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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. 07/01, 2017, and ending 06/30, 20 18

	calendar year, or tax year beginning 07/01, 2017,	and ending	06	730, 20 18
D	C Name of organization		D Employer identifica	ition number
B Check if applicable	DEMOCRACY FORWARD FOUNDATION		82-100798	8
X Address change	Doing business as			
Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	
Initial return	1333 H STREET, NW	FLOOR 11	(202) 701-1	779
Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
Amended return	WASHINGTON, DC 20005-4707		G Gross receipts \$	5,600,100
Application pending	F Name and address of principal officer ANNE HARKAVY	_	H(a) Is this a group retuing subordinates?	m for Yes X
	1333 H STREET, NW, FLOOR 11, WASHINGTON, DO	20005, 2	H(b) Are all subordinates in	ictuded? Yes N
I Tax-exempt st	atus X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) o	r 527)	If "No " attach a l	ist (see instructions)
J Website ▶	WWW.DEMOCRACYFORWARD.ORG	- 00	H(c) Group exemption no	umber 🕨
K Form of organ	ızatıon X Corporation Trust Association Other ▶	L Year of form	ation 2017 M State	of legal domicile D0
	mmary			
1 Briefly	describe the organization's mission or most significant activities TO PRO	TECT OUR N	NATION'S RIGHT	rs and insti-
1	NS BY WORKING THROUGH LEGAL AND ADMINISTRATIV	E PROCESSI	ES, HOLDING	
710 THE 2 Check	US GOVERNMENT ACCOUNTABLE WHILE CONCURRENTLY	EDUCATING	THE PUBLIC.	
2 Checi	this box 🕨 🔝 if the organization discontinued its operations or disposed	d of more than 25	% of its net assets	
	er of voting members of the governing body (Part VI, line 1a)			8
<b>්</b> 4 Numb	er of independent voting members of the governing body (Part VI, line 1b) .	. <b></b> .		7
5 Total 6 Total	number of individuals employed in calendar year 2017 (Part V, line 2a) ,		5	12
€ 6 Total	number of volunteers (estimate if necessary),		6	
	unrelated business revenue from Part VIII, column (C), line 12			0
<b>b</b> Net u	related business taxable income from Form 990-T, line 34	. <u> </u>	, 7ь	
			Prior Year	Current Year
ພ 8 Contr	butions and grants (Part VIII June 1h) OFINED	<u>L_</u>	705,000.	5,600,100
9 Progr	butions and grants (Part VIII, line 1) Line 1) Line 1) Line 2) Line 2, Line 2, Line 2, Line 3, 4, and 7d)		0.	(
		🗀	0.	C
11 Other	revenue (Part VIII, colum and lines 5, 6d 28d 92, 10c, and gre)		0.	C
12 Total	evenue - add lines 8 through 1 (must equal Part VIII, column A), line 12).		705,000.	5,600,100
	s and similar amounts paid Par IX solution (%) [nes 13]		0.	1,400,000
14 Benef	A CONTRACTOR OF THE PARTY OF TH		0.	0
45 0-1	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).	[	122,790.	2,147,267
0 1	sional fundraising fees (Part IX, column (A), line 11e)		0.	Ō
b Total	undraising expenses (Part IX, column (D), line 25) ▶ 68,125.			
17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		107,360.	793,879
	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		230,150.	4,341,146
19 Rever	ue less expenses Subtract line 18 from line 12		474,850.	1,258,954
Assets of Balances 20 Total			inning of Current Year	End of Year
SE 20 Total	assets (Part X, line 16)		581,904.	1,836,716
ZE 21 Total	abilities (Part X, line 26)		107,054.	102,912
♥ 21	sets or fund balances Subtract line 21 from line 20	_	474,850.	1,733,804
	nature Block			
Under penalties	f perjury, I declare that I have examined this return, including accompanying schedul	es and statements	and to the best of my k	nowledge and belief, it
true correct 20ad	complete Declaration of preparer (other than officer) is based on all information of whice	h preparer has any	<del></del>	<del></del>
	Mi Yn		5.14.19	
1			Date	
Sign	Signature of officer		Date	
Sign D		VE DIRECTO		
Sign		VE DIRECTO		
Sign Here	ANNE HARKAVYO EXECUTI	VE DIRECTO	OR	TIN
Sign Here	ANNE HARKAVYO EXECUTI Type or print name and title		OR	TIN P00956578
Sign Here Paid Preparer	ANNE HARKAVY  Type or print name and title  Type preparer's name  C GILBERT CPA  CILBERT CPA  COLLEGE COLLEGE COLLEGE CARD.	Date	OR Check If F	P00956578
Sign Here Paid Preparer Use Only	ANNE HARKAVY  Type or print name and title  Type preparer's name  C GILBERT CPA  name GILBERT & WOLFAND, P.C.	Date	Checkif F self-employed Firm's EIN ▶ 52-1	P00956578
Sign Here Paid Preparer Use Only Firm's	ANNE HARKAVY  Type or print name and title  Type preparer's name  C GILBERT CPA  CILBERT CPA  COLLEGE COLLEGE COLLEGE CARD.	Date <b>5.13.19</b>	Check if self-employed Firm's EIN > 52-1 Phone no 202-	P00956578 263814 342-6000
Paid AMY Preparer Firm's Use Only May the RS d	ANNE HARKAVY  Type or print name and title  Type preparer's name  C GILBERT CPA  name	Date <b>5.13.19</b>	Check if self-employed Firm's EIN > 52-1 Phone no 202-	P00956578 263814 342-6000

