for All to different viewpoints on the protest vote FMT worked administratively and through public education and advocacy to push forward the 6 Es that they care about- environment, equality, election reform, health care, education, and economic justice They worked with a number of partners to encourage various state departments to comply with the National Voter Registration Act and maintain an accessible, streamlined process of voter registration They also supported executive action that provided for greater non-discrimination protections for state employees FMT successfully encouraged Gallatin County to make voting more accessible for students by moving a polling location to MSU campus FMT created and distributed 60,000 non-partisan voter guides that highlighted where candidates stand on issues important to young people in the statewide races in Montana in six cities-- Billings, Bozeman, Butte, Dillon, Helena, and Missoula Volunteers and staff distributed these voter guides at local colleges and universities, at coffee shops and local businesses, and door to door in areas where young people live They also promoted an online voter guide via facebook and social media that reached 39,713 people FMT hosted Student Voter Day at the University of Montana and Montana State University campuses This year they expanded the event by partnering with student groups including the Associated Students of Montana State University, MontPIRG, Office of Student Engagement, and Montana Wilderness Association FMT also brought along their trademark, Vote Goats to graze at both campuses  (Grants \$ 62,043)	<b>28a</b>	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FORWARD MT

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

13-4285849

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	FEDERAL REFUNDS \$3053

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$225

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1003	Information Technology \$2255



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1005	Travel \$2908

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1012	Insurance \$1316

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 1	PROGRAM EXPENSE \$8746

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 2	SUPPLIES \$1915

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 3	BANK SERVICE CHARGES \$1570

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 6	FACILITY RENTAL \$171

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses 7	TRAINING \$7

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$0 PAYROLL LIABILITIES - Ending \$2303

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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