# Form **990**

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 atwww.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number Check if applicable: 94-3311784 Forward Together Address change E Telephone number 1440 Broadway #301 Name change Oakland, CA 94612 510 663-8300 Initial return Final return/terminated G Gross receipts \$ 4,059,107. Amended return H(a) Is this a group return for subordinates? Eveline Shen F Name and address of principal officer: Yes Application pending H(b) Are all subordinates included?
If 'No,' attach a list. (see instructions) No Same As C Above Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or H(c) Group exemption number ▶ Website: ▶ www.forwardtogether.org M State of legal domicile: CA L Year of formation: 1999 X Corporation Trust Other ▶ Form of organization: Briefly describe the organization's mission or most significant activities: To ensure that women, youth and families have the power and resources they need to reach their full potential. Activities & Governance developing strong leaders, building networks across communities, and implementing innovative campaigns, we are making our mission a reality. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 8 Number of independent voting members of the governing body (Part VI, line 1b)..... 8 Total number of individuals employed in calendar year 2014 (Part V, line 2a)..... 5 29 Total number of volunteers (estimate if necessary)..... 10 6 7a Total unrelated business revenue from Part VIII, column (C), line 12...... 0. b Net unrelated business taxable income from Form 990-T, line 34..... Prior Year Current Year Contributions and grants (Part VIII, line 1h)..... 1,592,549. 3,924,005. 126,160. Program service revenue (Part VIII, line 2g)..... 115,280 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 8,809 8,942. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 11 4,059,107. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . 1,716,638. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... Benefits paid to or for members (Part IX, column (A), line 4)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 1,155,899 1,305,109. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... b Total fundraising expenses (Part IX, column (D), line 25)▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 688,375. 854,526. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 1,844,274 2,159,635. Revenue less expenses. Subtract line 18 from line 12..... -127,636 1,899,472. End of Year **Beginning of Current Year** Total assets (Part X, line 16)..... 2,430,799. 4,350,749. Total liabilities (Part X, line 26)..... 21 122,525. 143,003. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 2,308,274. 4,207,746. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Eveline Shen President Type or print name and title Date Print/Type preparer's name Preparer's signature David L. Bailev self-employed P01439613 Paid ▶ Bailey & Utley CPA's Preparer Firm's name Use Only Firm's EIN ▶ 94-3345366 Firm's address 303 West Joaquin Ave, (510) 614-1895 San Leandro, CA 94577 May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes

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Par	till Statement of Program Service Accomplishments		
Part Part	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	See Schedule 0		
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		77 N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? 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 service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	nces, as measured by east to others, the total ex	xpenses. xpenses,
	and revenue, if any, for each program service reported.	•	,
4 a	a (Code:) (Expenses \$1,068,323. including grants of \$) (F	Revenue \$	)
	See Schedule 0		
4 b	o (Code:) (Expenses \$) (Figure 241,164. including grants of \$) (Figure 241,164.	Revenue \$	)
	Youth Organizing:		
	Develops the leadership of 60 young Asian women and men in Oakla	nd, CA LO auvoc	are on_
	behalf of their communities. In addition to the overall leaders	iiib developmend	yoars_
	of the program, Forward Together Youth leads the "Sex Ed the City	y_campaign,_wn	11011
	works to ensure that public schools implement a comprehensive se	wdents immigra	
	curriculum that is culturally sensitive and inclusive of LGBT st	adelics, Timitate	
	students, and youth of color.		
	: (Code:) (Expenses \$) (Figure 220, 100. including grants of \$) (Figure 220, 100.	Revenue \$	)
40	Strong Families Communications:		
	Sciong ramifies communications.		
	Leads campaigns to shift the attitudes and minds of individuals,	as well as	
	mainstream culture around issues impacting families. Major medi	a campaigns inc	clude
	Mamas Day, which brings visibility to the mothers in our communi	ty who often go	)
	unrecognized and are stigmatized for not conforming to tradition	al narratives c	of
	motherhood in mainstream society. With an email list of 20,000	supporters and	a
	social media presence totaling approximately 14,000 followers, F	<u>orward Together</u>	
	engages with diverse communities online and through traditional	media_to_transf	orm
	culture and policy.		
4 d	Other program services. (Describe in Schedule O.)  See Schedule O		\
	(Expenses \$ 18,684. including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 1,548,271.		

Га	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	Contributors (con instructions)?	2	Χ	
3	for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X	
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 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
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?// 'Yes,' complete Schedule D, Part III	8		Х
9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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, VII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>?lf 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		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 assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	<b>d</b> 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? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25?/f 'Yes,' complete Schedule D, Part X	11 e	X	
	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)?/f 'Yes,' complete Schedule D, Part X	11 f		Х
12	a 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>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)?// 'Yes,' complete Schedule E	13		X
14	<b>a</b> Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</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 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

I ai	Checkinst of Acquired Schedules (Continued)		Yes	No
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	21		Х
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		Х
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.	23		Х
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 Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
c	any tax-exempt bonds?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizationsDid the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part J	25a		Х
k	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?# '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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
ď	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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes.' complete Schedule R, Part II, III, or IV,			
	and Part V, line 1	34 35a		X
	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?If 'Yes,' complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	990 (	(2014)

