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A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

OMB No. 1545-1150

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.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

Open to Public Inspection

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

City or town, state or province, country, and ZIP or foreign postal code
MISSOULA, MT 59801

(406) 542-8683

**F Group Exemption
Number**

H Check ☐ if the organization is **not** 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

K Form of organization ☒ 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 84,986

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	84,961	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	25	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0		
c	Less direct expenses from gaming and fundraising events	6c	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	84,986		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	44,853		
13	Professional fees and other payments to independent contractors	13	6,399		
14	Occupancy, rent, utilities, and maintenance	14	3,672		
15	Printing, publications, postage, and shipping	15	5,007		
16	Other expenses (describe in Schedule O)	16	13,378		
17	Total expenses. Add lines 10 through 16 ▶	17	73,309		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,677		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	41,435		
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	53,112		

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	29,986	22	41,774
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	13,752	24	14,705
25 Total assets	43,738	25	56,479
26 Total liabilities (describe in Schedule O).	2,303	26	3,367
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,435	27	53,112

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 ☐ **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** 37,866

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
ALLIE HAY Vice President	1 00	0		
MATT KELLY Treasurer	0 50	0		
SHANNON LEWIS Director	0 50	0		
JEN GURSKY Director	0 50	0		
STEPHANIE BAUCUS Director	0 50	0		
BRYAN WATT Director	0 50	0		
JESSICA GRENNAN Director	0 50	0		
CLAYTON ELLIOT Director	0 50	0		
BRENNA DAVIS Secretary	0 50	0		
ANNA LUCAS President	1 00	0		
RACHEL HUFF-DORIA EXECUTIVE DIRECTOR	20 00	11,278		
KIAH ABBEY DEPUTY DIRECTOR	20 00	9,730		

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), 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
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 sections 4912, 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 ▶		
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 ▶ RACHEL HUFF-DORIA Telephone no ▶ (406) 542-8683 Located at ▶ 1535 WYOMING ST MISSOULA, MT ZIP + 4 ▶ 59801		
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)?	42b	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)		
c 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	46	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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.

Sign Here	Signature of officer		2018-08-20 Date	
	RACHEL HUFF-DORIA Executive Director Type or print name and title			
Paid Preparer Use Only	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 ► 81-0455653
	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: 17005038
Software Version: 2017v2.2
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.)	
28	<p>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 Montanas 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 leadershipdevelopment, voter registration, voter mobilization, and issue advocacy In 2017 FMT graduated 27 interns from their leadership development programs These programs were geared towards high school and college-aged students FMT workedwith the University of Montana and Montana State University to host these students, in exchange for class credit Students participated in weekly classes, a field program, and led a final project We also hosted six advocacy trainings FMT hosts happy hours and public information nights to educate and activate youngpeople around current events in their community and in Montana In 2017, FMT heldseveral progressive happy hours in Billings, Bozeman and Missoula, including election night watch parties FMT worked administratively and through public education and advocacy to push forward the issues young people most care about the environment, equality, election reform, health care, education, and economic justice During the 2017 Legislature, FMT monitored legislation, worked in coalitions, and supported education and advocacy efforts that protected Montanas heritage of public lands, and supported renewable energy development They opposed efforts that restricted voting rights of young Montanans, efforts that invaded transgender individuals privacy, safety, and dignity to use public facilities, and efforts to cut the budget, impacting important programming that would have negative outcomes for thousands of young Montanans FMT created and distributed 30,000 non-partisan voter guides that highlighted where candidates stand on issues important to young people during the elections in Montana Volunteers and staff distributed these voter guides at local colleges and universities, 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 During the spring special election, they hosted online town hall interviews with candidates These online interviews were led by young, Montana journalists and then displayed online and through social media During the fall municipal elections, FMT worked with partners in Bozeman, Billings, and Missoula to host fun, relevant candidate forums that focused on local issues important to young Montanans from public lands & open spaces to affordable housing and education FMT hosted student voter day at the University of Montana and Montana StateUniversity campuses This year they expanded the event by partnering with studentgroups including the [Associated Students of Montana State University, MontPIRG,Office of Student Engagement, and Montana Wilderness Association]</p> <p>(Grants \$ 37,866)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

13-4285849

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$1469

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$183

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$1724

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$3422

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$93

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	PROGRAM EXPENSE \$2069

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	SUPPLIES \$1813

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	BANK SERVICE CHARGES \$1262

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	FACILITY RENTAL \$889

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	TRAINING \$454

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	RECEIVABLE FROM FORWARD MT FOUNDATION - Beginning \$13752 RECEIVABLE FROM FORWARD MT FOUNDATION - Ending \$14705

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	PAYROLL LIABILITIES - Beginning \$2303 PAYROLL LIABILITIES - Ending \$2433

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	CREDIT CARDS - Beginning \$0 CREDIT CARDS - Ending \$934

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