JSA 7E1020 1 000 Form **990** (2017)



Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			l
	Part III,	5		L
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	1	] ]	1
	"Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	1	ĺĺ	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
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			·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	1	[ [	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		) }	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1	1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		[ [	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
			aan .	

Part	Checklist of Required Schedules (continued)			Page 4
raic	Checklist of Required Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	اً م		Х
L	through 24d and complete Schedule K If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		l	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ļ	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
b	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Ì	v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	х	
a.e	or IV, and Part V, line 1	34 35a	$-\frac{x}{x}$	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	JJa		
b	If "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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	552		
00	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		X
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	
		Form	990	2017)

Par				
	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4	100	1.00
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0.		}
	Did the organization comply with backup withholding rules for reportable payments to vendors an	3		1
•	reportable gaming (gambling) winnings to prize winners?		X	~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	? <b>2b</b>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			] _
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b	l	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	a	1	
	account)?	. 4a		_X
b	If "Yes," enter the name of the foreign country ▶	-	ĺ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s	}	
	(FBAR)			,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	l l	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		<b>├</b> ─-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. 5c	<del> </del>	<b>├</b> ─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		X
	organization solicit any contributions that were not tax deductible as charitable contributions?		<del> </del>	_^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of			İ
	gifts were not tax deductible?	. 6b	<del> </del>	├
	Organizations that may receive deductible contributions under section 170(c).	1		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good		-	- x-
	and services provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	·	<del> </del>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5   .   7c		X
	required to file Form 8282?	.   ',	<del>                                     </del>	<del>                                     </del>
	If "Yes," indicate the number of Forms 8282 filed during the year	7 7e	-	x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		-	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· —		<del></del>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		$\vdash$	_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	· —		
8	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.		<b>!</b>	
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter	-		
	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			ļ
11	Section 501(c)(12) organizations. Enter	$\neg$	}	
	Gross income from members or shareholders			ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	Ì		ĺ
	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	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a	L	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
	the organization is licensed to issue qualified health plans	_		1
	Enter the amount of reserves on hand		<b> </b>	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		<b></b>	X
h	If "Yes" has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	. 14b	[ ]	í

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Part VI

Section A. Governing Body and Management 1a 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 Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х 8b Each committee with authority to act on behalf of the governing body?.......... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Nο Yes Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Х 13 Did the organization have a written whistleblower policy?....... 13 Х 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?  $\bar{x}$ 15a X 15b 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  $\bar{x}$ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶. 18 Section 6104 requires an organization to make its 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 Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION 1333 H STREET, NW, FLOOR 11 WASRINGTON, DC 20005-4707 202-701-1779 20 Form 990 (2017)

											· ugu •
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

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

	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest employe Key emp Officer Institutic Individual or direct					an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MARC ELIAS	5.00									
DIRECTOR/CHAIR	0.	Х		х				0.	0.	0.
(2)JOHN PODESTA	2.00	_					_			·
DIRECTOR/PRESIDENT	0.	Х		Х				0.	0.	0.
(3)RON KLAIN	2.00									
DIRECTOR/TREASURER	0.	Х		Х	_			0.	0.	0 .
(4)SCOTT NATHAN	1.00									
DIRECTOR	0.	X						0.	_ 0.	0.
(5)MAYA HARRIS	1.00									-
DIRECTOR	0.	X						0.	0.	<u> </u>
(6)MINDY MYERS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)MATT MILLER	1.00									
DIRECTOR	0.	X					L_	0.	0.	0.
(8)FAIZ SHAKIR	1.00									
DIRECTOR	0.	X						0.	0.	<u>0</u> .
(9)ANNE HARKAVY	40.00							'		
EXECUTIVE DIRECTOR	0.			Х			<u> </u>	173,333.	0.	
(10)JAVIER GUZMAN	40.00				'					
LEGAL DIRECTOR	0.				X			153,409.	0.	9,685.
(11)		1								
(12)										
(13)						_	_			
(14)							_			