Form	n <b>990</b> (2014) Forward Together	94-3311784	Р	age <b>5</b>
Pai	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			. 📙
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	47		
k	<b>5</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	bid the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments to prize winners?	ortable gaming 1c	X	
2.	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			SALE.
	ments, filed for the calendar year ending with or within the year covered by this return	29	X	
k	olf at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? 2b	Λ	E THOUGH
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required tœ-file (see instructions)			X
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ
	a If 'Yes' has it filed a Form 990-T for this year?!f 'No' to line 3b, provide an explanation in Schedule O			
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial ac	authority over, a		Х
			San San San	
k	o If 'Yes,' enter the name of the foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)		
_	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5 8	$\mathbf{a}$ was the organization a party to a prohibited tax shelter transaction at any time during the tax years $\mathbf{a}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion? 5 b		X
k	bild any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction that it was or is a party to a prohibited tax sheller transaction for the promote tax sheller	5c		
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible as charitable contributions?	organization 6 a		Х
k	a If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	s or gifts were		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go services provided to the payor?	oods and		X
ŀ	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required to file		٠,,
	Form 8282?			Х
	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 co			X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file For as required?	m 8899 7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a		
0	Form 1098-C?			
0	organization have excess business holdings at any time during the year?			DATE OF THE PARTY
0	Sponsoring organizations maintaining donor advised funds.	V AND		
9	a Did the sponsoring organization make any taxable distributions under section 4966?	9a	Albert Si	Pakers of P
i L	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations.Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations.Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		1000	
	against amounts due or received from them.)	12.		
	a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041	1? 12a	Marie Santa	SER MAN
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			No. of Party of
а	a Is the organization licensed to issue qualified health plans in more than one state?	15a	H-1910	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			X
	a Did the organization receive any payments for indoor tanning services during the tax year?			^
BAA	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		990 (	2014\
DAA	IEEAUTOL US/20/14	1 0111	(	' '/

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 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . . 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. 8 8 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee?..... 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?.... X 3 Did the organization make any significant changes to its governing documents X 4 since the prior Form 990 was filed?..... X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a members of the governing body?..... **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h X stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a Χ a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X Schedule O how this was done. See Schedule O ..... X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official ...... 15 a X 15 b 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 X 16 a taxable entity during the year?..... 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA CO CT IL MA MI NJ NM NY OR Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Upon request Other (explain in Schedule O) Another's website 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. See Schedule 0

Oakland CA 94612 510 663-8300

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

# 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

1 a 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.

Check this box if neither the organization nor any r	elated org	ganiz	atio	n co	ompe	ensat	ted	any current office	r, director, or truste	e
Local Country of the Country and Country a	(C)									
(A) Name and Title	(B) Average hours per	l	dire	ector/	truste	eck mo s perso and a ee)		(D)  Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Daniel Martinez HoSang	1							9	_	•
Director	0	X						0.	0.	0.
(2) Rosemary Abriam	1_									_
Director	0	X						0.	0.	0.
(3) Yee Won Chong	1									_
Director	0	X						0.	0.	0.
(4) Alicia Garza	1									_
Director	0	X						0.	0.	0.
(5) Eveline Shen	40_									_
President	0			Χ				119,002.	0.	0.
(6) Edith Sargon	1								280	-0
Treasurer	0			X				0.	0.	0.
(7) Lisa Fuentes	11									9
Secretary	0			X				0.	0.	0.
(8) Kay Fernandez Smith	1									
Chair	0			X				0.	0.	0.
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)										,

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Emplo									loyees (continued)	
(A) Name and title	(B)  Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			nge (do no rs box, u r officer		an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other compensation
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
<u>(17)</u>										
<u>(18)</u>										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										0
1 b Sub-total	on A						<b>▶</b>	119,002.	0.	0. 0.
d Total (add lines 1b and 1c)	ited to th	ose I	iste	d ab	ove	 ) who	► o re	119,002.	\$100,000 of report	
from the organization 1										Yes No
3 Did the organization list anyformer officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or trus h individu	stee, al	key	em	ploy	ee, 0	or h	ighest compensat	ed employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,0	00?/	17 'Y	es' c	comp	lete	e Scheaule J for	from	. 4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper	nsatio	n fr	om	anv	unre	late	ed organization or	individual	. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensation from the organization. Report compensation of the compensation of the contractors.	sated ind	epen	den the	t col	ntra	ctors	tha	at received more t	han \$100,000 of in the organization'	s tax year.
(A) Name and business add		1101				. ,		(B Description	)	<b>(C)</b> Compensation
2 Total number of independent contractors (including		t lim	ited	to t	hose	e liste	ed a	above) who receiv	red more than	
\$100,000 of compensation from the organization	• 0									Form <b>990</b> (2014)

	Check if Schedule O contains a response or note to any	line in this Part VI	M		
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a Federated campaigns 1 a	<b>"</b>			
ant	b Membership dues				
Gr	c Fundraising events				<b>《新》。于</b> 《表
fts, r A	d Related organizations 1 d				
, Gi	e Government grants (contributions) 1 e				
Sin					
ıtio er	f All other contributions, gifts, grants, and similar amounts not included above 1 f 3,924,005.				
rib Oth	similar amounts not included above				
Contributions, Gifts, Grants and Other Similar Amounts	h Total. Add lines 1a-1f.	2 024 005			
	n Total. Add lines 1a-11	3,924,005.			
žuč		125,660.	125,660.		
eve	2a Consulting revenue	500.	500.		
e B	b Convening_revenue	300.	500.		
ryio	d				
Se	d				
ran	f All other program service revenue				
Program Service Revenue	g Total. Add lines 2a-2f	126,160.	SALE TO THE SECOND	STANDED SUITE	
		120,100.		<b>经验的人们的特别</b>	[2] 李光春期 3 - 30 武功 20年刊
	3 Investment income (including dividends, interest and other similar amounts)	8,942.	8,942.		
	4 Income from investment of tax-exempt bond proceeds	0/312.	0/3127		
	5 Royalties				
	(i) Real (ii) Personal	Not the second		1450 AMR 1888	
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	STATE OF THE PARTY	STATE OF THE PARTY		
	(i) Securities (ii) Other			<b>维斯</b> 德国斯克	
	7 a Gross amount from sales of assets other than inventory				
	b Less; cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
41	8 a Gross income from fundraising events				
nue	(not including \$		<b>建筑基础</b>		
Ş.	of contributions reported on line 1c).				
Other Revenu	See Part IV, line 18 a				
Jē.	<b>b</b> Less: direct expenses				
8	c Net income or (loss) from fundraising events ▶		国现代 黄素 一溢 3	2.8212211	
~.	9 a Gross income from gaming activities.				
	See Part IV, line 19				
	<b>b</b> Less: direct expenses		<b>的重要的</b>		
	c Net income or (loss) from gaming activities				Continue of the Arthur William
	10 a Gross sales of inventory, less returns				
	and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory			TANK BURGARUM SERI	PARTITION OF STREET
	Miscellaneous Revenue Business Code			1000年10日 1000日 1000日	and the second
	11a				
	b				
	C d All other revenue				
	d All other revenue		<b>医</b>		
	e Total. Add lines the transfer to the total	4 OEO 107	135,102.	0.	0.
BΔΔ	12 Total revenue. See instructions	4,059,107.	133,104.	0.	Form <b>990</b> (2014)

