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Department of the Treasury

DLN: 93493107016148

OMB No 1545-0047

#### **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 ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public Inspection

Interna	l Reve	nue Service	F Information about	. Form 330 and its mistractions is at wi	WWW 1115 GOV/1011	<u> </u>		Inspection
A F	or th	e <b>2016</b> ca		ning 06-01-2016 , and ending 05-	31-2017			
		pplicable	C Name of organization MAJORITY FORWARD	<u> </u>		D Employ	er identif	ication number
	dress me ch	change ange				47-4368	3320	
☐ Ini	tıal ret	-	Doing business as					
Fir Detur		minated	Number and street for D.O. how if ma	ul is not delivered to street address.\ Deem/	auta	E Telephon	e number	
		d return	700 13TH ST NW No 600	il is not delivered to street address) Room/	suite	(202) 6	54-6200	
□Ар	plication	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code		- (202) 0	3 1 0200	
			WASHINGTON, DC 20005			<b>G</b> Gross re	ceipts \$ 3	4,177,016
			F Name and address of principal JOHN B POERSCH	officer	H(a) Is thi	s a group re	turn for	
			700 13TH ST NW No 600			dinates?		□Yes 🗹 No
			WASHINGTON, DC 20005		H(b) Are a		es	☐ Yes ☐No
I 1a:	x-exer	mpt status	☐ 501(c)(3) ☑ 501(c)(4) ◀(	insert no ) 4947(a)(1) or 527		•	•	instructions)
J W	ebsit	t <b>e:▶</b> MAJ	ORITYFORWARD COM		H(c) Group	exemption	number	<b>&gt;</b>
V [			✓ Corporation ☐ Trust ☐ Associ	water Other N	L Year of form	ation 2015	<b>M</b> State	of legal domicile DC
K Forr	n or or	rganization	Corporation Li Trust Li Assoc	clation				
Pa	1	Sumi			•			
			cribe the organization's mission or NIZATION'S MISSION IS TO ADVO	most significant activities CCATE FOR PROGRESSIVE POLICIES				
ıce	-	THE OILER		TOTAL FOR THOUSE STATE TO CLOSES				
le (	-							
Activities & Governance	,	Check this	s box • 🗖 If the organization disc	continued its operations or disposed of	more than 25%	of its net a	ssets	
3				g body (Part VI, line 1a)			3	3
<b>×</b> 5 √	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)		•	4	2
Ж	5	Total num	nber of individuals employed in cal	endar year 2016 (Part V, line 2a) .		•	5	1
Ç	1		•	essary)		•	6	0
٩	1			VIII, column (C), line 12		•	7a	0
	Ь	Net unrei	ated business taxable income from	Form 990-1, line 34	 Det	or Year	7b	Current Year
	R	Contributi	ions and grants (Part VIII, line 1h)		-	7,224,0	124	34,177,016
Ravenue	1		service revenue (Part VIII, line 2g)		,,224,0	0	0	
ΘΛċ	1	-	nt income (Part VIII, column (A), I				0	0
α	11	Other rev	0	0				
	12	Total reve	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		7,224,0	024	34,177,016
	13	Grants an	nd sımılar amounts paıd (Part IX, c	olumn (A), lines 1–3 )		15,2	200	9,545,332
	1		oald to or for members (Part IX, co				0	0
3	1	•		nefits (Part IX, column (A), lines 5–10)	)		0	478,296
ens	1		• , , ,	nn (A), line 11e)		501,7	764	494,875
Expenses	1		aising expenses (Part IX, column (D), lir	· · · · · · · · · · · · · · · · · · ·		207.		25.240.200
	1		penses (Part IX, column (A), lines : enses  Add lines 13–17 (must equa	•		297,5 814,5		25,248,300 35,766,803
	1	·	less expenses Subtract line 18 fro			6,409,4		-1,589,787
χ <sub>α</sub>		Revenue	less expenses subtract mic 10 mo		Beginning	of Current Y		End of Year
Net Assets or Fund Balances								
Ass. Bal	1		ets (Part X, line 16)			3,595,2		2,005,498
E E	1		ilities (Part X, line 26)			2 505 0	0	0
∠u. Pai			s or fund balances Subtract line 2	1 from line 20		3,595,2	285	2,005,498
			<b>ature Block</b> erjury, I declare that I have examı	ned this return, including accompanyir	ng schedules and	statements	s, and to	the best of my
	ledge	and belief		Declaration of preparer (other than of				
ally K	HOWIE							
		******	re of officer		201 Dat	8-04-17		
Sign		Josephace	are or officer		Dat	.e		
Here	5		B POERSCH PRESIDENT r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	d		ATRICIA A O'MALLEY CPA	PATRICIA A O'MALLEY CPA	Che		200285909	•
Pre		er 🗔	rm's name   RUBINO AND COMPANY	CHARTERED		n's EIN ► 52-	1186096	
Use		I C.	rm's address ▶ 6903 ROCKLEDGE DRIV	E SUITE 1200	Pho	one no (301)	564-3636	
			BETHESDA, MD 20817:	1818				
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)	<u></u>	<u>.</u>	<b>✓</b> Y	′es 🗆 No
For P	aper	work Red	duction Act Notice, see the sepa	arate instructions.	Cat No :	L1282Y		Form <b>990</b> (2016)