Form **990** (2017)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employees	(continu	ied)	Page C
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e to sor/trus e is or/trus e mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC	om a con f org	(F) Estimate Imount of Other Impensation If the Imp	of ation e ion ed
	<u> </u>		ro			ited				<del> </del>		
					_							
	<b>-</b>											
							<u> </u>					
			_		-		-			-		
										+		
					_					<del>  -</del>		
							*****					
1b Sub-total							<b></b>	326,742.		0.	9,	685.
c Total from continuation sheets to Part VII, S  d Total (add lines 1b and 1c)							<b>&gt;</b>	326,742.		0.	9,	0. 685.
Total number of individuals (including but not reportable compensation from the organization)	limited to the		iste				o re	eceived more than	\$100,000 of			
						<del></del>					Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	-	Х
4 For any individual listed on line 1a, is the sorganization and related organizations gre												
ındıvıdual										4	X	-
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5	-	X
Section B. Independent Contractors		_		_								
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated ii compensatio	ndepe on for	ende the	ent ( ca	cont	tracto lar ye	rs t ar e	that received more ending with or with	than \$100,000 the the organizat	of ion's tax		_
(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compen		
PERKINS COIE LLP PO BOX 24643 SEA	TTLE, W.	A 98	12	4			I	EGAL/MANAGEM	ENT	18	82,5	00.
			_				1					
							+					
2 Total number of independent contractors (in							e li	isted above) who	received			

Pa	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII							
`	<u>-</u>	Check is Schedule O Co	ilitailis a respo	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1b 1c 1d tions) . 1e grants, above . 1f n lines 1a-1f \$	5,600,100.				
Program Service Revenue	2a b c	Total. Add lines 1a-1f		Business Code	5,600,100.			
Progran	e f g	All other program service reve Total. Add lines 2a-2f			0.			
	3 4 5	Investment income (income and other similar amounts). Income from investment of the Royalties	ax-exempt bond	▶ ↓ I proceeds . ▶ ↓	0 0 0.			,
	6a b c d	Gross rents	(i) Securities	(ii) Other	0.			::
	b c d	Less cost or other basis and sales expenses Gain or (loss)			0.			
Other Revenue	8a	Gross income from fundral events (not including \$ of contributions reported on I See Part IV, line 18 Less direct expenses	ising  ine 1c) a					
0	c 9a	Net income or (loss) from fur Gross income from gaming See Part IV, line 19	ndraising events activities	<b>▶</b>	0		}	- !
	b c	Less direct expenses Net income or (loss) from ga	b aming activities		0.		-	
	10a b	Gross sales of inventor returns and allowances Less cost of goods sold	a					
	C	Net income or (loss) from sale Miscellaneous Revenue	es of inventory.	Business Code	0.			
	11a b c	All other success						
JSA	e 12	All other revenue			0 5,600,100			200/02/5

## 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	onse or note to any line	in this Part IX	<u></u> <u></u>	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,400,000.	1,400,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				•
	individuals See Part IV, lines 15 and 16	0.			<u> </u>
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,		ı.		
	trustees, and key employees	529,511.	477,511.	26,000.	26,000.
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.			
7	Other salaries and wages	1,402,294.	1,259,633.	142,661.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,410.	24,351.	4,059.	
9	Other employee benefits	38,657.	38,657.		1 710
10	Payroll taxes	148,395.	133,343.	13,333.	1,719.
11		000 000	1.50 000		40.000
a	Management	200,000.	160,000.		40,000.
	Legal	35,430.	29,696.	5,734.	
C	Accounting	18,526.		18,526.	<del></del>
C	S Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
1	f Investment management fees	0.			
ē	Other (If line 11g amount exceeds 10% of line 25, column	100 004	100 004	ľ	
	(A) amount, list line 11g expenses on Schedule O)	102,824.	102,824.		
12	Advertising and promotion	0.	52 275	12 002	
13	•	66,257.	53,375.	12,882.	
14	Information technology	26,401.	20,014.	0,307.	
15	Royalties	207,106.	186,395.	20,711.	<del></del>
16	Occupancy		5,445.	1,757.	406.
17		7,608.	3,443.		400.
18	, , , , , , , , , , , , , , , , , , , ,	0.			
	for any federal, state, or local public officials	3,468.	2,928.	540.	<del></del>
	Conferences, conventions, and meetings	0.	2,920.		<del></del>
	Interest	0.			
	Payments to affiliates	565.		565.	
	Depreciation, depletion, and amortization	15,727.	14,208.	1,519.	
	Insurance	15,727.	14,200.		
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)	65 015	59,567.	6,348.	<del></del>
_	DUES & SUBSCRIPTIONS FILING FEES & LICENSES	65,915. 27,987.	27,827.	160.	<del></del>
	FILING FEES & LICENSES TELEPHONE & INTERNET FEES	16,065.	13,542.	2,523.	
		10,003.	13,342.	2,323.	
	·				
	All other expenses	4,341,146.	4,009,316.	263,705.	68,125.
	Total functional expenses. Add lines 1 through 24e  Joint costs Complete this line only if the	4,341,140.	4,009,310.	203, 703.	00,123.
40	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	0.		}	
				<u></u>	<del></del>