TEEA0109L 11/13/14

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a re			(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> 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 individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				圣 / 表 / 五 / 五 / 五
5	Compensation of current officers, directors, trustees, and key employees	119,002.	77,352.	17,850.	23,800.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	926,437.	676,673.	240,612.	9,152.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		·		
9	Other employee benefits	168,416.	121,622.	41,487.	5,307.
10	Payroll taxes	91,254.	68,282.	20,249.	2,723.
11	Fees for services (non-employees):				
a	Management				
k	<b>)</b> Legal	15,840.	7,371.	8,469.	
	: Accounting	7,250.		7,250.	
	Lobbying		16 CONTROL SALES - SALES WITH		
	Professional fundraising services. See Part IV, line 17			群型)。全社(39年3月至1	
	Investment management fees				
-	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses	7,699.	5,624.	1,912.	163.
14	Information technology	14,275.	10,313.	3,769.	193.
15	Royalties.				
16	Occupancy	100,293.	74,231.	23,476.	2,586.
17	Travel	113,274.	101,253.	10,812.	1,209.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
19	The state of the s				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	_ = 50,000	. =	0.600	100
23	Insurance	7,518.	4,780.	2,638.	100.
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.)				
i	Consultants	277,889.	155,644.	107,470.	14,775.
	Stipends to organizations	104,275.	104,275.		
	Printing and Publications	33,309.	28,844.	1,806.	2,659.
	Food and beverages	31,099.	27,403.	2,712.	984.
	All other expenses	141,805.	84,604.	46,679.	10,522.
25	Total functional expenses. Add lines 1 through 24e	2,159,635.	1,548,271.	537,191.	74,173.
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)				Form <b>990</b> (2014)
BAA		TEEA0110L 05	128/14		1 01111 330 (2014)

	ILX	Check if Schedule O contains a response or note to any line in this Part X			
		OHOM II COMORAGO COMORAGO EL 122 EL 100 COMOR	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	297,221.	1	1,737,306.
	2	Savings and temporary cash investments	1,649,112.	2	1,314,751.
	3	Pledges and grants receivable, net	443,205.	3	1,260,380.
	4	Accounts receivable, net	7,533.	4	6,229.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
			Control of the state of the sta	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		Loans and other receivables from other disqualified persons tas defined index section 4958(c)(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
		beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	32,978.	9	31,383.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	750.	15	700.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,430,799.	16	4,350,749.
	17	Accounts payable and accrued expenses	35,708.	17 18	46,465.
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities.		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		· 超麗2	
H	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ial		Complete Part II of Schedule L		22	-
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	86,817.	25	96,538.
	26	Total liabilities. Add lines 17 through 25	122,525.	26	143,003.
10		Organizations that follow SFAS 117 (ASC 958), check here     ▼ and complete			
ĕ		lines 27 through 29, and lines 33 and 34.	1 077 057	27	1 245 025
an	27	Unrestricted net assets	1,077,857.	28	1,245,035. 2,962,711.
Bal	28	Temporarily restricted net assets	1,230,417.	29	2,902,711.
pu	29	Permanently restricted net assets			网络军司战争。 温斯斯里
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check her			
ţş	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	0 000 051	32	4 007 740
Net	33	Total net assets or fund balances	2,308,274.	33	4,207,746.
	34	Total liabilities and net assets/fund balances	2,430,799.	34	4,350,749. Form <b>990</b> (2014)
BA	Α				FOITH <b>330</b> (2014)

	101wara rogerner				
Pa	rt XI Reconciliation of Net Assets				П
	Check if Schedule O contains a response or note to any line in this Part XI	1	4 0	F 0 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		59,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		99,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,3	08,2	274.
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	4.2	07,7	746.
Da	rt XII Financial Statements and Reporting		1/2	017	101
Pa					П
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
				Tes	NO
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidat <u>ed</u> basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa				
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain				
	in Schedule O	0:	Total Co		
	<b>a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?		3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BA			Form	990	(2014)

TEEA0112L 05/28/14

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

94-3311784 Forward Together Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described insection 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Seeection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described insection 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization or must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s)You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization listed (ii) EIN (i) Name of supported support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,093,268.	1,955,573.	1,551,983.	1,592,549.	3,924,005.	10,117,378.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
<b>4 5</b>	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,093,268.	1,955,573.	1,551,983.	1,592,549.	3,924,005.	10,117,378.		
6	<b>Public support.</b> Subtract line 5 from line 4					<b>海海</b>	10,117,378.		
Sec	tion B. Total Support	1			1				
Cale beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total		
7	Amounts from line 4	1,093,268.	1,955,573.	1,551,983.	1,592,549.	3,924,005.	10,117,378.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,111.	9,700.	7,311.	8,809.	8,942.	40,873.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	37,800.	39,425.	67,138.	115,485.	126,160.	386,008.		
	Total support. Add lines 7 through 10				<b>基次基</b> 。基本		10,544,259.		
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as		3)		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
14	Public support percentage for 20	014 (line 6, colum	n (f) divided by lir	ne 11, column (f).)			95.95%		
15	Public support percentage from	2013 Schedule A,	Part II, line 14.				95.13%		
	a 33-1/3% support test— 2014. If and stop here. The organization	qualifico do a par	shory complete to a se	9					
	o 33-1/3% support test— 2013. If t and stop here. The organization	he organization di qualifies as a pul	id not check a box blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box		
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	mosts the 'tacts.	and-circumstance	s test check inis	DOX and Glob ner	LADIAIII III I ait	VI IIOW		
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-and-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	a publicly suppor	ted organization .	VI 110W tile		
18	Private foundation.If the organi	zation did not che	ck a box on line	13, 16a, 16b, 1/a,					
RA/					Sc	nedule A (Form 9	90 or 990-EZ) 2014		

