Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Form 990 (2018)

<u>A I</u>	or the	2018 calendar year, or tax year beginning FEB 22, 2019 and ending	<u>JUN 3</u>	<u>0, 2019</u>	<u> </u>
	Check if applicable	C Name of organization	D Emp	oloyer identifi	cation number
	Address change	MAJORITY FORWARD			
	Name change	Doing business as		83-3	690373
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/suit	te E Tele	phone number	
	Final return/	700 13TH STREET, NW  600	<del></del>	202-	654-6200
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		receipts \$	6,349,033.
	Amende return	WASHINGTON, DC 20005	∬ H(a) Is	this a group re	
	Applica- tion	F Name and address of principal officer JOHN B. POERSCH	L fo	r subordinates	? Yes X No
	pending	SAME AS C ABOVE	_ ` '	e all subordinates in	
		npt status 501(c)(3) X 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or 🗸 55	_	•	list. (see instructions)
		:▶ MAJORITYFORWARD.COM		roup exemptio	
			ar of formati	on 2019 N	A State of legal domicile: DC
Pi		Summary			3007719
a	1 B	riefly describe the organization's mission or most significant activities TO ADVOCA	TE FO	R PROGRI	ESSIVE
Governance	<u>F</u>	OLICIES, ENGAGING IN NONPARTISAN VOTER REGIST			
ž.	2 0	heck this box if the organization discontinued its operations or disposed of mo	re than 259	1 1	_
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	3
		umber of independent voting members of the governing body (Part VI, line 1b)		4	0
Se	5 T	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0
Z.	6 T	otal number of volunteers (estimate if necessary)		6	3
Activities &	7a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b N	et unrelated business taxable income from Form 990-T, line 38		7b	0.
Revenue	1	_	Prio	r Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)			6,349,033.
	9 P	rogram service revenue (Part VIII, line 2g)		0.	
ě	10 Ir	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-		0.
ď	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,349,033.	
	<b>13</b> G	irants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	
ທ	15 S	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)			115,814.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)			0.
ē	. БТ	otal fundraising expenses (Part IX, column (D), lime 25)			
û	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)— CEIVED		_	490,977.
	18 T	otal expenses. Add lines 13-17 (must equal Pat IX column (A), line 25)			606,791.
	19 F	levenue less expenses. Subtract line 18 from line 32			5,742,242.
5	4	evenue less expenses. Subtract line 18 from lines 19 101 3 0 2020	Beginning o	f Current Year	End of Year
Sets	20 ⊺	- 1 (5 ) (7 )			5,742,242.
ASS	21 T	otal liabilities (Part X, line 16) otal liabilities (Part X, line 26)  OGDEN, UT			0.
Se	22 N	let assets or fund balances. Subtract line 21 from line 20			5,742,242.
	art II	Signature Block			
		ies bioerjury, I declare that I have examined this return, including accompanying schedules and state			knowledge and belief, it is
true	, correct,	and complete. Declaration of gregarer (other than officer) is based on all information of which prepar	er h <u>as any</u> k	nowledge.	<del>-  </del>
		10 8 6			a/2020
Sig	n	Signature of officer		DateL	-
He	re	JOHN B. POERSCH, PRESIDENT			
		Type or print name and title	I D-4		I orm
		Print/Type preparer's name Preparer's signature	Date	Check If	PTIN
Pai	d <u>F</u>	TAY THIES, CPA	7-9-202	20 self-employ	
Pre		Firm's name RUBINO & COMPANY, CHARTERED		Firm's EIN	52-1186096
Use	Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 1200		_	
_		BETHESDA, MD 20817-1818		Phone no. 30	<u>1-564-3636</u>
140	the ID	discuss this roturn with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2018) MAJORITY FORWARD	83-3690373	Rage 2
	rt III Statement of Program Service Accomplishments		41
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission THE ORGANIZATION'S MISSION IS TO ADVOCATE FOR PROGRESSIVE	POLICIES.	
	ENGAGING IN NONPARTISAN VOTER REGISTRATION.	1 I O D I C I D O ,	
	ENGAGING IN NONLAKTIDAN VOIBE EBGIDTRATION:		<del></del>
	Diddle and the second state of the second stat		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	I NO
	If "Yes," describe these new services on Schedule O.		<b>ॼ</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 453,500. including grants of \$) (Revenue	ie \$	)
	THE ORGANIZATION CONDUCTED ACTIVITIES PROMOTING PROGRESS	IVE POLICIES	•
		<del> </del>	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	10 \$	)
		<del></del>	
4¢	(Code) (Expenses \$ including grants of \$) (Revenue	ıe \$	)
		<u> </u>	
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
<b>4</b> u		١	
_	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 453,500.		
4e	Total program service expenses 453,500.		

Form **990** (2018)

Form 990 (2018) MAJORITY FORWARD
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٠,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			-
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	· · · · · · · · · · · · · · · · · · ·	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	
16		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>     </del>		-11
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- <del>''</del>		<u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<del></del>		_ <del></del> _
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
. b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 12, if "Ves." complete Schedule I, Parts I and II	21		x

Form	990 (2018) MAJORITY FORWARD 83-3690	373	Р	age 4
, Par	t IV   Checklist of Required Schedules (continued)	_		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	245		x
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	· · ·	<del>                                     </del>
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\overline{}$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		$\overline{}$
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		-	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<b></b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.		7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		3.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-37   f "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	<del></del>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		$\vdash$
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	336	-	<del></del>
00	If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
•	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	]	l	
	(gambling) winnings to prize winners?	1c		
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Form	990 (2018) MAJORITY FORWARD 83-3690 TV Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u>373</u>	Р	age 5
. [		-	V	N.
٥.	Enter the number of employees recorded on Form W.C. Tresponded of Warra and Tou Chaterrante		Yes	No_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	'		
_	,			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	<b> </b>	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		<del></del>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country	١.		<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	ŀ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del></del>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b></b>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>-</b> '''		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9		⊢°	<del>                                     </del>	
	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		_
40		9b		<del> </del>
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders	1		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del>                                     </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	<u> </u>		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	ļ	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	<u> </u>	<u> </u>	L

MAJORITY FORWARD 83-3690373 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? [f "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  $\overline{\mathbf{x}}$ a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KY, MD, MA, MN, MS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

# Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organiz (A)	(B)	(c)					_	(D)	(E)	(F)	
Name and Title	Average			Pos	ition	) 		Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an			s both	n an	compensation	compensation from related	amount of	
	week	officer and a direct			recto	r/trus	tee)	- Irom 1		other	
	(list any	ector					ŀ	the	organizations	compensation	
	hours for	퉏				ted	ŀ	organization	(W-2/1099-MISC)	from the	
	related	stee	ruste			Sensc		(W-2/1099-MISC)		organization	
	organizations	를	a t		loye	E S				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>F</b> ormer			organizations	
/1) T. D. DODDGGV	line)	Ĕ.	Ë	₽	- A	포함	윤		<u></u>		
(1) J. B. POERSCH	22.85	┨								_	
PRESIDENT	15.00	X	_	X		┡	_	0.	0.	0	
(2) REBECCA LAMBE	15.10						ŀ			_	
TREASURER	15.00	X	_	X		<u> </u>		0.	0.	0	
(3) KAREN HANCOX	20.00	1									
DIRECTOR	20.00	X						0.	0.	0	
(4) LUIS NAVARRO	1.00	1									
DIRECTOR	1.00	X				L		0.	0.	0	
		]									
					L	<u> </u>					
		_									
<del></del>											
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		1						]			
		$\vdash$	$\vdash$			$\vdash$	<del>                                     </del>	<del> </del>			
		1					ļ				
		$\vdash$	-	$\vdash$	_	-	1				
		-	1		l			1			

Part VII   Section A. Officer	s, Directors, Tru	stees, Key Em	oloy	ees,			hes	t C	ompensated Employed	s (continued)			_	
(A) Name and titl	e	(B) Average hours per	box	not cl	Posi Posi heck r ss per id a di	nore son is	than c s both	an	(D) Reportable compensation	(E) Reportable compensatio	'n	Į.	(F) stimate nount	of
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer e		Highest compensated employee	,	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	fi org an	other npensa rom th panizat d relat anizati	ation ie tion ted
			L											
			_											
							_							
			_											
			_											
			_											
1b Sub-total			<u> </u>					<b>.</b>	0.		0.			0.
c Total from continuation d Total (add lines 1b and		/II, Section A						<b>▶</b>	0.		0.			0.
2 Total number of individual compensation from the compensation.		not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100	,000 of reportable	•			(
3 Did the organization list a	any <b>former</b> office	r, director, or tru	ustee	e, ke	y en	nplo	yee,	or l	nighest compensated e	mployee on			Yes	No
line 1a? If "Yes," comple For any individual listed of	on line 1a, is the s	sum of reportabl							•	he organization		3		X
and related organizations  Did any person listed on	line 1a receive or	accrue comper	ısatı	on fr	om a	any	unre			dual for services		4		X
rendered to the organiza Section B. Independent Con	tractors											5	l	X
<ol> <li>Complete this table for y the organization. Report</li> </ol>	compensation for		-						the organization's tax	-	ensa			
	(A) lame and busines	s address							(B) Description of s	services	C		C) nsatio	n
IVIS ANALYTICS O BOX 4042, CH		60654						_	RESEARCH SER	VICES		45	3,5	00.
						•••		_		,				
								1						
								$\dashv$						
Total number of indepen \$100,000 of compensati			ot lir	nited	d to t	thos		ted	above) who received m	ore than				

Form 990 (2018) MAJORITY FORWARD
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response o	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, a	1 2	Federated campaigns	1a	*			•	1 - 1
2 3	14		<del></del>					
, E 3	b	•	1b					1
P.S.	С	Fundraising events	1c					
뜌 뛰	d	Related organizations	$1d^2$ ,	200,693.	4 ,	. [		
图》	е	Government grants (contributi	ons) 1e					
80	ŕ	All other contributions, gifts, grant	rs. and					
걸눩	-	similar amounts not included abov		148,340.				
끊ם	_			511,292.				
Contributions, Gifts. Grants and Other Similar Amounts	9	Noncash contributions included in lines	18-11 \$		6,349,033.			
<u>0 é</u>	<u>n</u>	Total. Add lines 1a-1f						
				Business Code	<del></del>	·		
8	2 a							
ے ž	b							. I
め首	С							
ᇎ	d							
54	e							1
Program Service Revenue		All other program service reve	nuo					<del>                                     </del>
_	•	. •	ilue					<del></del>
$\dashv$		Total. Add lines 2a-2f						<del>- </del> '
	3	Investment income (including	dividends, intere	st, and				1
		other similar amounts)		•				<del> </del>
	4	Income from investment of tax	k-exempt bond p	roceeds >				
	5	Royalties		<u> </u>				
			(ı) Real	(iı) Personal				1
	6 a	Gross rents						
	b	Less rental expenses						}
1		Rental income or (loss)						
		Net rental income or (loss)	<del></del>					-  <del></del>
		Gross amount from sales of	(i) Securities	(ii) Other			<del></del>	† 1
	/ a		(I) Securities	(ii) Oti iei				
1	_	assets other than inventory	<del></del>					
1	b	Less cost or other basis				[		
		and sales expenses						
	С	Gain or (loss)						_
	d	Net gain or (loss)						
اہ	8 a	Gross income from fundraising	g events (not		•			
Ž		including \$	of					
ē		contributions reported on line						
~ ~		Part IV, line 18	а			,		
Other Revenue		Less direct expenses	b					
ᅙ	ľ	•	-				<del></del>	
ı		Net income or (loss) from fund	-					<del>                                     </del>
- 1	9 a	Gross income from gaming ac	tivities See			!		
		Part IV, line 19	а					
	b	Less direct expenses	b			<del> </del>	·····	
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					1
		and allowances	а					
	b	Less cost of goods sold	b		•			
		Net income or (loss) from sale			<del></del>		- <del></del>	-
		Miscellaneous Revenue		Business Code				<del>† 1</del>
	44	<del></del>		Dusiness Code		<del></del>	<del></del>	- J
	11 a	· · · · · · · · · · · · · · · · · · ·		<del> </del>				+
	b	·						
	С	<del></del>			·	<b> </b>	<del> </del>	<b>_</b>
	d	All other revenue						
1	е	Total. Add lines 11a-11d		<b>•</b>				
	12	Total revenue. See instructions		<b></b>	6,349,033.	0.	0.	0.
								- 000

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	•		npiete column (A)	X
D= -	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	104 967		49,284.	55,583.
7	Other salaries and wages	104,867.		49,204.	33,363.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1 210	<del></del>	A 210	<del></del>
9	Other employee benefits	4,218. 6,729.		4,218. 3,163.	3,566.
10	Payroll taxes	0,129.		3,103.	3,300.
11	Fees for services (non-employees)				
_	Management	23,446.		23,446.	
b	Legal	3,842.		3,842.	
	Accounting	3,042.		3,042.	·
d	, ,				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	454,100.	453,500.	600.	
12	Advertising and promotion	131,1001	133,300.	000.	
13	Office expenses	5,109.		5,109.	
14	Information technology	1,250.		1,250.	
15	Royalties				
16	Occupancy	3,230.		3,230.	
17	Travel	,		- /	
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance			-	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedulo 0.)				
a b					<del> </del>
c					<del></del>
d					<del>_</del> '
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	606,791.	453,500.	94,142.	59,149.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				,

		Check if Schedule O contains a response or note	e to any line in this Part X				
				(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			1	5,742,242.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for	rmer officers, directors,				
		trustees, key employees, and highest compensa	ted employeeş Complete				
		Part II of Schedule L	·		5		
	6	Loans and other receivables from other disqualif	ied persons (as dofinod undor	11 1			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary				
\$		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net	<u> </u>	<u> </u>	7		
Ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	9		
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	<del>.</del>		·	
	b	Less accumulated depreciation	d depreciation 10b				
	11	Investments - publicly traded securities		_11			
	12	Investments - other securities See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	1		13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	5 5 4 5 4 5		
	16	Total assets. Add lines 1 through 15 (must equa	0.	16	5,742,242.		
	17	Accounts payable and accrued expenses	-		17		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	T T		21		
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees	s, and disqualified persons.				
į		Complete Part II of Schedule L		_	22		
_	23	Secured mortgages and notes payable to unrela	•		23	=-	
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		Schedule D	17-24) Complete Part X of		25		
	26	Total liabilities. Add lines 17 through 25		0.	26	0.	
	20	Organizations that follow SFAS 117 (ASC 958)	check here		20	•	
		complete lines 27 through 29, and lines 33 and					
çes	27	Unrestricted net assets			27	5,742,242.	
lan	28	Temporarily restricted net assets	F		28	57.1272121	
8	29	Permanently restricted net assets	F		29		
틸	]	Organizations that do not follow SFAS 117 (AS	SC 958), check here				
Net Assets or Fund Balances		and complete lines 30 through 34.		,			
ts o	30	Capital stock or trust principal, or current funds	ľ	<del> </del>	30	· · · · · · · · · · · · · · · · · · ·	
Sset	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	<u>.</u> .	
ţ	32	Retained earnings, endowment, accumulated inc			32		
ž	33	Total net assets or fund balances		0.	33	5,742,242.	
	34	Total liabilities and net assets/fund balances		0.	34	5,742,242.	

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	<u>,34</u>	9,0	<u>33.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		60	6,7	91.
3	Revenue less expenses Subtract line 2 from line 1	3	5	,74	2,2	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5	<u>,74</u>	<u>2,2</u>	<u>42.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		:		
	separate basis, consolidated basis, or both			١		
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		'		
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					<u>                                     </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt				
	Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		l.	34		1

Form **990** (2018)

### **SCHEDULE D**

`(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAJORITY FORWARD

Employer identification number 83-3690373

Pai	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6.	·						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds						
	are the organization's property, subject to the organization's	•	Yes	No					
6	Did the organization inform all grantees, donors, and donor a		used only						
	for charitable purposes and not for the benefit of the donor of		•						
	impermissible private benefit?	, , , ,	Yes	No					
Pai		ganization answered "Yes" on Form 990,							
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or e		torically important land area						
	Protection of natural habitat	· —	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the las	st					
	day of the tax year		Held at the End of the Ta						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
c	Number of conservation easements on a certified historic stri	ucture included in (a)	2c						
ď	Number of conservation easements included in (c) acquired a	''							
_	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	<del></del>						
-	vear >	, ,	3						
4	Number of states where property subject to conservation eas	sement is located							
5	Does the organization have a written policy regarding the per	<u> </u>							
	violations, and enforcement of the conservation easements if	- · ·	Yes	No					
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year	_					
	<b>•</b>								
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	tion easements during the year						
	<b>▶</b> \$		•						
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?		Yes	□No					
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organization's accounting for						
	conservation easements								
Pai	t III Organizations Maintaining Collections of	·	ther Similar Assets.						
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art,						
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part	XIII,					
	the text of the footnote to its financial statements that descri	bes these items							
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, histo	rical					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amo	ounts					
	relating to these items								
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$						
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items							
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
b	Assets included in Form 990, Part X		<b>&gt;</b> \$						

Sche		Y FORWARD					83-36	90373	Page 2
Par	tilll Organizations Maintaining C	ollections of Ar	t, Historical '	Treasures, o	r Other	Simila	r Assets	(continu	ed)
	Using the organization's acquisition, accessi								
	(check all that apply)								
а	Public exhibition	(	Loan or	exchange progr	ams				
b	Scholarly research	•	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how they furthe	er the organizati	on's exen	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma							Yes	No_
Pai	tilVi Escrow and Custodial Arran	gements. Compl	ete if the organiz	ation answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ions or other as	sets not i	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow of	r custodial acco	ount liabili	ty?		Yes	No No
	If "Yes," explain the arrangement in Part XIII					_			
'Pai	Endowment Funds. Complete	f the organization ar	swered "Yes" or	Form 990, Par	t IV, line 1	0.			
	·	(a) Current year	(b) Prior year	(c) Two yea	ers back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance							ļ	
b	Contributions								
С	Net investment earnings, gains, and losses						_		
d	Grants or scholarships								
е	Other expenditures for facilities			:					
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, columi	n (a)) held as					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	•							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are hel	d and administe	red for th	e organız	ation		<del></del>
	by								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	•		R?				_3b	
Da.	Describe in Part XIII the intended uses of the t <sub>1</sub> VII Land, Buildings, and Equipm		wment funds						
r, al			D-41/4 t 44	. 0 5 601	N Deat V	l 10			
	Complete if the organization answere				7				<del></del>
	Description of property	(a) Cost or o	1 ' '	Cost or other	1	ccumulat		(d) Book	value
	lend.	Dasis (IIIVesti	nent) Da	sis (other)	ae	oreciation		<del> </del>	
1a	Land								
b	Buildings				<del> </del>				
C	Leasehold improvements	<del></del>							
d	Equipment				<del> </del>	-			
-	Other  Add lines 1a through 1e (Column (d) must e	aval Form 000, Dead	V anhum = 400 to	10-1	<u> </u>				0 -

Schedule D (Form 990) 2018 MAJORITY FC	RWARD		83-3690373 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	~		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n Cost or end-of-year market value
(1) Financial derivatives	,		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(D)			
(E)	<u> </u>		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11c See Form 990, Part X.	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	n Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	<u> </u>		<del>-</del>
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets.	<u>.                                    </u>		<del></del>
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 990 Part Y	line 15
	) Description	ino tra coot om coot are x.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			<del></del>
(7)	<del></del>	·	
(8)		<del> </del>	
(9)	44.	<del></del>	
Total. (Column (b) must equal Form 990. Part X. col. (B) lir.  Part X Other Liabilities.	ne 15.)		
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11e or 11f See Form 990, F	Part X, line 25.
1. (a) Description of liability	Í	(b) Book value	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	. ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 MAJOR ]	TY FORWARD		83-36	90373	Page 4
Par	t XI Reconciliation of Revenue	per Audited Financial St	atements With Revenue pe	r Return.		
	Complete if the organization answ	ered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support p	er audited financial statements		1	6,349,	033.
2	Amounts included on line 1 but not on Fo	rm 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investme	nts	2a			
b	Donated services and use of facilities		2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			_3	6,349,	<u>033.</u>
4	Amounts included on Form 990, Part VIII,	line 12, but not on line 1				
а	Investment expenses not included on For	m 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )		4b			
C	Add lines 4a and 4b			4c		0.
_5_	Total revenue. Add lines 3 and 4c. (This n	nust equal Form 990. Part I. line 1	2.)		6,349,	<u>033.</u>
Par	t XII Reconciliation of Expense	s per Audited Financial S	tatements With Expenses	per Return.		
	Complete if the organization answer	ered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited fin	ancıal statements		1	606,	<u>791.</u>
2	Amounts included on line 1 but not on Fo	rm 990, Part IX, line 25				
а	Donated services and use of facilities		2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII)		2d			
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	606,	791.
4	Amounts included on Form 990, Part IX, I	ine 25, but not on line 1				
а	Investment expenses not included on For	m 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII)		4b			
С	Add lines 4a and 4b		<del></del>	4c		0.
5	Total expenses Add lines 3 and 4c. (This	must equal Form 990 Part I line	18)	5	606,	
Par	t XIII Supplemental Information			, , ,		
	de the descriptions required for Part II, line			line 4, Part X, lir	ne 2, Part XI	
lines	2d and 4b, and Part XII, lines 2d and 4b A	Iso complete this part to provide	any additional information.			
DAE	T X, LINE 2:					
FAR	II A, DING Z.					
MAJ	ORITY FORWARD HAS PRO	CESSES IN PLACE	TO ENSURE THE MAIN	TENANCE	OF ITS	
TAX	-EXEMPT STATUS; TO ID	ENTIFY AND REPORT	T UNRELATED INCOME	; TO DET	ERMINE	
TTPS	FILING AND TAX OBLIG	ATTONS IN JURISD	CTIONS FOR WHICH	тт нас и	EXIIS •	
				•		
ANI	TO IDENTIFY AND EVAL	UATE OTHER MATTE	RS THAT MAY BE CON	SIDERED	TAX	_
POS	SITIONS. MAJORITY FORW	ARD HAS DETERMINI	ED THAT THERE ARE	NO MATER	IAL	
<u>UNC</u>	ERTAIN TAX POSITIONS	THAT REQUIRE RECO	OGNITION OR DISCLO	SURE IN	THE	
FIN	IANCIAL STATEMENTS.		t			
				<del></del>		
					<del> </del>	

Schedule D (Form 990) 2018

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### SCHEDULE M (Form 990)

### **Noncash Contributions**

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer identification number** MAJORITY FORWARD 83-3690373 Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 7 Boats and planes R Intellectual property 511,292. FAIR MARKET VALUE Securities - Publicly traded Х q 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other > 26 Other Other > 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

describe in Part II.

Schedule M (Form 990) 2018 MAJORITY FORWARD	83-3690373	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	d 33, and whether the organiza combination of both. Also comp	ition
SCHEDULE M, PART I, COLUMN (B):		
LINE 9 (B): INDICATES THE NUMBER OF STOCK CONTRIBUTIONS	•	
· · · · · · · · · · · · · · · · · · ·		
`		
-		

### **SCHEDULE 0**

Internal Revenue Service

' (Form 990 or 990-EZ)

Department of the Treasury

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAJORITY FORWARD

**Employer identification number** 83-3690373

FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS NO SEPARATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF
OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEWS FORM 990 PRIOR TO
ITS SUBMISSION WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE TO THE BOARD ANY FINANCIAL
INTEREST IN WHICH THE OFFICER OR DIRECTOR DIRECTLY OR INDIRECTLY HAS IN ANY
PERSON OR ENTITY WHICH IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY
THE BOARD. THE INTERESTED DIRECTOR OR OFFICER IS REQUIRED TO ABSTAIN FROM
VOTING ON THE TRANSACTION.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KY, MD, MA, MN, MS, NH, NJ, NY, OR, PA, RI, SC, TN, WV, WI
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE.
FORM 990, PART IX, LINE 11G, OTHER FEES:
RESEARCH SERVICES:
PROGRAM SERVICE EXPENSES 453,500.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.

Name of the organization  MAJORITY FORWARD	Employer identification number 83-3690373
TOTAL EXPENSES	453,500.
	· · · · · · · · · · · · · · · · · · ·
PROFESSIONAL FEES:	·
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	600.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	600.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	454,100.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection 2018

OMB No 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

MAJORITY FORWARD

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number 83-3690373

Direct controlling End-of-year assets <u>e</u> Total income Ð Legal domicile (state or Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

(a)	(q)	(0)	(p)	(e)	(4)	(6)	3
Name, address, and EIN	Pnmary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	رة الم الم
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
AMERICA WORKING TOGETHER - 81-3512949							
700-13TH ST., NW #600	····						
WASHINGTON, DC 20005	ADVOCACY	DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)	<b>-≱i</b> .	MAJORITY FORWARD	×	
DUTY AND HONOR - 82-5359967							
700-13TH ST., NW #600				-			
WASHINGTON, DC 20005	ADVOCACY	DISTRICT OF COLUMBIA	501(C)(4)	<b>-</b>	MAJORITY FORWARD	×	
SENATE MAJORITY PAC - 27-2896127							
700-13TH ST., NW #600							
WASHINGTON, DC 20005	POLITICAL COMMITTEE	DISTRICT OF COLUMBIA	527			×	
MAJORITY FORWARD - 47-4368320							
700-13TH ST., NW #600							
WASHINGTON, DC 20005	ADVOCACY	DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)			×	u
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Schedule R (Form 990) 2018

83-36903-73

Page 2

Schedule R (Form 990) 2018 MAJORITY FORWARD

General or Percentage managing ownership partner?  $\Xi$ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Disproportionate Yes No allocations? Ξ (g)
Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Part III

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a comporation or trust during the tax year.

		512(b)(13) controlled	Ž								
		512( cont	Yes								
	Ξ	Percentage ownership									
	(6)	Share of end-of-year	assets								
	ω	Share of total income									
	(e)	ype of entity corp. S corp	or trust)		,						
	( <del>Q</del> )	Direct controlling entity									
	(o)	₫ _	foreign country)								
ing the tax year.	(q)	Primary activity									
organizations treated as a corporation or trust ouring the tax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2018

Page 3

Part.V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	7				γ.	Yes	2
During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts II-177	s with one or more re	lated organizations listed	in Parts II-1V?	<u> </u>	╬		1
Receipt of (i) interest, (ii) annurties, (iii) royalties, or (iv) rent from a controlled entity	_			<u>-</u>	1a	1	<u>.</u>  :
Gift, grant, or capital contribution to related organization(s)				<b>-</b>	<del>q</del>	+	×
Gift, grant, or capital contribution from related organization(s)				<u>-</u>	1c X		
Loans or loan guarantees to or for related organization(s)				_	19	^	×
Loans or loan guarantees by related organization(s)					1e	7	×
							ı
Dividends from related organization(s)					=	^	×
Sale of assets to related organization(s)				<u>-</u>	19	$\stackrel{\sim}{ }$	×
Purchase of assets from related organization(s)					<b>1</b>	$\hat{}$	×
Exchange of assets with related organization(s)					;=	$\stackrel{\sim}{\parallel}$	×
Lease of facilities, equipment, or other assets to related organization(s)					<u> </u>	_	×
l assa of facilities equipment or other assats from related organization(s)					¥		×
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1	=	~	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)				Ŧ	_	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)				1n X		
Sharing of paid employees with related organization(s)					10 X	М	
				<u>.</u>			Н
Reimbursement paid to related organization(s) for expenses				<u>-</u>	라 X	╅	-
Reimbursement paid by related organization(s) for expenses		:		<u> </u>	19	~	×
Other transfer of cash or property to related organization(s)					<b>+</b>	_^	×
Other transfer of cash or property from related organization(s)					18	Ĥ	$ \bowtie $
If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds				
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved ,	(d) Method of determining amount involved	int involve	<del>.</del>		
							1
							- 1
			Sche	Schedule R (Form 990) 2018	orm 9	90) 20	15
					٠		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN Primary of entity	Primary activity					9	=	=	=	
		1 1 1 1 1		Are all		5 7	Description of	1011 // 4400		
		Legal domicile (state or foreign	(related, unrelated,	501(c)(3)	Share of total	Snare of end-of-vear	tonate	amount in box 20	managing	Percentage
		country)	excluded from tax und sections 512-514)	Yes No	Ī	assets	Yes No	of Schedule K-1 (Form 1065)	Yes	
				•						
									_	
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										,
					•					
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		1						Schedule	R (For	Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	MAJORITY FORWARD	<u>83-369</u> 0373	Page 5
Part VII	(Form 990) 2018  Supplemental Infor	mation.		
	Provide additional inform	ation for responses to questions on Schedule R. See instructions		
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Schedule R (Form 990) 2018