JSA 7E1052 1 000 Form **990** (2017)

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
,—			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	580,363.	1_	1,768,064.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	192.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	0.	5_	0.
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	_	0.
SS	8	Inventories for sale or use	0.		0.
⋖	9	Prepaid expenses and deferred charges	0.		57,718.
	1	Land, buildings, and equipment cost or		-	·
		other basis Complete Part VI of Schedule D 10a 11, 307.			į
	h	Less accumulated depreciation	ō.	10c	10,742.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets See Part IV, line 11	1,541.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	581,904.		1,836,716.
	17	Accounts payable and accrued expenses	106,893.		102,912.
	18	Grants payable		18	0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0.
w	22	Loans and other payables to current and former officers, directors,	<del></del>		
tie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	0.
Lia	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24) Complete Part X		]	
		of Schedule D	161.	25	0.
	26	Total liabilities. Add lines 17 through 25	107,054.		102,912.
	20	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	474,850.	27	1,733,804.
3al	28	Temporarily restricted net assets	0.	28	0.
ᅙ	29	Permanently restricted net assets	0.	29	0.
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	474,850.	33	1,733,804.
	34	Total liabilities and net assets/fund balances	581,904.	34	1,836,716.
					Form <b>990</b> (2017)

### DEMOCRACY FORWARD FOUNDATION

Form 990 (2017) Page 12 **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI. . . . . . . 5,600,100. 1 1 4,341,146. 2 2 1,258,954. 3 3 474,850. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . 0. 5 5 0. 6 6 0. 7 7 Ō. 8 8 0. 9 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . 9 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 1,733,804. 33, column (B)) . . . . . . . . . . **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII . . . . . Yes Nο X Accrual Accounting method used to prepare the Form 990 | Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Х 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both 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 2c of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Х 3a

V 17-7.10

Form 990 (2017)

### 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

		ACY FORWARD FOUNDA	ATION				82-10079		
	rt I	Reason for Public Cha		organizations must o	complet	e this pa			
		nization is not a private fou			<del></del>	<del></del>		<u></u>	
1		A church, convention of chi		•	•	•			
2		A school described in secti						/	
3		A hospital or a cooperative					1 1 1		
4		A medical research organiz	•	-				(iii). Enter the	
		hospital's name, city, and st	· ·	<b>,</b>				,,,	
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II)	-	_	-			
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(	(b)(1)(A)(v).		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
	$\equiv$	described in section 170(b)	(1)(A)(vi). (Compl	ete Part II)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)				
9		An agricultural research orç	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	d in conjunction with a	land-grant college	
	(	or university or a non-land-	grant college of ag	griculture (see instruct	tions) E	nter the	name, city, and state o	f the college or	
	_	university						<del></del>	
10	;	An organization that normally receives (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11		An organization organized a	and operated excl	usively to test for publi	c safety	See sec	tion 509(a)(4).		
12		An organization organized a	· ·	-					
		of one or more publicly su							
	(	Check the box in lines 12a t	-						
а	L	Type I A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supported organization		• • • •		ajority of	f the directors or truste	es of the	
		supporting organization \							
b	L	Type II A supporting org							
		control or management of			the sam	e persor	ns that control or man	age the supported	
		organization(s) You must	•	•					
С		Type III functionally integ						ily integrated with,	
	_	its supported organization		•				ted ereenizetien(e)	
d	L	Type III non-functionally	_						
		that is not functionally inte	-					a an altentiveness	
_	Γ-	requirement (see instruction Check this box if the organization)						II Tyne III	
е	L	functionally integrated, or						ii, Type iii	
f	Ente	er the number of supported			porting	n gariizai			
a		vide the following information	_						
		me of supported organization	(iı) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
				above (see mandenons))	Yes	No	manachons)	in struction by	
						<u> </u>			
(A)				L					
(B)									
(C)									
(D)									
(E)			<u> </u>						
								<del></del>	
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2017