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_							
	tion A. Public Support	4.20010	(h) 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
Calend 1	lar year (or fiscal yr beginning in)► Gifts, grants, contributions and membership fees	<b>(a)</b> 2010	<b>(b)</b> 2011	(6)2012	(d) 2013	(0) 2011	(7)
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						IIIII CONTRACTOR OF THE CONTRA
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				1	4 2 2014	/0 T -1 -1
	dar year (or fiscal yr beginning in)►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)					1: 50	1(-)(2)
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 50	1(c)(3) ►
Sec	tion C. Computation of Pu	blic Support P	Percentage	10 1 (0)	\ \		15 %
	Public support percentage for 20						16 %
	Public support percentage from						10 0
Sec	tion D. Computation of Inv	estment Incor	me Percentag	e	mn (fl)		17 %
17	Investment income percentage f	or <b>2014</b> (line 10c,	column (f) divide	a by line 13, colu	mn (1),)		18 %
18	Investment income percentage f	rom <b>2013</b> Schedul	e A, Part III, line	1/	and line 15 is marri		
	33-1/3% support tests – 2014. If is not more than 33-1/3%, check	this box and <b>stor</b>	here. The organ	ization qualilles a	is a publicly suppo	i teu oi gai iiza	ation
	33-1/3% support tests – 2013. If line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> The	e organization qua	aimes as a publicij	/ Supported t	Ji garii Zation
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	THECK THIS DOX AND	See mistructi	ours 000 or 000 E7) 2014

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		Vac	No
		5 W 10 4 3 W	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?If 'Yes,' answer (b) and (c) below	3a		
ı	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')?/f 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
I	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
,	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year?!f 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 71f 'Yes,' complete Part I of Schedule L (Form 990).	8		
9	<b>a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a	r -	
	<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) if 'Yes,' answer (b) below	10a		
	<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	Part IV   Supporting Organizations (c	continued)		1	
		Libration from any of the following percent?	FA104	Yes	No
11	11 Has the organization accepted a gift or cora A person who directly or indirectly controls	either alone or together with persons described in (b) and (c) below, the	11a		
	governing body of a supported organization	16	11b		
	<b>b</b> A family member of a person described in	(a) above?	11c		
		ped in (a) or (b) above?If 'Yes' to a, b, or c, provide detail in <b>Part VI</b>	110		
Se	Section B. Type I Supporting Organization	ons		Yes	No
1	or elect at least a majority of the organizat  Part VI how the supported organization(s) of If the organization had more than one supported around  directors or trustees were allocated among	of one or more supported organizations have the power to regularly appoint ion's directors or trustees at all times during the tax year? If 'No,' describe in effectively operated, supervised, or controlled the organization's activities. ported organization, describe how the powers to appoint and/or remove the supported organizations and what conditions or restrictions, if any,	1	165	
2	2 Did the organization operate for the benefit that operated, supervised, or controlled the benefit carried out the purposes of the sup	t of any supported organization other than the supported organization(s) e supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such opported organization(s) that operated, supervised, or controlled the	2		
Se	Section C. Type II Supporting Organizati				
	, <u>11</u>		Name of the last	Yes	No
	of each of the organization's supported org supporting organization was vested in the	tors or trustees during the tax year also a majority of the directors or trustees ganization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the same persons that controlled or managed the supported organization(s)	1		
Se	Section D. All Type III Supporting Organ	izations			T
		1	CAS-34	Yes	No
1	organization's tax year, (1) a written notice	supported organizations, by the last day of the fifth month of the e describing the type and amount of support provided during the prior tax most recently filed as of the date of notification, and (3) copies of the ect on the date of notification, to the extent not previously provided?	1	2 VZ	
2		rectors, or trustees either (i) appointed or elected by the supported ning body of a supported organization? If 'No,' explain in <b>Part VI</b> how ontinuous working relationship with the supported organization(s)	2		
3	voice in the organization's investment police all times during the tax year? If 'Yes,' desc	(2), did the organization's supported organizations have a significant cies and in directing the use of the organization's income or assets at bribe in <b>Part VI</b> the role the organization's supported organizations played	3		
Se	Section E. Type III Functionally-Integrate	ed Supporting Organizations			
1		organization used to satisfy the Integral Part Test during the yea <b>(see instructio</b>	ons):		
,			-		
	a The organization satisfied the Activities				
		of its supported organizations. Complete line 3 below.			
	c The organization supported a governm	nental entity.Describe in Part VI how you supported a government entity (see in	struct	ions).	
2	2 Activities Test. Answer (a) and (b) below.		No.	Yes	No
	supported organization(s) to which the org organizations and explainhow these active responsive to those supported organization	ctivities during the tax year directly further the exempt purposes of the anization was responsive?If 'Yes,' then in <b>Part VI identify those supported</b> ities directly furthered their exempt purposes, how the organization was ns, and how the organization determined that these activities constituted	2a		
	the organization's supported organization(s	e activities that, but for the organization's involvement, one or more of s) would have been engaged in?If 'Yes,' explain inPart VI the reasons for ed organization(s) would have engaged in these activities but for the	2b		
3	3 Parent of Supported Organizations. Answe	er (a) and (b) below.			
	a Did the organization have the power to regeach of the supported organizations? Provided	gularly appoint or elect a majority of the officers, directors, or trustees of ide details in <b>Part VI</b>	3a		
	<b>b</b> Did the organization exercise a substantial supported organizations? <i>If 'Yes,' describe</i>	degree of direction over the policies, programs, and activities of each of its in <b>Part VI</b> the role played by the organization in this regard	3b		

Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on No Secti	ovember 20, 1970 <b>See ins</b> ons A through E.	tructions. All
Sect	ion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d	3-76	
е	Discount claimed for blockage or other factors (explain in detail inPart VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	0.002	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions).	grate		
BAA			Schedule A (For	m 990 or 990-EZ) 201

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
			Current Year				
in excess of income from activity							
Amounts paid to acquire exempt-use assets							
in <b>Part VI</b> ). See instructions							
Line 8 amount divided by Line 9 amount							
on E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
cause required – see instructions)		- 102					
Excess distributions carryover, if any, to 2014:							
自己的现在分词 医阿里斯氏试验检尿病							
[1] 國東於書代書數 (第2代第2年期代權) [2]							
· 是一种, 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	<b>兴</b> 基例更一维。						
From 2013							
Total of lines 3a through e							
Applied to underdistributions of prior years		The second secon	<b>萨斯尼 外籍 的复数</b>				
Applied to 2014 distributable amount			Mark Walter W. Charles V. Agreet				
Carryover from 2009 not applied (see instructions)		100 美国英国					
Remainder. Subtract lines 3g, 3h, and 3i from 3f		<b>沙崖</b> 。碧蓝的唇。所					
mite 11			TO THE WAY TO SELECT				
X-15		Works Adams & Side of					
10 (17 May 1990) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1000000000000000000000000000000000000	THE CONTRACTOR SECTION				
Subtract lines 3g and 4a from line 2 (if amount greater than							
Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
Excess distributions carryover to 2015 Add lines 3j and 4c			至 "是是 从首至 一				
Breakdown of line 7:	<b>亚洲洲</b>						
		<b>编建(编辑))</b>	<b>新加州的</b>				
			<b>一直接到他们的</b>				
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]		<b>建筑</b> 医复数形式					
Excess from 2013		<b>2017年,1917年</b>					
Excess from 2014	學 是						
	Amounts paid to supported organizations to accomplish exempt pur Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity.  Administrative expenses paid to accomplish exempt purposes of su Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required).  Other distributions (describe in Part VI). See instructions.  Total annual distributions.Add lines 1 through 6.  Distributions to attentive supported organizations to which the organ in Part VI). See instructions.  Distributable amount for 2014 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  on E — Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6.  Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions).  Excess distributions carryover, if any, to 2014:  From 2013.  Total of lines 3a through e.  Applied to underdistributions of prior years.  Applied to 2014 distributable amount.  Carryover from 2009 not applied (see instructions).  Remainder, Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D, line 7:  \$ Applied to underdistributions of prior years.  Applied to 2014 distributable amount.  Remainder, Subtract lines 4a and 4b from 4.  Remaining underdistributions for years prior to 2014, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Excess distributions carryover to 2015.Add lines 3j and 4c.  Breakdown of line 7:	Amounts paid to supported organizations to accomplish exempt purposes. Amounts paid to perform activity that directly furthers exempt purposes of supported organ in excess of income from activity.  Administrative expenses paid to accomplish exempt purposes of supported organizations.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required).  Other distributions (describe in Part VI). See instructions.  Total annual distributions.Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (prior IRS amount divided by Line 9 amount.  On E — Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  On E — Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6.  Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions).  Excess distributions carryover, if any, to 2014:  From 2013.  Total of lines 3a through e.  Applied to 2014 distributable amount.  Carryover from 2009 not applied (see instructions).  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D, line 7:  \$ Applied to 2014 distributions of prior years.  Applied to 2014 distributions of years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Remaining underdistributions for 2014, Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).  Breakdown of line 7:  Excess fistributions carryover to 2015.Add lines 3 and 4c.  Excess from 2013.	Amounts paid to supported organizations to accomplish exempt purposes.  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.  Administrative expenses paid to accomplish exempt purposes of supported organizations.  Amounts paid to acquire exempt-use assets.  Qualified set-aside amounts (prior IRS approval required).  Other distributions (describe in Part VI). See instructions.  Total annual distributions.Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions amount for 2014 from Section C, line 6.  Line 8 amount divided by Line 9 amount.  On E — Distribution Allocations (see instructions)  Distributable amount for 2014 from Section C, line 6.  Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions).  Excess distributions carryover, if any, to 2014:  From 2013.  Total of lines 3a through e.  Applied to 2014 distributable amount.  Carryover from 2009 not applied (see instructions).  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D, line 7:  \$ Applied to 2014 distributable amount.  Remaining underdistributions of prior years.  Applied to 2014 distributable amount.  Remaining underdistributions for years prior to 2014, if any, subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).  Excess distributions carryover to 2015Add lines 3j and 4c.  Breakdown of line 7:  Excess fistributions carryover to 2015Add lines 3j and 4c.  Excess fistributions carryover to 2015Add lines 3j and 4c.				

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Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### Part II, Line 10 - Other Income

Nature and Source	2014	2013	2012	2011	2010
	125,660. \$		\$ 56,913.	\$ 39,425.	\$ 37,800.
Convening income Total \$	500. 126,160. \$	205. 115,485.	\$ 67,138.	\$ 39,425.	\$ 37,800.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is abww.irs.gov/form990.