Form	990 (2016)					Page <b>2</b>
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
THE	ORGANIZATION'S MIS	SION IS TO ADVOCAT	E FOR PROGRES	SIVE POLICIES		
_	5.1.1					
2	<del>-</del>			vices during the year wh		☐ Yes ☑ No
		r 990-EZ?				⊔ Yes ⊻ No
3	•	ese new services on Sc			-h	
3	_		_	changes in how it condu	· · · · ·	☐ Yes ☑ No
						□ res • No
4		ese changes on Schedu		-h- 66 .h- h		
•	Section 501(c)(3) an		ons are required	I to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code	) (Expenses \$	34,680,955	including grants of \$	9,545,332 ) (Revenue \$	)
	See Additional Data					·
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	·					
4d	Other program service	ces (Describe in Sched	ule O )			
-u	(Expenses \$	,	luding grants of	\$	) (Revenue \$	)
4e	Total program serv		34,680,9	<u> </u>	•	·
<u></u>		·	3.,220,3			Form <b>990</b> (2016)

Yes

,
c

or X as applicable

Form 990 (2	2016)
Part IV	Checklist of Required Schedules

- organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1
  - 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . 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 💆 . . . . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

Yes 3

6

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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Yes

Nο

No

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Nο

Nο

Nο

No

No

Νo

Nο

Νo

No

Nο

Nο

Nο

Nο

No

Nο

No

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Page 3

No

- 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? 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? No 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Form 990 (2016)							
Par	Checklist of Required Schedules (continued)						
			Yes	No			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	0a		No			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	оь					
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 1° If "Yes," complete Schedule I, Parts I and II	1	Yes				
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	2		No			
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 Schedule J	:3	Yes				
24a	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 Schedule K If "No," go to line 25a	4a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24	4ь					
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	4c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24	4d		<u>.</u>			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	5a		No			

25b

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28a

28b

28c

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Yes

Yes

Yes

Yes

Form 990 (2016)

Nο

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Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

26

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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

orm '	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		Щ
	Fortunation accomplishing the Day 2 of Forms 1006 Fortun O. Africk anniholds.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 22  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		No
b	If "Yes," enter the name of the foreign country  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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		30		
ŭ	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	<b>6</b> a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
	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?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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	134		
_	Enter the amount of reserves on hand			
С		4 I		١
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management		•	
	one in the content of		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3		103	
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	. )	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
		124	162	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
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 exempt status with respect to such arrangements?			
		16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶PERKINS COIE LLP 700 13TH STREET STE 600 NW WASHINGTON, DC 20005 (202) 654-1740			

Part VII

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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
(1) REBECCA LAMBE PRESIDENT	15 00 15 10	Х		x				90,000	90,000	0
(2) JB POERSCH TREASURER	15 00 22 85	Х		х				О	0	0
(3) SUSAN MCCUE DIRECTOR	15 00 25 60	Х						0	0	0
(4) KARYN N BROCKMAN FUNDRAISING	20 00					×		91,962	91,962	6,924
(5) STEPHAINE POTTER ADMINISTRATION	20 00					×		57,472	57,472	6,924
				1		I -				

1707 L Street NW Suite 300 WASHINGTON, DC 20036

compensation from the organization ▶ 10

(A)

(B)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

(E)

Page **8** 

( <b>A</b> ) Name and Title	Average hours per week (list any hours for related	than o	one bo	ox, u in off tor/tr	che nles	eck moss pers r and a ee)	son	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (2/1099-MISC	w-	Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated emptoxee	Former	2,1033 (1130)	2/1099 1130		relat organiza	ed	
1b Sub-Total						<u> </u>				$\perp$			
c Total from continuation sheets to	•		•					220,424	220.45			12.040	
d Total (add lines 1b and 1c)  Total number of individuals (including)	ng but not limited				2006	►  e) who	rece	239,434 eived more than \$1	239,43	84		13,848	
of reportable compensation from th													
3 Did the organization list any forme line 1a? If "Yes," complete Schedule			:ee, k	ey er •	nplo	oyee,	or hi	ghest compensated	i employee on	3	Yes	No No	
For any individual listed on line 1a, organization and related organization individual									n the				
5 Did any person listed on line 1a rec services rendered to the organization										5		No	
Section B. Independent Contra	ctors												
1 Complete this table for your five high from the organization Report comp										npei	nsation		
Nam	(A) e and business addre	ess						Desc	(B) cription of services		(C Comper		
WATERFRONT STRATEGIES									ING AND CONSULTI	NG		,400,545	
3050 K STREET NW SUITE 100 WASHINGTON, DC 20007													
FIELDWORKS LLC PO BOX 9897								FIELDWORI	AND GRASSROOTS	5	3	,390,665	
WASHINGTON, DC 20016 GRSG COMPANY								FIELDWORI	K AND GRASSROOTS	5	1	,396,000	
1701 Pennsylvania Ave NW Suite 300 WASHINGTON, DC 20006													
GRASSROOTS SOLUTIONS 861 East Hennepin Ave								FIELDWORI	CAND GRASSROOTS	5		764,212	
Minneapolis, MN 55414 THE VOTER PARTICIPATION CENTER								FIELDWORI	AND GRASSROOTS	5		369,518	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

(D)

Part		III Statement of Reven	nue					rage <b>3</b>
		Check if Schedule O cont		oonse or note to an	v line in this Part VII	Τ		
		5.05K II 55.05U 5 5 5.0K			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	la Federated campaigns	1a			revenue	1	512-514
ats a	ľ	<b>b</b> Membership dues	<u> </u>					
rar		•	1b					
Б		c Fundraising events	1c					
ifts ar /		<b>d</b> Related organizations	1d					
9 ∺		<b>e</b> Government grants (contribution	ns) <b>1e</b>					
Sil		f All other contributions, gifts, gra and similar amounts not include:	a	24.437.046				
ributions, Gifts, Grants Other Similar Amounts		above	1f	34,177,016				
Contributions, Gifts, Grants and Other Similar Amounts		9 Noncash contributions include in lines 1a-1f \$						
Contained								
<u> </u>	╀	h Total.Add lines 1a-1f			34,177,016			
	2 a			Busines	ss Code			
3								
Service Revenue		b ————						
<u>ک</u>	۱ (	с ———						
3		d						
ram		<b>-</b>						
Program		<b>f</b> All other program service rev						
<u> </u>		JTotal.Add lines 2a-2f		<u> </u>	_		T	
		Investment income (including similar amounts)			r   ▶			
		Income from investment of ta			<b>•</b>			
	5	Royalties			<b>▶</b>			
		(1)	) Real	(II) Personal				
	6	a Gross rents						
		<b>b</b> Less rental expenses			-			
		c Rental income or (loss)						
		<b>d</b> Net rental income or (loss)			_			
			ecurities	(II) Other				
	7.	a Gross amount		(1,)				
		from sales of assets other						
		than inventory						
		<b>b</b> Less cost or other basis and						
		sales expenses						
		C Gain or (loss) d Net gain or (loss)			_			
		a Gross income from fundraisin	og events	<u> </u>	_			
<u>a</u>		(not including \$	of					
Other Revenue		contributions reported on line See Part IV, line 18		 a				
ev Sev		<b>b</b> Less direct expenses						
<u>.</u>		c Net income or (loss) from fur						
ŧ	9.	a Gross income from gaming a						
0		See Part IV, line 19		_				
		ht and divisit assuments						
		<ul><li>b Less direct expenses</li><li>c Net income or (loss) from gain</li></ul>		oles				
	l	OaGross sales of inventory, less		itles				
		returns and allowances .						
				a				
		<b>b</b> Less cost of goods sold .		ь				
		Net income or (loss) from sal Miscellaneous Revenue		Business Code				
	1	1a		Business Code	$\dashv$			
	-							
		b						
		D .						
				-				
		С						
		•		1				
	l	d All other revenue	•		1			
		e Total. Add lines 11a-11d .		•				1
_	1	<b>2 Total revenue.</b> See Instruct	ions .	• • • •	34,177,01	.6	0	0 0
	_							Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anızatıons must com	olete column (A)	
Check if Schedule O contains a response or note to any	/ line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,545,332	9,545,332		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	90,000		90,000	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	337,398		337,398	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes	50,898		50,898	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	91,755		91,755	
c Accounting	14,285		13,297	988
d Lobbying				
e Professional fundraising services See Part IV, line 17	494,875			494,875
f Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	8,226,543	8,225,643	900	
12 Advertising and promotion				
13 Office expenses	116		116	
14 Information technology	2,531		31	2,500
15 Royalties				
<b>16</b> Occupancy				
17 Travel	3,090		3,090	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> 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 Schedule O )				
a MEDIA BUYS AND PRODUCTI	16,909,980	16,909,980		
b				
С				
d				
e All other expenses				

35,766,803

25 Total functional expenses. Add lines 1 through 24e

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 here ▶ ☐ If following SOP 98-2 (ASC 958-720)

34,680,955

587,485

498,363

Form **990** (2016)

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

1	Cash-non-interest-bearing	3,595,285	1	2,005,49
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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6			6	
7	Notes and loans receivable, net		7	

(A)

Beginning of year

Page **11** 

(B)

End of year

25

26

34

2,005,498

Form **990** (2016)

3,595,285

25

34

	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L		6		
,	7	Notes and loans receivable, net		7		
	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			
	ь	Less accumulated depreciation	10b	]  1	10c	
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities See Part IV, line		12		
	ı				-	

Investments—program-related See Part IV, line 11 13 13 14 Intangible assets . . . . 14 15 Other assets See Part IV, line 11 . 15 3,595,285 2.005,498 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . 16 17 Accounts payable and accrued expenses 17

	18	Grants payable	1	.8
	19	Deferred revenue	1	.9
	20	Tax-exempt bond liabilities	2	20
Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D	2	21
ilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
qei		persons Complete Part II of Schedule L	2	22
[ -	23	Secured mortgages and notes payable to unrelated third parties	2	23
	24	Unsecured notes and loans payable to unrelated third parties		24

Other liabilities (including federal income tax, payables to related third parties,

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

Complete Part X of Schedule D

Total liabilities and net assets/fund balances

Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117 (ASC 958),			
s or	30	check here ► ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds	3,595,285	30	3,595,285
sets	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	0	32	-1,589,787
Net	33	Total net assets or fund balances	3,595,285	33	2,005,498
Z	24	Total liabilities and not accets/fund halances	3 505 285	24	2.005.498

Nο

No

Form 990 (2016)

2c

3a

3b

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

#### Additional Data

**EIN:** 47-4368320

Name: MAJORITY FORWARD

Form 990 (2016)

Form 990, Part III, Line 4a: THE ORGANIZATION CONDUCTED ACTIVITIES PROMOTING PROGRESSIVE POLICIES

Software ID: Software Version:

efil	e GRAPHIC pri	nt - DO NOT I	PROCESS	OCESS As Filed Data - DLN: 93				
SC	HEDULE C	Р	olitical	Campaign ar	nd Lobbying	Activities	OMB No 1545-0047	
(For EZ)	rm 990 or 990-	For Organiz ▶Complete if ▶Inform		Open to Public				
•	tment of the Treasury al Revenue Service			<u>www.irs.go</u>	<u>v/form990</u> .		Inspection	
• S • S If the • S If the	section 501(c)(3) org Section 501(c) (other Section 527 organizer organization ans Section 501(c)(3) organizer Section 501(c)(3) organization ans	ganizations Corer than section 5 zations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or	nplete Parts I 001(c)(3)) orga te Part I-A onl n Form 990, I t have filed Fo t have NOT fil n Form 990, I	-A and B Do not com anizations Complete I y Part IV, Line 4, or For orm 5768 (election und ed Form 5768 (electio	plete Part I-C Parts I-A and C below rm <b>990-EZ, Part VI, Iir</b> der section 501(h)) Co on under section 501(h	e 46 (Political Campaign  Do not complete Part I-B  ne 47 (Lobbying Activitie  mplete Part II-A Do not co  )) Complete Part II-B Do  nstructions) or Form 990	s), then omplete Part II-B not complete Part II-A	
	<b>xy Tax) (see separ</b> Section 501(c)(4), (			olete Part III				
	me of the organizat IORITY FORWARD	ion				Employer ide	ntification number	
Par	t I-A Complet	e if the orga	nization is	evemnt under se	ction 501(c) or is	47-4368320 a section 527 organi	zation	
1 2	Provide a descript Political expendition	tion of the organ		<u>-</u>	campaign activities in		\$15,152,711	
3 Par	Volunteer hours t I-B Complet	e if the orga	nization is	exempt under se	ction 501(c)(3).		0	
1				the organization und		<b>•</b>		
2		•	•	-	rs under section 4955	<b>&gt;</b>	\$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?								
4a	Was a correction	made?					☐ Yes ☐ No	
ь	If "Yes," describe							
Par						ept section 501(c)(3)		
1 2		of the filing org	•		tion 527 exempt funct er organizations for se		\$ 10,627,050 \$ 4,525,661	
3	Total exempt fund	ction expenditure	es Add lines	1 and 2 Enter here ar	nd on Form 1120-POL,	line 17b ▶	\$ 15,152,711	
4	Did the filing orga	anızatıon file <b>Forı</b>	m 1120-POL	for this year?			☐ Yes ☑ No	
5	organization mad of political contrib	e payments For outions received	each organiz that were pro	ation listed, enter the imptly and directly de	amount paid from the	litical organizations to whi filing organization's funds olitical organization, such on in Part IV	ch the filing Also enter the amount	
	<b>(a)</b> Nam	e		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
(1) V	OTEVETS ACTION FUN	ND	PO BOX 100 PORTLAND,		71-0993645	3,159,000		
	PLANNED PARENTHOOI	O VOTES	NEW YORK, I			100,000		
(3) V	VOMEN VOTE		1	IW SUITE 375N N, DC 20036	52-1391360	1,266,661		
4								
5								
6 Ear B	aparwark Badustian	Act Notice ace	the metrustra	s for Form 990 or 990-	.E7 - ·	No E00945 Schodula C	Form 990 or 990-F7) 2016	

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Media advertisements?

Mailings to members, legislators, or the public?

activity

a Volunteers?

1

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

(b)

**Amount** 

(a)

Yes

No

u	mailings to members, legislators,	or the public?		i I			
е	Publications, or published or broa	dcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	eır staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		[			
b	If "Yes," enter the amount of any	tax incurred under section 4912					
C	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912		[			
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?		[			
Par	Complete if the or (6).	ganization is exempt under section $501(c)(4)$ , section $501(c)$	(5), o	r section	on 5	<b>01</b> (c	)
	(0).					Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?			1		
2	Did the organization make only in	n-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to car	ry over lobbying and political expenditures from the prior year?			3		
	answered "Yes."	OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part		, line 3	, is		
1	Dues, assessments and similar ar		1	<b></b>			
2	expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	the organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?						
5		political expenditures (see instructions)	5				
Pa	rt IV Supplemental Info	ormation					
		lart l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	A, lines	1 an	d 2 (se	e:e
	Return Reference	Explanation					
Part	-A, Line 1	THE ORGANIZATION MADE EXPENDITURES FOR ISSUE ADVOCACY TO EDUCATION VIEWS	TE VO	ERS OF	CAN	DIDAT	ES'

DLN: 93493107016148

2016

OMB No 1545-0047

## (Form 990 or 990-EZ)

SCHEDULE G

#### Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Name of the organization **Employer identification number** MAJORITY FORWARD 47-4368320 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations ✓ Solicitation of non-government grants Internet and email solicitations Solicitation of government grants ■ Phone solicitations ☐ Special fundraising events d ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes 
☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (iii) Did (iv) Gross receipts (vi) Amount paid to (ii) Activity (v) Amount paid to fundraiser have individual from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col (i) contributions? Yes No ARGE DONOR AJ GOODMAN CONSULTING 2202 18TH STREET NW ٥ Nο 19,500 -19,500 WASHINGTON, DC 20009 LARGE DONOR COLLEEN COFFEY 161 SAVIN HILL AVE No 0 6,250 -6.250DORCHESTER, MA 02125 3 LARGE DONOR FLANAGAN FULKERSON & COMPANY 220 I STREET NE SUITE 0 Nο 70,000 -70,000 250 WASHINGTON, DC 20002 LARGE DONOR LORI LAFAVE 220 E JEFFERSON ST 0 58,750 -58,750 No FALLS CHURCH, VA 22046 LARGE DONOR MESSAGE GLOBAL LLC 641 S STREET NW 3RD 0 Nο 90,000 -90,000 WASHINGTON, DC 20001 LARGE DONOR **NEWMAN PARTNERS** 712 35TH AVE No 0 22,875 -22,875 SEATTLE, WA 98122 LARGE DONOR PRATT'S LLC 431 E 20TH STREET SUITE Νo 0 6,250 -6,250 1111 NEW YORK, NY 10010 LARGE DONOR RUE GROUP LLC 23360 MALLARD CT ٥ 96.250 -96.250 Nο DEER PARK, IL 60010 LARGE DONOR SALA CONSULTING LTD 409 VANDALIA STREET 0 20,000 -20,000 No LAS VEGAS, NV 89106 LARGE DONOR STRAUSBAKER LLC 928 BROADWAY SUITE 504 Νo 0 22,500 -22,500 NEW YORK, NY 10010 412,375 -412,375

	dule G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		gross income on Form	1 990-EZ, lines 1 and 6	ob. List events with
	gross receipts greater than p.	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col (a) through col (c))
œ					
	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
"	5 Noncash prizes				
Jse	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
ញ អ	8 Entertainment				
)ire	9 Other direct expenses				
ш	10 Direct expense summary Add lines 4 to	L through 9 in column (d)		•	
	11 Net income summary Subtract line 10	-		•	
Par	t III Gaming. Complete if the org			V line 19 or reported	   more than \$15,000
	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
-se					
Expenses	2 Cash prizes				
쬬	3 Noncash prizes				
≡e⊄	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	□ No	□ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		•	
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct g				☐ Yes ☐ No
b	If "No," explain	<u>-</u>	these states.		
					 I
10a	Were any of the organization's gaming lie		ed or terminated during the		
b	If "Yes," explain				
					000 000 F7\ 2016

Sche	dule G (Form 990 or 990-EZ) 2016					F	age			
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b			(			
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords						
	Name •									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No				
b			ganization ▶ \$ and th	ne						
	amount of gaming revenue retained b	y the third party $ hildsymbol{ ho}$ \$								
С	If "Yes," enter name and address of the	ne third party								
	Name •									
	Address ►									
16	Gaming manager information									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided									
	☐ Director/officer	☐ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	,	te law to make charitable di	stributions from the gaming proceeds to		_					
_	retain the state gaming license?									
b	·		uted to other exempt organizations or spent							
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt				
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid							
	Return Reference		Explanation							
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201			

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Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Governments mplete if the organiza	Other Assistand and Individuals ation answered "Yes," o  Attach to Form e I (Form 990) and its	S in the United on Form 990, Part IV, 990.	d States , line 21 or 22.		OMB No 1545-0047  2016  Open to Public Inspection	
Name of the organization						Employer ı	dentification number
MAJORITY FORWARD						47-436832	20
Part I General Inform	ation on Grants	and Assistance				-	
the selection criteria used	to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
Part III Grants and Other	Assistance to Dom	estic Organizations a			ganization answered "Yes"	on Form 990, Part	IV, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descriptio non-cash assist	
		<del>-</del>					0
For Paperwork Reduction Act Note			· · · · · ·	Cat No 50055			Schedule I (Form 990) 2016

Schedule I (For	m 990) 2016						Page <b>2</b>		
	ants and Other Ass			ıals. Complete ıf the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22			
(а) Тур	pe of grant or assista	nce	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV	Supplemental I	nformatio	n. Provide the in	formation required in	Part I, line 2, Part III	, column (b), and any other ac	dditional information.		
Return Refer	ence	Explanation	on						
Part I, Line 2			RGANIZATION REPRESENTATIVES MONITOR THE USE OF GRANT FUNDS AND OBTAIN NECESSARY INFORMATION FROM THE GRANTEE ORGANIZATIONS DESCRIBING OW THE FUNDS WERE SPENT, WHAT WAS ACCOMPLISHED AND WHAT ACTIVITIES WERE CONDUCTED WITH RESPECT TO GRANT PERFORMANCE						

#### **Additional Data**

organization

WASHINGTON, DC 20036 AMERICANS FOR ECONOMIC

WASHINGTON, DC 20033

SUITE 600

GROWTH PO BOX 35522

### Software ID: Software Version:

56-1853169

**EIN:** 47-4368320 Name: MAJORITY FORWARD

400,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash

ıf applıcable

or government			-	assistance	other)	
AMERICA VOTES	26-4568349	501(C)(4)	830 000			

# 1155 CONNECTICUT AVE NW

501(C)(4)

(e) Amount of non-(f) Method of valuation grant cash (book, FMV, appraisal,

(q) Description of

non-cash assistance

(h) Purpose of grant

or assistance

GENERAL SUPPORT

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-0061100 501(C)(4) 100.000 IGENERAL SUPPORT CENTER FOR COMMUNITY CHANGE ACTION 1536 U STREET NW WASHINGTON, DC 20009

IGENERAL SUPPORT

750.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(4)

FOR OUR FUTURE ACTION

WASHINGTON, DC 20035

FUND PO BOX 65279 81-2638345

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1733698 501(C)(4) 1.500.000 IGENERAL SUPPORT LEAGUE OF CONSERVATION VOTERS INC

740 15TH STREET NW SUITE 700 WASHINGTON, DC 20005

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEWPORT BEACH, CA 92660

REBUILD USA 46-3343083 501(C)(4) 300,000 GENERAL SUPPORT 2222 COLONY PLAZA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance SIXTEEN THIRTY FUND 26-4486735 501(C)(4) 116,000 IGENERAL SUPPORT

VOTEORG	26-2094990	501(C)(3)	131,471		GENERAL SUPPORT
1201 CONNECTICUT AVENUE NW SUITE 300 WASHINGTON, DC 20036					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1270 GROVE STREET 301 SAN FRANCISCO, CA 94117

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-3183754 501(C)(3) 7.200 WISCONSIN VOICES INC IGENERAL SUPPORT 633 S HAWLEY ROAD SUITE 112 MILWAUKEE, WI 53214

IGENERAL SUPPORT

580.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(5)

WORKING AMERICA

815 16TH STREET NW WASHINGTON, DC 20006

20-0263611

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(4) 305.000 CITIZENS FOR STRENGTH AND 27-4510380 GENERAL SUPPORT SECURITY FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1030-15TH STREET NW WASHINGTON, DC 20006

DLN: 93493107016148

OMB No 1545-0047

## 2015

Open to Public Inspection

#### **Compensation Information**

Schedule J (Form 990)

Department of the

Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

Internal Revenue Service Name of the organization

	me of the organization JORITY FORWARD	Employer identification number						
MA	JORITT FORWARD			47-4368320				
Pa	rt I Questions Regarding Compensation	1	·					
						Yes	No	
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III		, ,					
	┌ First-class or charter travel	Г	Housing allowance or residence for	personal use				
	Travel for companions	Г	Payments for business use of perso	nal residence				
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiati	on fees				
	□ Discretionary spending account	Γ	Personal services (e g , maid, chauf	feur, chef)				
b	If any of the boxes in line 1a are checked, did the orgenumbursement or provision of all of the expenses de				1b			
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				2			
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at appl	y Do not check any boxes for method	ds				
	□ Compensation committee	Г	Written employment contract					
	Independent compensation consultant	Г	Compensation survey or study					
	Form 990 of other organizations	Γ	Approval by the board or compensa	tion committee				
4	During the year, did any person listed on Form 990, or a related organization	Part V I	II, Section A, line 1a with respect to t	the filing organization				
а	Receive a severance payment or change-of-control [	paymer	nt?		4a		Νo	
b	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?		4b		Νo	
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?		4c		No	
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	he applicable amounts for each item i	n Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1	a, did the organization pay or accrue	any				
а	The organization?				5a		Νo	
b	Any related organization?				5b		Νo	
	If "Yes," on line 5a or 5b, describe in Part III							
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1	a, did the organization pay or accrue	any				
а	The organization?				<b>6</b> a		No	
b	Any related organization?				<b>6</b> b		No	
	If "Yes," on line 6a or 6b, describe in Part III							
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d			n-fixed	7		Νo	
8	Were any amounts reported on Form 990, Part VII, public to the initial contract exception described in in Part III				8		N. a	
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebut	table presumption procedure describe	ed in Regulations	9		No	

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	1	(E) Total of columns	
		Baco (III)		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 REBECCA LAMBE PRESIDENT	(i)	90,000	0	0	0	0	90,000	0
	(ii)	90,000	0	0	0	0	90,000	0

3,462

3.462

95,424

95,424

Schedule J (Form 990) 2015

2 KARYN N BROCKMAN

FUNDRAISING

91.962

91,962

Schedule 3 (Form 990) 2013	Page 3												
Part III Supplemental Information													
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information													
Return Reference	Explanation												
PART I, LINE 3	DURING FISCAL YEAR 2017, THE ORGANIZATION USED THE COMPENSATION POLICIES OF A RELATED ORGANIZATIONS, SENATE MAJORITY												

Schedule J (Form 990) 2015

Cahadula 1 (Farm 000) 201 F

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4931	070	16148	
Schedule L (Form 990 or 990	)-EZ)		► Comp rm 990, Pa	<b>ns with li</b> lete if the orga art IV, lines 2! 1990-EZ, Part	anization and 5a, 25b, 26, 3	swered 27, 28a, 28b,		Bc,		2016				
Department of the Tre Internal Revenue Serv	asurv	ormation abo	► Atta	ch to Form 99 ule L (Form 99 <u>www.irs.gov</u>	0 or Form 99 00 or 990-EZ	0-EZ.	ructio	ns is	at		Dpen Inst	to P	ublic	
Name of the org MAJORITY FORWAR								-	yer ide	ntifica	ition n	umb	er	
	ss Benefit Trar						rganız	atıon:		401				
	lete if the organiza  ) Name of disquali			-orm 990, Part Relationship be							(4	1 Cor	rected?	
1 (a	) Name of disquair	ned person	(6)		organization	illied person a	iiu		Descript ansacti			es	No	
4958 3 Enter the all  Part II Los  Cor	mount of tax incurion  mount of tax, if an  ans to and/or I  mplete if the organ orted an amount o	y, on line 2, a  From Inter  ization answe	bove, reimested Pered "Yes" o	bursed by the orsons. n Form 990-EZ	rganization .		. : <u> </u>		. •	\$ \$ 5, or if	the org	janiza	tion	
(a) Name of	(b) Relationship with organization	(c) Purpose	(d) Loan		(e)Original principal amount	<b>(f)</b> Balance due		) In Jult?	Appro boa	h) ved by rd or nittee?		<b>i)</b> Writ greem		
			То	From			Yes	No	Yes	No	Yes		No	
Total					<u> </u> ▶ \$									
Part IIII Gra	nts or Assistar			ested Perso	ns.									
	nplete if the orga rested person (b int		between n and the	(c) Amount		(d) Type	of assi	stand	ce	<b>(e)</b> Pu	rpose o	of ass	istance	
									+					
									+					
For Dapperwork Dec	fuction Act Notice s	eae the Instru	ctions for Fo	rm 990 or 990-l	<b>7</b> C:	at No 50056A		C-I	hadula l	/Eaum	000 0	. 000	EZ) 2016	

	between interested person and the organization	transaction		organiz rever	
				Yes	No
(1) MESSAGE GLOBAL LLC	SUSAN MCCUE >35% OWNER	90,000	CONSULTING, FUNDRAISING		No

Explanation

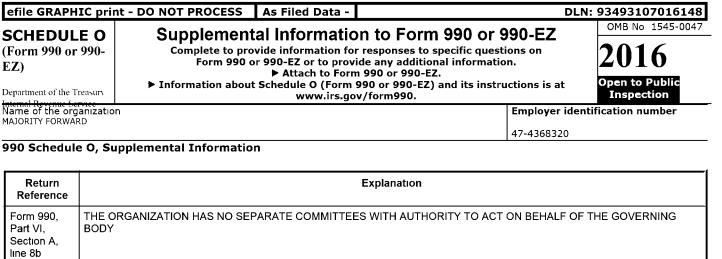
Schedule I (Form 990 or 990-F7) 2016

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Part V

**Supplemental Information** 



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 11b

THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEWS FORM 990 PRIOR TO ITS SUBMISSION WITH
THE IRS

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 12c

DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE TO THE BOARD ANY FINANCIAL INTEREST IN WHI
CH THE OFFICER OR DIRECTOR DIRECTLY OR INDIRECTLY HAS IN ANY PERSON OR ENTITY WHICH IS A P
ARTY TO A TRANSACTION UNDER CONSIDERATION BY THE BOARD THE INTERESTED DIRECTOR OR OFFICER
IS REQUIRED TO ABSTAIN FROM VOTING ON THE TRANSACTION

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990, DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE
Part VI,
Section C,
Inne 19

990 Schedule O, Supplemental Information

Return Explanation

STRATECIC CONSULTING Program convice expenses 00.647. Management and general expenses 0

nt and general expenses 0 Fundraising expenses 0 Total expenses 499,790

Reference

ruiii 990,	3 TRATEGIC CONSOLTING Program service expenses 99,047 Management and general expenses 0
Part IX, line	Fundraising expenses 0 Total expenses 99,647 OTHER PROFESSIONAL SERVICES Program servic
11g	e expenses 22,500 Management and general expenses 900 Fundraising expenses 0 Total expe
	nses 23,400 CONSULTING SERVICES Program service expenses 20,000 Management and general
	expenses 0 Fundraising expenses 0 Total expenses 20,000 FIELDWORK AND GRASSROOTS Progr
	am service expenses 7,583,706 Management and general expenses 0 Fundraising expenses 0
	Total expenses 7,583,706 POLLING AND RESEARCH Program service expenses 499,790 Manageme

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE AUDIT IS IN PROGRESS

FORM 990, PART XII, LINE 2B

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2016

**DLN: 93493107016148**OMB No 1545-0047

Open to Public

|

► Attach to Form 990.

 $\blacktriangleright$  Information about Schedule R (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

Employer identification number

MAJORITY FORWARD	nlata if the arran		and IVaa	1 on Form	000 Dawl	I) / line 2		368320				
Part I Identification of Disregarded Entities Com	piete if the organ	ization answe	erea "Yes	on Form	990, Part .	IV, line 3	J.					
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary ac	tivity	(c Legal domi or foreign	) cile (state country)	(d) Total inc	ome	(e) End-of-year as	ssets	Direct o en	(f) controlling ntity	
Part II Identification of Related Tax-Exempt Organ related tax-exempt organizations during the tax	izations Comple year.											
(a) Name, address, and EIN of related organization	Prima	Primary activity  ADVOCACY		Legal domicile (state or foreign country)  DC		) de section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		Section (13) co ent	<b>3)</b> 512(b ntrolled ity?
(1)GENERAL GROWTH FUND 700-13TH ST 600	ADVOCACY					501(c)(4)				TY FORWARD	Yes Yes	No
WASHINGTON, DC 20005 46-3214885												
(2)GENERAL MAJORITY PAC 700-13TH ST 600	POLITICAL	COMMITTEE		DC	527				MAJORIT	TY FORWARD	Yes	
WASHINGTON, DC 20005 46-2127802												
(3)SENATE MAJORITY PAC 700-13TH ST 600	POLITICAL	COMMITTEE		DC	527							No
WASHINGTON, DC 20005 27-2896127												
(4)AMERICAN WORKING TOGETHER 700-13TH ST 600	ADVOCACY	•		DC	501(c)(4)				MAJORIT	TY FORWARD	Yes	
WASHINGTON, DC 20005 81-3512949												
											$\perp$	
For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Ca	t No 50135	5Y				Schee	n 990) 20	016	

		(b)	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete of 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		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

K	Lease of facilities, equipment, or other assets from related organization(s)	TK		NO
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining amount involved	ount i	nvolve	<u> </u>

type (a-s)

N 64,411 FMV 312,551 FMV

(1)SENATE MAJORITY PAC (2)SENATE MAJORITY PAC (3)SENATE MAJORITY PAC 376,963 FMV

Schedule R (Form 990) 2016

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section total section solicor organizations?		section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No			
										Schedul	e R (Form	1 990	D) 2016		

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016