_		•
Pag	ıe	4

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0.	0	0.	705,000.	5,600,100.	6,305,100.
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
4	Total. Add lines 1 through 3				705,000.	5,600,100.	6,305,100.
5	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)			,			0.
6	Public support Subtract line 5 from line 4						6,305,100.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4				705,000	5,600,100.	6,305,100.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
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)						0.
11	Total support. Add lines 7 through 10						6,305,100
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<del> <u></u> .</del>	<u></u>				
Sec	tion C. Computation of Public Sup			·			
14	Public support percentage for 2017 (li						
15	Public support percentage from 2016					15	%_
16a	33 1/3 % support test - 2017. If the organization q						
<b>h</b>	331/3% support test - 2016. If the org						
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2						
.,,	10% or more, and if the organization						
	Part VI how the organization meets t						
	organization						▶ □
b	10%-facts-and-circumstances test - 2	<b>2016.</b> If the org	ganization did ni	ot check a box	on line 13, 16a	a, 16b, or 17a,	
	15 is 10% or more, and if the organization in Part VI how the organization						
	supported organization						▶ 🔲
18	<b>Private foundation</b> . If the organization instructions						. [ ]
	· · · · · · · · · · · · · · · · · · ·				s		

_			•
P	an	Α	- 2

Pa	Support Schedule for Orga	nizations Des	scribed in Sec	tion 509(a)(2)		-l 4 l.6	1-5-15
	(Complete only if you check if the organization fails to qua	ea the box or alify under the	i line 10 of Pai e tests listed be	rt i or if the org elow, please c	janization falle omplete Part l	a to quality ur {})	ider Partil
Sec	tion A. Public Support		7 10010 110100 15		<u> </u>	· /	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			]			
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise				1		
	sold or services performed, or facilities			1	Ì		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		<u> </u>	<u> </u>		/	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .		<del></del>	<del> </del>		<del></del>	<del></del>
4	Tax revenues levied for the						
	organization's benefit and either paid to		[	[		[	
	or expended on its behalf			<del></del>	<del> /</del>		
5	The value of services or facilities						
	furnished by a governmental unit to the		]				]
_	organization without charge	<del></del>		<del> </del>	<b>/</b>	<del> </del>	<del></del>
6	Total. Add lines 1 through 5			<b> /</b>		<del>                                     </del>	<del> </del>
/ a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons   Amounts included on lines 2 and 3			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
	received from other than disqualified						
	persons that exceed the greater of \$5,000					}	
_	or 1% of the amount on line 13 for the year			/			
8	Public support (Subtract line 7c from			/		<del></del>	<del></del>
·	line 6)		/				
Sec	tion B. Total Support		/	·	l	<del></del>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 201/4	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar				}	Į.	}
	sources			<u> </u>			
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	. /					
	acquired after June 30, 1975						<u> </u>
С	Add lines 10a and 10b					<u> </u>	
11	Net income from unrelated business					1	
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on						
12	Other income Do not include gain or					}	
	loss from the sale of capital assets	/		ł	•	ł	
	(Explain in Part VI)					ļ <u>-</u>	<b></b>
13	Total support. (Add lines 9, 10c, 11/				l	1	
	and 12)			L	<u> </u>	<u> </u>	<u></u>
14	First five years. If the Form 990 is for	•			-		
	organization, check this box and stop here.			<u> </u>	<u></u>	<del></del> .	· · · · · • • • • • • • • • • • • • • •
	tion C. Computation of Public Supp					<del></del>	
15	Public support percentage for 2017 (line 8,					15	<u> </u>
16	Public support percentage from 2016 Sche			<del></del>	<del></del>	16	
	tion D. Computation of Investment			10		17	0/
17	Investment income percentage for 2017 (lin						<u>%</u> %
18	Investment income percentage from 2016 S						
19 a	331/3% support tests - 2017. If the org						
1.	17 is not more than 3/31/3 %, check this						
D	331/3% support tests 2016. If the organ						
20	line 18 is not more than 331/3%, check Private foundation. If the organization of						
JSA		no not check	a box on line	, 10a, 01 19L			990 or 990-EZ) 2017
7E122	11000 6842MP 7165		V 17-7.10			•	PAGE 15
	1						

# Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

<u> </u>	ion A. All Supporting Organizations		Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purposo, doscribo 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)			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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		
С	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			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
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	4h		
С	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "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 amondment to the organizing document)	<b>6</b> a		
b c	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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	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		- <del>-</del>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
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		

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

s regard 3b Schedule A (Form 990 or 990-EZ) 2017

2b

3a

:

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	<u>nization</u>	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	į		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	İ		
factors (explain in detail in Part 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		
Section C - Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<del> </del>	
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
<b>;</b>	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			1
	(reasonable cause required-explain in Part VI) See			Ì
_	instructions		<u> </u>	
_3	Excess distributions carryover, if any, to 2017			
a				<u> </u>
b_	From 2013			
С	From 2014			
d	From 2015			l
е	From 2016			<u> </u>
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			!
<u>h</u>	Applied to 2017 distributable amount			
<u>    i                                </u>	Carryover from 2012 not applied (see instructions)			·
<u>i_</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		_ <del>.</del>	
4	Distributions for 2017 from			
	Section D, line 7 \$	 		<u> </u>
a	Applied to underdistributions of prior years			<u> </u>
b	Applied to 2017 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			<u> </u>
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j			} †
	and 4c	ļ <u>-</u>		<u> </u>
8	Breakdown of line 7			
<u>a</u>	Excess from 2013			
<u>b</u>	Excess from 2014		<del></del>	
с	Excess from 2015			!
d	Excess from 2016			
е	Excess from 2017	ĺ		1

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

DEM	OCRACY FORWARD FOUNDATION			82-1007	988	
Pa	tl Organizations Maintaining Donor Advised	Funds or Other	Similar Funds or	Accounts.	******************	****
	Complete if the organization answered "Ye	s" on Form 990,	Part IV, line 6			_
		(a) Donor advis	sed funds	(b) Funds ar	d other account	ts
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 adv	isors in writing th	at the assets held	in donor advised	d	
	funds are the organization's property, subject to the org	anızatıon's exclusiv	e legal control? .		Yes _	No
6	Did the organization inform all grantees, donors, and o	donor advisors in v	vriting that grant fu	unds can be used	d .	
	only for charitable purposes and not for the benefit of	f the donor or don	or advisor, or for a	iny other purpose	•	
	conferring impermissible private benefit?	<u> </u>	<u></u>		. Yes	No_
Pa	rt II Conservation Easements.					
	Complete if the organization answered "Ye					
1	Purpose(s) of conservation easements held by the orga					
	Preservation of land for public use (e.g., recreation	on or education)		of a historically ii		агеа
	Protection of natural habitat		Preservation	of a certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a	qualified conserva	ition contribution in	the form of a co	nservation	
	easement on the last day of the tax year			Held at th	e End of the Ta	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histo			2c		
ď	Number of conservation easements included in (c) ac			1 _ 1		
	historic structure listed in the National Register			2d	<del></del> -	
3	Number of conservation easements modified, transfer	red, released, extir	iguished, or termin	nated by the orga	anization duri	ng the
	tax year					
4	Number of states where property subject to conservati			<del></del>		
5	Does the organization have a written policy regards					Г <del></del>
	violations, and enforcement of the conservation easeme				L Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing con	iservation easemen	ts during the y	ear
	<b>&gt;</b>					
7	lem:lem:lem:lem:lem:lem:lem:lem:lem:lem:	handling of violatio	ns, and enforcing co	onservation ease	ments during	the year
_	<b>&gt;</b> \$			470/LV/AV/DV/		
8	Does each conservation easement reported on line 2(d)				1 1	<u>г</u>
_	and section 170(h)(4)(B)(II)?				Yes	L No
9	In Part XIII, describe how the organization reports cons					_
	balance sheet, and include, if applicable, the text of the organization's accounting for conservation easements	e roothote to the or	ganization's illianci	iai statements tha	it describes the	5
Da	rt III Organizations Maintaining Collections of	Art Historical Tro	easures or Other	r Similar Asset		
Га	Complete if the organization answered "Ye			i Ommai Assoc	<i>3.</i>	
4 -				rovenue eteteme	nt and haland	o choot
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar as	ssets held for pub	lic exhibition, edu	cation, or resea	rch in further	ance of
	public service, provide, in Part XIII, the text of the footnot	ote to its financial s	tatements that des	cribes these item	s	
b	If the organization elected, as permitted under SFAS	3 116 (ASC 958)	to report in its re	evenue statemei	nt and baland	e sheet
	works of art, historical treasures, or other similar as		lic exhibition, edu	cation, or resea	rch in further	ance of
	public service, provide the following amounts relating to (i) Revenue included on Form 990, Part VIII, line 1			▶ .	t:	
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, his				iai yain, prov	vide trie
_	following amounts required to be reported under SFAS				œ.	
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X					
	aperwork Reduction Act Notice, see the Instructions for Forr	n 990.			hedule D (Form	990) 2017