2014

Employer identification number

OMB No. 1545-0047

Forward Together	94-3311784
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trustnot treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the G	eneral Rule or a Special Rule
Note. Only a section 501(c)(7), (8), or (10) org	anization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
Dear an organization filing Form 990, 990-F	Z, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Compl	ete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section 5	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations
under sections 509(a)(1) and 1/0(b)(1)(A)	(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that the year, total contributions of the greater of 1) \$5,000 or (2) 2% of the amount on (i) 90-EZ, line 1. Complete Parts I and II.
Form 990, Part VIII, line 1h, or (ii) Form 99	90-ÉZ, line 1. Complete Parts I and II.
	21/2/72 (9) or (10) filing Form 900 or 990 F7 that received from any one contributor.
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational
purposes, or for the prevention of cruelty t	o children or animals. Complete Parts I, II, and III.
For an organization described in section 5	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
during the year, contributions exclusively to	or religious, charitable, etc., purposes, but no such contributions totaled more than the total contributions that were received during the year for arexclusively religious,
charitable etc. purpose. Do not complete	any of the parts unless the <b>General Rule</b> applies to this organization because
it received nonexclusively religious, charita	ble, etc., contributions totaling \$5,000 or more during the year ▶ \$
	100 0 1 1 1 D (F = 2000 000 F7 = 2000 000 F7
000 DE) but it must answer 'No' on Part IV lit	y the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it does not meet the	ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1 of Part II

Name of organization

Employer identification number

Forward Together

94-3311784

1 to

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	<u>I</u> dule <b>B</b> (Form 990, 990-EZ	, or 990-PF) (2014

Page

1 to

of Part III

Employer identification number

	,
0.4	-3311784
194	-3311/84

Name of organization

Forward Together Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,

	Use duplicate copies of Part III if addition		(d)	
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
		(e)		
	Transferee's name, add	(e) Transfer of gift Iress, and ZIP + 4	Relationship of transferor to transferee	
(a) from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e)		
	Transferee's name, add	(e) Transfer of gift Iress, and ZIP + 4	Relationship of transferor to transferee	
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, add	dress, and ZIP + 4	Relationship of transferor to transferee	
(a) from art I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
(a) from art I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held	
(a) . from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
(a) . from art I		(e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee	
(a) . from art I	(b) Purpose of gift  Transferee's name, add	(e) Transfer of gift		

#### SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below Attach to Form 990 or Form 990-EZ.

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

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization			Employer identifica	
For	rward Together			94-331178	
Par	t I-A Complete if the org	ganization is exempt under section	501(c) or is a secti	on 527 organizatio	1.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.	
Par	t I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year.?		Yes No
4 a	Was a correction made?				Yes No
k	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	section 501(c)(3).	2-17
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	n activities ▶\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ►\$	
3	Total exempt function expen line 17b	ditures, Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e <b>Form 1120-POL</b> for this year?			Yes No
5	= 1 0	and employer identification number (EIN) s. For each organization listed, enter the al ons received that were promptly and direct al action committee (PAC). If additional spa	of all section 527 poli	tical organizations to w	hich the filing
	(a) Name	(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the section 501(		exempt under section	on 501(c)(3) and filed	d Form 5768 (election	n under
•		gs to an affiliated group (	and list in Part IV each	affiliated group member	's name,
address,	EIN, expenses, and	share of excess lobbying	expenditures).		
B Check ▶ ☐ if the filing	ng organization check	ed box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobbyii 'expenditures' mear	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publ	ic opinion (grass roots lol	bbying)	12,344.	
<b>b</b> Total lobbying expenditu				2,443.	
c Total lobbying expenditu				14,787.	0.
d Other exempt purpose e				2,144,848.	0
e Total exempt purpose ex			Г	2,159,635.	0.
f Lobbying nontaxable am both columns	nount, Enter the amou	unt from the following tab	le in	257,982.	
If the amount on line 1e, colu	umn (a) or (b) is T	he lobbying nontaxable a	amount is		
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1,		100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		225,000 plus 5% of the excess of 1,000,000.	ver \$1,500,000.		
g Grassroots nontaxable a		· · ·		64,496.	0.
h Subtract line 1g from lin				0.	0.
i Subtract line 1f from line				0.	0.
i If there is an amount oth	ner than zero on eithe		- ne organization file Forr	n 4720 reporting	Yes No
	4	-Year Averaging Period U	Jnder Section 501(h)		
(Son	ne organizations tha columns	t made a section 501(h) e s below. See the instructi	lection do not have to ons for lines 2a throug	complete all of the five h 2f.)	
	Lobbyi	ng Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) Total
2 a Lobbying non-taxable amount	201,329	. 227,800.	242,090.	257,982.	929,201.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,393,802.
<b>c</b> Total lobbying expenditures	2,391	5,908.	49,181.	14,787.	72,267.
d Grassroots nontaxable amount	50,332	. 56,950.	60,523.	64,496.	232,301.
e Grassroots ceiling amount (150% of line 2d, column (e))					348,452.
f Grassroots lobbying expenditures	1,606	. 3,455.	11,182.	12,344.	28,587.
BAA				Schedule C (Form	990 or 990-EZ) 2014

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description **Amount** Yes No of the lobbying activity. 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: a Volunteers?...... b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?...... c Media advertisements?.... d Mailings to members, legislators, or the public?..... e Publications, or published or broadcast statements?..... f Grants to other organizations for lobbying purposes?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?..... i Other activities?.... j Total, Add lines 1c through 1i..... 2 a Did the activities in line 1 cause the 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.?.... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or Part III-A section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members?.... 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?.... 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' Dues, assessments and similar amounts from members..... 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a a Current year..... 2 b **b** Carryover from last year..... 2 c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ...... 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?.... 4

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Taxable amount of lobbying and political expenditures (see instructions).....

5

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is awww.irs.gov/form990.

OMB No. 1545-0047 2014

n990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Forward Together	94-3311784	
Par	A Line of French and Other Circles Eurode	s or Accounts.	
rai	Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 are the organization's property, subject to the organization's exclusive legal control?	or advised funds Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpormissible private benefit?	can be used only urpose conferring Yes No	
Par	t II Conservation Easements.		
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	a historically important land area	
	Trocorrador or failure for participation of the failure for th	a certified historic structure	
		a certified filstoffe structure	
	Preservation of open space	o form of a concervation easement on th	16
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	e form of a conservation casement of a	
	last day of the tax year.	Held at the End of the Tax Yea	r
,	a Total number of conservation easements	2 a	
ŀ	Total acreage restricted by conservation easements	2 b	
	Number of conservation easements on a certified historic structure included in (a)	2 c	
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic		
	structure listed in the National Register	24	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated tax year ▶	d by the organization during the	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle and enforcement of the conservation easements it holds?	les   100	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easem		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements ▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	ion 170(h)(4)(B)(i) Yes No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that described the companion of the conservation of the footnote to the organization of the conservation of the conser	expense statement, and balance sheet, a scribes the organization's accounting for	ind
Par	conservation easements.  ☆ III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.	_
Par	Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	•	
	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenu- art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIII, the text of the footnote to its financial statements that describes these items.	Till furtherance of public service, provid-	<b>-</b> ,
k	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	furtherance of public service, provide the	<b>)</b>
	(i) Revenue included in Form 990, Part VIII, line 1		-
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
	a Revenue included in Form 990, Part VIII, line 1	▶\$	

Schedule <b>D</b> (Form 990) 2014 Forwa	ard Toget	her				94-3311	1784	Page 2
Part III Organizations Maintair	ing Collect	ions o	f Art, Historic	al Tr	easures, or Othe	er Similar Assets (d	continued)	)
Using the organization's acquisiti items (check all that apply):	on, accession	, and of	her records, ch	eck ar	ny of the following t	hat are a significant นะ	se of its coll	lection
a Public exhibition			d Loan	or exc	hange programs			
b Scholarly research			e Other					
c Preservation for future gener	ations		<b></b> `					
4 Provide a description of the orga Part XIII.		ections	and explain hov	w they	further the organiz	ation's exempt purpos	e in	
5 During the year, did the organiza to be sold to raise funds rather the	aan to he mai	ntainea	as part of the 0	II CIALIIZ	AHOLIS COLLCUOITE.		Yes	No
Part IV Escrow and Custodia	I Arrangem	ents.	Complete if	the c	organization ans	wered 'Yes' to For	m 990, P	art IV,
line 9, or reported an								
1a Is the organization an agent, trus on Form 990, Part X?						r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	nd com	olete the followi	ng tab	ole:		Amount	
							Amount	
<b>c</b> Beginning balance						1 c		
d Additions during the year						1 e		
e Distributions during the year						16		
f Ending balance							Vec	No
2 a Did the organization include an a	amount on Fo	m 990,	Part X, line 21,	for es	scrow or custodial a	iccount liability: [	165	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the explai	nation	nas been provided	III Fait Alij		. []
Part V   Endowment Funds. Co	laka if H		nization and	woro	d 'Yes' to Form	990 Part IV line	10.	
Part V Endowment Funds. Co			(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four y	ears back
1 - Reginning of year halance	(a) Current	year	(D) Thor yea	_	(c) Two Journ Buck	(w) three years much		
1 a Beginning of year balance				_				
<b>b</b> Contributions					-			
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	le of the curre	nt year	end balance (lir	ne 1g,	column (a)) held a	s:		
a Board designated or quasi-endov		•	8					
<b>b</b> Permanent endowment ▶	-8	9						
c Temporarily restricted endowmer	nt ▶		%					
The percentages in lines 2a, 2b,		d equal	100%.					
3a Are there endowment funds not				that	are held and admini	istered for the		
organization by:	III the posses	51011 01 1	ille organization	ulace	are flora aria aariiin	10101041071110	Yes	s No
(i) unrelated organizations				<i>.</i>			3a(i)	
(ii) related organizations							3a(ii)	
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations	listed a	s required on S	chedu	le R?		3b	
4 Describe in Part XIII the intende	d uses of the	organiza	ation's endowm	ent fui	nds.			
Part VI I and Buildings, and	Equipmen	t.						
Complete if the organi	ization ansv	wered	'Yes' to Form	า 990	, Part IV, line 1	1a. See Form 990,	Part X, I	ine 10.
Description of property			t or other basis vestment)	(b	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	( value
<b>1 a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment								
<b>e</b> Other								
Total. Add lines 1a through 1e. (Column	nn (d) must ed	ual Fori	m 990, Part X, d	columi	n (B), line 10c.)			0.
BAA						Sched	lule <b>D</b> (Form	1 990) 2014

Part VII Investments — Other Securities.	1)/I to Forms 000	N/A  Part IV line 11h See Form 990 Part X line 12
		Part IV, line 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category(including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) (B)		
(c)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		<b>医外侧侧侧侧侧侧侧侧侧侧</b>
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)  Part VIII Investments — Program Related.		N/A
Complete if the organization answered	'Yes' to Form 990,	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	NI / Z	进一场扩张的基本(2016年2月20日) (2016年1月2日) (2016年1月2日) (2016年1月2日) (2016年1月2日)
Part IX Other Assets. Complete if the organization answered	res' to Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
(a) De	escription	(b) Book value
(1)		
(2)		
(3) (4)		
(5)		
(6)		
(7)		
(8)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (	B), line 15.)	······
Part V Other Liabilities		
Complete if the organization answered 'Yes' to Form	990, Part IV, line Tie or (b) Book value	111. See Form 990, Part X, Illie 25
(a) Description of liability (1) Federal income taxes	(b) Dook value	
(2) Payroll payable	55,78	80. 美 美 雄
(3) Vacations payable	40,75	
(4)		
(5)		
(6) (7)		
(7)		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
(8)		
(8) (9) (10) (11)		
(8) (9) (10)	96,55	38.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	•	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	4,059,182.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	75.
3 Subtract line 2e from line 1	3	4,059,107.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,059,107.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 1	2,159,710.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2 e	75.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2 e 3	75. 2,159,635.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	3	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	3 4 c	2,159,635.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	3	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

#### 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.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is Inspecting at www.irs.gov/form990.

Forward Together

94-3311784

#### Form 990, Part III, Line 1 - Organization Mission

Forward Together is a multi-racial organization that works with community leaders and organizations to transform culture and policy to catalyze social change. Our mission is to ensure that women, youth and families have the power and resources they need to reach their full potential. By developing strong leaders, building networks across communtiles, and implementing innovative campaigns, we are making our mission a reality.

## Form 990, Part III, Line 4a - Program Service Accomplishments

Strong Families Movement Building:

Strong Families is a national network comprised of over 100 partner organizations as well as thousands of indivdual supporters dedicated to changing culture and policy so that all families can thrive. The goals of Strong families are to: Change the way people think about, feel about, and act in support of families of all kinds; Build strong alliances across social justice sectors to expand the initiative's base of power; Change policy on the local, state, and national levels to benefit the majority of families and; Mobilize communities to take action for issues impacting families facing the greatest challenges and discrimination.

## Form 990, Part III, Line 4d - Other Program Services Description

Forward Stance Leadership Model:

94-3311784

## Form 990, Part III, Line 4d - Other Program Services Description

work, allowing Forward Together to effectively bring together groups across issues and geography to align and magnify their impact. Forward Stance is integrated into all Strong Families convenings, such as the RAD Summit, and has been a key tool in coordinating the work of partner organizations to move together toward a shared goal.

## Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 will be completed annually, and copies will be provided to the entire governing board of directors of the organization. All directors will be given a short period to review the Form 990, ask questions and submit changes. At least one member of the executive committee will then review the Form 990 with the finance director, and any necessary changes will be updated on the form. Once all necessary changes are made, the Form 990 will be signed by the president, dated and submitted by the filing deadline. A copy of the approved Form 990 will be provided to all directors, and a public disclosure version (masking the names and addresses of major contributors) will be posted on the organization's web site. A file copy will be kept in the regular finance department files.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members must sign the organization's conflict of interest policy and agreement, and if a potential conflict of interest is present, the board member will abstain from discussing or voting on said conflict. The chair of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known.

# Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The organization uses salary surveys to determine compensation. In 2008 the organization adopted a new salary scale that was based on researching compensation

Name of the organization

Forward Together

Forward Together

Forward Together

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees (continued) for comparable positions in nonprofits in the San Francisco Bay Area. The board had extensive discussions and then approved the final document. Salary surveys are conducted internally by acquiring data from organizations directly and from wider, independent surveys of comparable organizations.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
No documents available to the public.

## Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

► Information about Form 8868 and its instructions is alloww.irs.gov/form8868.

OMB No. 1545-1709

Internal Revenue	e filing for an Automatic 3-Month Extension, co	amplete only	Part and check this hox		▶ X		
<ul><li>If you ar</li></ul>	e filing for an Automatic 3-Month Extension, co e filing for an Additional (Not Automatic) 3-Mon	omplete only on th Extension	complete only Part flon page 2 of this	form).	••		
• If you ar	e filing for an Additional (Not Addollate) 5-mol	ad an automa	atic 3 month extension on a previously fi	led Form 8868.			
	plete Part II unlessyou have already been grant				а		
request an e	liling (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (rextension of time to file any of the forms listed With Certain Personal Benefit Contracts, which ing of this form, visitwww.irs.gov/efile and click	in Part I or Pa	art II with the exception of Form 8870, In	formation Return for	Transfers		
Part I	A contract of the contract of						
	n required to file Form 990-T and requesting a	n automatic 6	-month extension- check this box and co	omplete Part I only	▶ □		
A corporatio	rporations (including 1120-C filers), partnership	a DEMICa ar	ad trusts must use Form 7004 to request	an extension of time	e to file		
All other cor	rporations (including 1120-0 illers), partitership returns.	s, NEIVIIOs, ai					
mreenne tem			Enter filer's identi	fying number, see in			
	Name of exempt organization or other filer, see instructions.			Linployer identification is			
Type or				0.4.0011704			
print	Forward Together			94-3311784 Social security number (SSN)			
File by the	Number, street, and room or suite number. If a P.O. box, se	e instructions.		Cociai security minister (	r security number (GOT)		
due date for filing your	1440 Broadway #301	Iduana ana inata	actions				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign a	address, see insuu	ictions.				
	Oakland, CA 94612						
	eturn code for the return that this application is	for /file a cor	parate application for each return)		. 01		
Enter the Re	eturn code for the return that this application is	ioi (ille a sel	datate application for each retaining		<u></u>		
Application		Return Code	Application Is For		Return Code		
Is For	r Form 990-EZ	01	Form 990-T (corporation)		07		
		02	Form 1041-A		08		
Form 990-B		03	Form 4720 (other than individual)		09		
Form 4720 (individual)		04	Form 5227		10		
Form 990-PF Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11		
Form 990-T (section 401(a) of 400(a) trusty  Form 990-T (trust other than above)		06	Form 8870		12		
1 01111 990-1	(trast other than above)						
Telepho  If the or  If this is check the external line of the external line external l	ine No. • 510 663-8300  Iganization does not have an office or place of some for a Group Return, enter the organization's form is box In the initial content of the group ension is for.  In the initial content of the group ension is for.  In the initial content of the group ension is for.  In the initial content of the group ension is for.  In the initial content of the group ension is for the organization's return for in the organization's return for:  In the initial content of the group ension is for less than 12 more content or the group ension is for less than 12 more content or the group ension of the group en	Fax No business in th our digit Group o, check this b oration require rganization re , and endi	be United States, check this box				
3a If this	nange in accounting period application is for Forms 990-BL, 990-PF, 990-1	T, 4720, or 600	69, enter the tentative tax, less any	3 a \$	0.		
	fundable credits. See instructions				<u> </u>		
tax pa	application is for Forms 990-PF, 990-T, 4720, ayments made. Include any prior year overpayn	ient anoweu a	as a credit	3 b \$	0.		
FF IPS	<b>ce due.</b> Subtract line 3b from line 3a. Include y S (Electronic Federal Tax Payment System). S	ee mshuchon,	5	3c \$	0.		
Caution. If y payment in	you are going to make an electronic funds with structions.	drawal (direct	debit) with this Form 8868, see Form 82	103-EO and comi 88	7 3- LO 101		