Schedule D (Form 990) 2017 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not No If "Yes," explain the arrangement in Part XIII and complete the following table Amount 1c 1d 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance . . . . Contributions . . . . . . . . . . . . Net investment earnings, gains, d Grants or scholarships . . . . . . Other expenditures for facilities and programs . . . . . . . . . . . . f Administrative expenses . . . . . End of year balance...... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment > **b** Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?............ 3ь Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 Part VI (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (investment) (other) depreciation 10,742. 565 11,307 Leasehold improvements d Equipment ...,.....

Schedule D (Form 990) 2017

▶

Other

10,742.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments - Other Securities.		
	Complete if the organization answered	i "Yes" on Fo <u>rm 9</u> 90	), Part IV, line 11b See Form 990, Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)	<del></del>		
(G)			
(H)	<del></del>		
	n (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)		<u></u> _	
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	
Part IX	Other Assets.		D 4 N/ L = 44 d O = Fe == 000 D = 4 V L = 45
			, Part IV, line 11d See Form 990, Part X, line 15
	(a) De	scription	(b) Book value
(1)			
(2)			
_(3)			
(4)			
(5)			
(6)			
(7) (8)	<del></del>	<del></del>	
(9)			
	umn (b) must equal Form 990, Part X, col (B) I.	ine 15 )	
Part X	Other Liabilities.		), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of hability	(b) Book valu	ie
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			<u> </u>
(7)			
(8)			
(9)			
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	
			and the state of t

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

JSA 7E1270 1 000 6842MP 7165

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

SCHEDULE 1 (Form 990)

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2017
------

Employer identification number

82-1007988

Part | General Information on Grants and Assistance

DEMOCRACY FORWARD FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization

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

Š X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

art	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	mestic Orc	janizations an	d Domestic Gov	ernments. Comp	lete if the organiza	tion answered "Ye	s" on Form
	990, Part IV, line 21, for any recipient that rec	ent that reco	eived more tha	in \$5,000 Part II	can be duplicate	ceived more than \$5,000 Part II can be duplicated if additional space is needed	e is needed	
	1 (a) Name and address of organization	(b) E(N	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of orant	(a) Description of	(h) Purpose of grant

or government	(=)	(if applicable)	grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR AMERICAN PROGRESS	i						
1333 H STREET, NW WASHINTON, DC 20005	30-0126510	501(C)(3)	1,400,000.				SUPPORT SERVICES
(2)						i	
						ļ	
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
		ļ					
(6)							
(10)							
		-					
(11)		U.					
(12)	 						
ı							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lis	ted in the line 1 tat	ole		<b>▲</b> :: :: ::	1.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table					

JSA 7E12881000 6842MP 7165

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
7					
3					
4				-	
S.					
9	!				
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ınformatıon re	quired in Part I,	ine 2, Part III, o	olumn (b), and any o	ther additional

FORM 990, SCHEDULE I, PART I, LINE 2

DEMOCRACY FORWARD FOUNDATION MAINTAINS ONGOING CONTACT WITH ITS GRANTEES

AND THUS IS ABLE TO MONITOR THE USE OF THEIR GRANTS.

PAGE 31

### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

► Attach to Form 990.

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

OMB No 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DEMOCRACY FORWARD FOUNDATION

Employer identification number

82-1007988

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	ľ		
	Travel for companions Payments for business use of personal residence	j		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	41		
•	explain	1b		i
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	<del></del>		
		2		
	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study  Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization  Receive a severance payment or change-of-control payment?	4a		<u> </u>
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			-
	The foot to any or miso the personal and provide the approximation and approximation approximation and approximation and approximation and approximation and approximation and approximation and approximation and		!	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	i		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			ليب
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	[ [		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			~~ <b>~</b>
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			х
	In Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	Tregulations section 33 4530-0(b) /	; 7		

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

Schedule J (Form 990) 2017

.

٠,

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII Part II

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

ייסופון								
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on pnor Form 990
ANNE HARKAVY	Θ	173,333.	0	0	0	0	173,333.	0.
1EXECUTIVE DIRECTOR	Ξ	0	o	0	0	0	0	0.
JAVIER GUZMAN	Ξ	153,409.	.0	0	2,083.	7, 602.	163,094.	0.
2LEGAL DIRECTOR	(ii)	0	.0	0	0.	0.	.0	0
	Ξ							
m	Ξ							
	€							
4	Ξ							
	(0)							
5	(ii)							
	Θ							
9	<u>(i)</u>							
	(3)							
7	Ξ	,						
	(2)							
8	(ii)							
	(1)							
6	(ii)							
	(3)							
10	<u>(i)</u>							
	(ı)							
11	(ii)							
	Ξ							
12	(E)							
	Ξ							
13	(ii)							
	Ξ							
14	(II)							
	ε							
15	<b>(E)</b>							
	Ξ							
16	€							
							Sche	Schedule J (Form 990) 2017

, 7E12911000 '6842MP 7165

V 17-7.10

# Schedule J (Form 990) 2017 Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2017

PAGE 34

V 17-7.10

### **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

DEMOCRACY FORWARD FOUNDATION

82-1007988

PART VI, SECTION A, LINE 3

PERKINS COIE PROVIDES THE SERVICES OF MARC ELIAS.

PART VI, SECTION B, LINE 11B

THE TAX RETURN IS PREPARED BY AN OUTSIDE CPA FIRM AND REVIEWED BY THE DIRECTORS, EXECUTIVE DIRECTOR AND OUTSIDE LEGAL COUNSEL.

PART VI, SECTION C, LINE 19

THE ORGANIZATION PROVIDES THE 990 FILING UPON REQUEST.

ATTACHMENT

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROTECT THE RIGHTS AND INSTITUTIONS THAT MAKE OUR NATION'S DEMOCRACY STRONG BY WORKING THROUGH THE LEGAL SYSTEM AND ADMINISTRATIVE PROCESSES TO PRESERVE THE RULE OF LAW AND HOLD THE UNITED STATES GOVERNMENT ACCOUNTABLE, AND TO EDUCATE THE PUBLIC ABOUT

THOSE EFFORTS.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

DEMOCRACY FORWARD FOUNDATION

hip
=
ے
Ś
tner
۲
<b>=</b>
ä
<u>.</u>
_
0
ð
∺
Unrelated
Ö
=
<u> </u>
and
a
w
Ë
ions
Ě
ਗ
Za
=
Ē
ö
Σ,
0
_
Š
atec
Ø
<del>a</del>

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

2017	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 82-1007988

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (fl applicable) of disregarded entity Part II Part <u>ව</u> 9 Ξ (2) ₹ (9)

orie or more related tax-exempt organizations during the tax year	le lax yeal						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
						Yes	No No
(1) DEMOCRACY FORWARD 82-0995286							
	SOC WELFARE	DC	501(C)(4)		N/A	×	
(2)							
(3)							
(4)							
							İ
(5)							
(9)							
(2)							

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

\* 7E1307 1000 \* 6842MP 7165

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Section 512(b)(13) controlled entity? Yes No (k) Percentage ownership (h) Percentage ownership (I) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year (9)
Share of Fend-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportorate allocatora? Yes No income (g) Share of end-of-(e) Type of entity (С согр. S согр. or trust) year assets line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling 1 (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part III Part IV 9 9 (2)  $\Xi$ (2) 3 ₹ 9 2 3 € (1)

JSA 7E1308 1 000

9

(7)

Schedule R (Form 990) 2017

Page 3

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017  $\times | \times$ ٥  $|\times|\times|\times|\times$  $\times |\times| \times$  $\times |\times$ Method of determining Yes If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1р 4 19 # 19 두 ≠ E 무 9 = = Lease of facilities, equipment, or other assets to related organization(s). Transactions With Related Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. . . . Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a) Name of related organization Gift, grant, or capital contribution to related organization(s) N/A JSA 7E1309 2 000 Part V \_ Ε ۵ 5 7 ۵ D ᅟ E 2 (3) <u></u> (2) 9

6842MP 7165

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign in country)	(d) Predominant ncome (related	(e) Are all partners section 501(c)(3)	S Share of S total income enr	(g) Share of end-of-year assels	(h) Disproportionate allocations?	(I) Code V - UBI amount in box 20 of Schedule K-1	<b>-</b>	General or R	(k) Percentage ownership
			rom tax under ctions 512-514)	Yes No			Ves No			Ž	
(1)									3		
(2)											
(3)							-				
(4)		-					_				
(5)								<del>-</del> -			
							_		-		
(9)									_		
										-	
(7)	<b>.</b>										
									-		
(8)											
(6)											
(10)	<b>.</b>										
(11)											
(12)											
(13)											
(14)											
(15)											
							1				
(16)	-1-										
ASL								S	chedule	R (Form	Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions