

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization FAMILIES FORWARD Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8 THOMAS City or town, state or province, country, and ZIP or foreign postal code IRVINE, CA 92618	D Employer identification number 33-0086043
	F Name and address of principal officer: MADELYNN HIRNEISE SAME AS C ABOVE	E Telephone number 949-552-2727
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	J Website: ▶ WWW.FAMILIES-FORWARD.ORG	G Gross receipts \$ 6,710,286.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1984	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
M State of legal domicile: CA		H(c) Group exemption number ▶

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: FAMILIES FORWARD EXISTS TO HELP FAMILIES IN NEED ACHIEVE AND MAINTAIN SELF-SUFFICIENCY THROUGH		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	60
	6	Total number of volunteers (estimate if necessary)	6	2000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,999,096.
9		Program service revenue (Part VIII, line 2g)	209,713.	374,059.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	863,666.	430,146.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,699.	-45,346.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,038,776.	6,424,257.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,769,885.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,621,446.	3,223,581.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 330,909.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	651,675.	849,833.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,043,006.	6,050,239.
	19	Revenue less expenses. Subtract line 18 from line 12	995,770.	374,018.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 13,004,649.	End of Year 15,384,216.
	21	Total liabilities (Part X, line 26)	1,088,109.	3,103,816.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,916,540.	12,280,400.

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	Signature of officer MADELYNN HIRNEISE, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name JONATHAN P. SCHUBERT, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00032866
	Firm's name ▶ HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.	Firm's EIN ▶ 33-0155525			
	Firm's address ▶ 19600 FAIRCHILD #320 IRVINE, CA 92612	Phone no. 949-833-2815			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION'S EXEMPT PURPOSE IS TO HELP FAMILIES IN NEED ACHIEVE SELF SUFFICIENCY THROUGH HOUSING, FOOD, COUNSELING, EDUCATION AND OTHER SUPPORT SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,908,126. including grants of \$ 1,424,335.) (Revenue \$ 374,059.) THE HOUSING PROGRAM PROVIDES A CONTINUUM OF CARE, INCLUDING MOTEL, INTERIM, AFFORDABLE AND RAPID RE-HOUSING OPTIONS. THIS PROGRAM PROVIDES QUALIFIED HOMELESS FAMILIES WITH IMMEDIATE ACCESS TO HOUSING. COLLABORATING WITH PARTNERING LOCAL APARTMENT COMMUNITIES, FAMILIES FORWARD ASSISTS FAMILIES WITH MOVING INTO APARTMENTS OR MOVING INTO ONE OF OUR OWNED UNITS. THESE FAMILIES ARE PROVIDED WITH TARGETED SUPPORT SERVICES THROUGHOUT THEIR PARTICIPATION IN THE PROGRAM. THIS YEAR, 244 FAMILIES, 846 CHILDREN AND THEIR PARENTS, PARTICIPATED IN THIS PROGRAM. 96% OF THESE FAMILIES REMAINED STABLY HOUSED, AND ON THE PATH TO GREATER SELF-SUFFICIENCY ONE YEAR AFTER LEAVING THE PROGRAM.

4b (Code:) (Expenses \$ 1,515,934. including grants of \$ 552,490.) (Revenue \$) THE HOMELESS PREVENTION & COMMUNITY SERVICES PROGRAM HELPS FAMILIES AVOID HOMELESSNESS. FAMILIES FORWARD PROVIDES LOW INCOME CHILDREN AND ADULTS WITH ACCESS TO NECESSARY SERVICES TO HELP THEM MAINTAIN THEIR STABILITY, INCLUDING: FOOD ASSISTANCE, COUNSELING, EMPLOYMENT COACHING, FINANCIAL AND LIFE SKILLS EDUCATION, AND SEASONAL SUPPORTIVE PROGRAMS. OUR FOOD PANTRY, CAREER COACHING, BACKPACK, COMMUNITY RESOURCE FAIR, THANKSGIVING AND ADOPT A FAMILY PROGRAMS ARE INCLUDED AS PART OF HOMELESS PREVENTION. KEEPING FAMILIES IN THEIR HOMES DURING A TIME OF CRISIS IS PREFERRED WHEN POSSIBLE TO AVOID HOMELESSNESS. THE FOOD PANTRY, STAFFED BY VOLUNTEERS, DISTRIBUTED FOOD TO 6,138 INDIVIDUALS. APPROXIMATELY 200 COMMUNITY FOOD DRIVES WERE HELD AND MANY OTHER DONATIONS WERE MADE BY INDIVIDUALS, FAMILIES, BUSINESSES, SCHOOLS,

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,424,060.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 151	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents 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?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DANIELLE DEBERG - 949-552-2727**
8 THOMAS, IRVINE, CA 92618

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANDY AVZARADEL DIRECTOR	0.50	X					0.	0.	0.	
(2) KFIR BEN-ZVI DIRECTOR	0.50	X					0.	0.	0.	
(3) JACK STEMPER DIRECTOR	1.00	X					0.	0.	0.	
(4) DR. JAMES BERMAN DIRECTOR	0.50	X					0.	0.	0.	
(5) SHIGE ITOH DIRECTOR	0.50	X					0.	0.	0.	
(6) MARK HARRYMAN DIRECTOR	0.50	X					0.	0.	0.	
(7) MICHAEL KAUFMAN DIRECTOR	0.50	X					0.	0.	0.	
(8) MARY EARL SPENCER DIRECTOR	0.50	X					0.	0.	0.	
(9) NANCY CHASE DIRECTOR	0.50	X					0.	0.	0.	
(10) TRACIE MCCLOSKEY DIRECTOR	0.50	X					0.	0.	0.	
(11) RHONDA BOLTON DIRECTOR	0.50	X					0.	0.	0.	
(12) GARY COHN DIRECTOR, PRESIDENT	0.50	X		X			0.	0.	0.	
(13) MARK ENGSTROM DIRECTOR	0.50	X					0.	0.	0.	
(14) SUSAN MCCLINTIC DIRECTOR	0.50	X					0.	0.	0.	
(15) PETER REYNOLDS DIRECTOR	0.50	X					0.	0.	0.	
(16) DEBORAH COOMBS DIRECTOR	0.50	X					0.	0.	0.	
(17) MARK HENIGAN DIRECTOR, TREASURER	0.50	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANA WONG DIRECTOR	0.50	X						0.	0.	0.
(19) ROBERT DAVIS DIRECTOR	0.50	X						0.	0.	0.
(20) KHAIRULNISSA HOTAKI DIRECTOR	0.50	X						0.	0.	0.
(21) MARGARET ENGLISH DIRECTOR, SECRETARY	0.50	X		X				0.	0.	0.
(22) TRISH SCARBOROUGH DIRECTOR	0.50	X						0.	0.	0.
(23) DAVID VENTO DIRECTOR	0.50	X						0.	0.	0.
(24) BRADLY COMP DIRECTOR	0.50	X						0.	0.	0.
(25) BASSAM FAWAZ DIRECTOR	0.50	X						0.	0.	0.
(26) ANNA MENDOZA DIRECTOR	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								249,848.	0.	20,489.
d Total (add lines 1b and 1c)								249,848.	0.	20,489.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include David Snow, Ryan Warne-McGraw, Sherry Benjamins, Karin Pearson, Jon Radus, Alex Razo, Debbie Thomsen, Lori Torres, Margaret Wakeham, and Danielle Deberg.

Total to Part VII, Section A, line 1c 249,848. 20,489.

Part VIII Statement of Revenue

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

			(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	1 a Federated campaigns	1a 104,100.						
	b Membership dues	1b						
	c Fundraising events	1c 645,490.						
	d Related organizations	1d						
	e Government grants (contributions)	1e 1,913,921.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,001,887.						
	g Noncash contributions included in lines 1a-1f: \$	785,969.						
	h Total. Add lines 1a-1f	▶ 5,665,398.						
	Program Service Revenue	2 a CLIENT RENT AND UTILIT					Business Code 624200	374,059.
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f		▶	374,059.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	51,981.			51,981.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		40,334.	485,389.					
		b Less: cost or other basis and sales expenses	40,334.					107,224.
		c Gain or (loss)	0.					378,165.
	d Net gain or (loss)	▶	378,165.			378,165.		
	8 a Gross income from fundraising events (not including \$ 645,490. of contributions reported on line 1c). See Part IV, line 18	a	93,125.					
		b Less: direct expenses	b					138,471.
		c Net income or (loss) from fundraising events	▶					-45,346.
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities	▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
	11 a							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	▶						
12 Total revenue. See instructions	▶	6,424,257.	374,059.	0.	384,800.			

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,976,825.	1,976,825.		
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				
5 Compensation of current officers, directors, trustees, and key employees	261,425.	183,877.	60,203.	17,345.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,507,140.	2,155,449.	139,866.	211,825.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,417.	128,806.	11,005.	12,606.
9 Other employee benefits	85,243.	72,038.	6,155.	7,050.
10 Payroll taxes	217,356.	183,686.	15,693.	17,977.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	86,675.	78,390.	8,285.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	15,292.	7,532.	749.	7,011.
13 Office expenses	133,715.	99,185.	8,355.	26,175.
14 Information technology	118,082.	99,790.	8,526.	9,766.
15 Royalties				
16 Occupancy	278,111.	272,456.	2,715.	2,940.
17 Travel	36,487.	35,028.	364.	1,095.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	47,579.	47,579.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,898.	263,127.	15,896.	13,875.
23 Insurance	31,859.	28,879.	1,593.	1,387.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	937,962.	937,962.		
b DONATED MATERIALS	795,110.	795,110.		
c WORKERS COMPENSATION	22,457.	18,979.	1,621.	1,857.
d CLOSING COSTS AND RELOC	16,187.	16,187.		
e All other expenses	-1,962,581.	-1,976,825.	14,244.	
25 Total functional expenses. Add lines 1 through 24e	6,050,239.	5,424,060.	295,270.	330,909.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,488,574.	1	1,144,433.
	2 Savings and temporary cash investments	13,649.	2	949,056.
	3 Pledges and grants receivable, net	771,501.	3	536,070.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	103,237.	9	127,520.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,583,979.		
	b Less: accumulated depreciation	10b 1,959,262.	7,655,963.	10c 10,624,717.
	11 Investments - publicly traded securities	1,556,916.	11	1,605,660.
	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	414,809.	15	396,760.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,004,649.	16	15,384,216.	
Liabilities	17 Accounts payable and accrued expenses	228,166.	17	283,734.
	18 Grants payable		18	
	19 Deferred revenue	12,500.	19	12,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	189,544.	21	183,231.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	36,161.	23	1,941,797.
	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	621,738.	25	682,554.
	26 Total liabilities. Add lines 17 through 25	1,088,109.	26	3,103,816.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,591,327.	27	10,785,430.
	28 Temporarily restricted net assets	1,225,213.	28	1,394,970.
	29 Permanently restricted net assets	100,000.	29	100,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,916,540.	33	12,280,400.	
34 Total liabilities and net assets/fund balances	13,004,649.	34	15,384,216.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,424,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,050,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	374,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,916,540.
5	Net unrealized gains (losses) on investments	5	1,578.
6	Donated services and use of facilities	6	22,122.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33,858.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,280,400.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization <p style="text-align:center">FAMILIES FORWARD</p>	Employer identification number <p style="text-align:center">33-0086043</p>
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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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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. **You must complete Part IV, Sections A and B.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3983731.	4704642.	5015444.	4999096.	5665398.	24368311.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3983731.	4704642.	5015444.	4999096.	5665398.	24368311.
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)						
6 Public support. Subtract line 5 from line 4.						24368311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	3983731.	4704642.	5015444.	4999096.	5665398.	24368311.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,863.	24,667.	26,169.	863,666.	51,981.	1001346.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						25369657.
12 Gross receipts from related activities, etc. (see instructions)					12	937,588.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.05 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	95.58 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees 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 tax-exempt purpose						
3 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						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a The organization satisfied the Activities Test. Complete line 2 below.		
b The organization is the parent of each of its supported organizations. Complete line 3 below.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)
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		
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 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		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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.)

Horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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 **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(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 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FAMILIES FORWARD	Employer identification number 33-0086043
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 611 W 6TH ST STE 800 LOS ANGELES, CA 90017-3105	\$ 403,354.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	HOAG MEMORIAL HOSPITAL PRESBYTERIAN ONE HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	COUNTY OF ORANGE 10 CIVIC CENTER PLAZA STE 107 SANTA ANA, CA 92701-4017	\$ 319,439.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	CITY OF IRVINE-CAPITAL GRANT 1 CIVIC CENTER PLAZA IRVINE, CA 92606-5208	\$ 181,106.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	WEINGART FOUNDATION 700 S FLOWER ST STE 1900 LOS ANGELES, CA 90017	\$ 175,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	PEOPLE FOR COMMUNITY HEALTH-DBA 2-1-1 ORANGE COUNTY 1505 E 17TH ST, STE 108 SANTA ANA, CA 92705-8520	\$ 141,499.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FAMILIES FORWARD	Employer identification number 33-0086043
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHILD GUIDANCE CENTER, INC. 525 CABRILLO PARK DR STE 300 SANTA ANA, CA 92701-5017	\$ 141,410.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	HUMAN OPTIONS, INC. PO BOX 53745 IRVINE, CA 92619-3745	\$ 141,375.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FAMILIES FORWARD	Employer identification number 33-0086043
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization FAMILIES FORWARD	Employer identification number 33-0086043
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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., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **FAMILIES FORWARD** Employer identification number **33-0086043**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on 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 advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 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? Yes 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 included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 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
1a Beginning of year balance	115,599.	109,270.	52,563.	23,013.	
b Contributions			62,000.	31,000.	31,000.
c Net investment earnings, gains, and losses	2,020.	6,329.	6,707.	4,550.	-1,987.
d Grants or scholarships			12,000.	6,000.	6,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	117,619.	115,599.	109,270.	52,563.	23,013.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c 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 organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,815,098.		5,815,098.
b Buildings		6,353,116.	1,567,621.	4,785,495.
c Leasehold improvements				
d Equipment		45,000.	30,750.	14,250.
e Other		370,765.	360,891.	9,874.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,624,717.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENT DEPOSITS	27,638.
(3) FUNDS HELD FOR CLAIMS ADMIN.	590,000.
(4) NOTES PAYABLE - CURRENT	64,916.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	682,554.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,436,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,578.	
b	Donated services and use of facilities	2b	22,122.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-11,736.	
e	Add lines 2a through 2d	2e		11,964.
3	Subtract line 2e from line 1	3		6,424,257.
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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,424,257.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,072,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	22,122.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		22,122.
3	Subtract line 2e from line 1	3		6,050,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,050,239.

Part XIII Supplemental Information.

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.

PART IV, LINE 2B:

THE ORGANIZATION IS TRUSTEE AND REMAINDER BENEFICIARY OF AN IRREVOCABLE CHARTIABLE REMAINDER TRUST. THIS AMOUNT REPRESENTS THE PRESENT VALUE OF THE EXPECTED FUTURE ANNUITY PAYMENTS TO THE DONOR AND IS RECORDED AS LIABILITY FOR AMOUNTS HELD FOR OTHERS.

PART V, LINE 4:

"THE NANCY FUND" IS A PERMANENT ENDOWMENT TO BE PAID TO FAMILIES FORWARD A SUM OF \$25,000 PER YEAR FOR 4 YEARS TO REACH 100,000 CORPUS. THE FUND SHALL DISTRIBUTE AN ANNUAL AMOUNT UP TO BUT NOT MORE THAN 5% OF ITS 3 YEAR AVERAGE VALUE (OR LESS, IF THE FUND HAS NOT BEEN IN EXISTENCE FOR AT LEAST THREE YEARS), FOR THE PURPOSE OF SUPPORTING CHILDREN'S NEEDS. THE

Part XIII Supplemental Information (continued)

ORIGINAL GIFT AMOUNT WILL BE DESIGNATED AS PRINCIPAL AND WILL REMAIN IN THE FUND IN PERPETUITY TO GENERATE FUTURE INCOME FOR DISTRIBUTION. UNTIL THE FUND HAS ATTAINED A MARKET VALUE OF \$100,000, THE AMOUNT DISTRIBUTED SHALL BE SUCH AMOUNT AS THE BOARD, OR ITS DESIGNEE, SHALL DETERMINE REQUIRED AND APPROPRIATE.

PART X, LINE 2:

THE ORGANIZATION EVALUATES ITS TAX PROVISIONS FOR ANY POTENTIAL UNCERTAIN TAX POSITIONS. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS WHICH ARE NOT DEEMED MORE LIKELY THAN NOT TO BE SUSTAINED IF CHALLENGED. THE ORGANIZATION'S FEDERAL INCOME TAX AND INFORMATIONAL RETURNS FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2016, AND SUBSEQUENT, REMAIN OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE RETURNS FOR CALIFORNIA, THE ORGANIZATION'S ONLY STATE JURISDICTION, REMAIN OPEN FOR EXAMINATION BY THE CALIFORNIA FRANCHISE TAX BOARD FOR THE FISCAL YEARS ENDED SEPTEMBER 30, 2015, AND SUBSEQUENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST -11,736.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p>	<p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p>
---	---
- 2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	738,615.			738,615.
	2 Less: Contributions	645,490.			645,490.
	3 Gross income (line 1 minus line 2)	93,125.			93,125.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	94,794.			94,794.
	8 Entertainment				
	9 Other direct expenses	43,677.			43,677.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				138,471.
11 Net income summary. Subtract line 10 from line 3, column (d)				-45,346.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **FAMILIES FORWARD** Employer identification number **33-0086043**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2018)

Part III 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.

(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 noncash assistance
HOUSING -	846	0.	1,424,335.	COST-HOUSING/STD COST-FOOD/HSEHOLD GOODS;FMV-GIFTCARDS/VARI OUS SVCS	HOUSING, FOOD & HOUSEHOLD GOODS,COUNSELING SVCS, LIFE SKILLS SVCS, REFERRAL SVCS, CAREER COACHING, FURNITURE AND
HOMELESS PREVENTION -	9104	0.	552,490.	COST-FOOD/HSEHOLD GOODS/CAREER COACHING/HEALTH SVCS;FMV-SCHOOL	FOOD, HOUSEHOLD GOODS, REFERRAL SVCS AND LIFE SKILLS SVCS, BACKPACKS AND SCHOOL SUPPLIES, CLOTHING/HOUSEHOLD

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: HOUSING, FOOD & HOUSEHOLD
GOODS,COUNSELING SVCS, LIFE SKILLS SVCS, REFERRAL SVCS, CAREER COACHING,
FURNITURE AND HOME ACCESSORIES, CAR REPAIR, COMPUTER, CLOTHING, GIFT
CARDS, CHILDCARE, OTHER CLIENT SERVICES

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, HOUSEHOLD GOODS, REFERRAL
SVCS AND LIFE SKILLS SVCS, BACKPACKS AND SCHOOL SUPPLIES,
CLOTHING/HOUSEHOLD ITEMS, TOYS, HOLIDAY GIFTS AND & GIFT CARDS, COMMUNITY

Part IV Supplemental Information

COUNSELING, FOOD BASKETS AND GIFT CARDS, CAREER COACHING/WORKSHOPS,
DENTAL, MEDICAL & MENTAL HEALTH SVCS, RENTAL ASSISTANCE

FORM 990, SCHEDULE I, PART III, COLUMN B, NUMBER OF RECIPIENTS

THERE WERE 846 RECIPIENTS OF ASSISTANCE THROUGH THE HOUSING PROGRAM.

PLEASE NOTE THAT THIS NUMBER WAS UNDUPLICATED RECIPIENTS. THERE WERE

9,104 RECIPIENTS OF ASSISTANCE THROUGH THE HOMELESS PREVENTION PROGRAM.

PLEASE NOTE THAT THIS NUMBER INCLUDES DUPLICATED RECIPIENTS AS SOME

INDIVIDUALS RECEIVED MULTIPLE SERVICES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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 compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- 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 payments not described on lines 5 and 6? If "Yes," describe in Part III

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 in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

Part II 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.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARGARET WAKEHAM EXECUTIVE DIRECTOR	(i)	167,289.	0.	0.	11,710.	0.	178,999.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **FAMILIES FORWARD** Employer identification number **33-0086043**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		286,055.	STANDARD COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	185,712	306,425.	STANDARD COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (FAMILY GIFTS)	X	0	202,630.	
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOUSING, FOOD, COUNSELING, EDUCATION, AND OTHER SUPPORT SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FAITH AND CIVIC GROUPS. THE CAREER COACHING PROGRAM HELPED 172

INDIVIDUALS DEVELOP THE CRITICAL SKILLS THEY NEED TO FIND A JOB AND

INCREASE THEIR INCOME. FAMILIES FORWARD SUPPORTED EDUCATION BY

DISTRIBUTING BACKPACKS FULL OF SCHOOL SUPPLIES AND CLOTHING TO 1,422

CHILDREN IN GRADES K-12. THE COMMUNITY RESOURCE FAIR BROUGHT TOGETHER

65 LEADING SERVICE PROVIDERS TO OFFER FREE HEALTH SCREENINGS, LEGAL

ADVICE, FINANCIAL COUNSELING, WORKSHOPS, AND CHILDREN'S ACTIVITIES TO

557 CHILDREN AND ADULTS. FOR THE THANKSGIVING PROGRAM, 886 FAMILIES

RECEIVED BASKETS OF DONATED HOLIDAY FOOD ORGANIZED AND DISTRIBUTED BY

VOLUNTEERS. FOR THE ADOPT A FAMILY PROGRAM, THROUGH THE ENORMOUS

GENEROSITY OF THE COMMUNITY, OVER 1,762 CHILDREN RECEIVED GIFTS FOR THE

HOLIDAYS. THE COMMUNITY COUNSELING PROGRAM SERVED 412 INDIVIDUALS IN

COUNSELING SESSIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX REVIEW POLICY PROCEDURE IS THAT AFTER THE FORM 990 IS PREPARED, IT

IS FIRST REVIEWED BY THE EXECUTIVE COMMITTEE. IT IS THEN REVIEWED BY THE

ENTIRE BOARD WITH TIME FOR COMMENTS/CHANGES BEFORE BEING FINALIZED AND

FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS GIVEN TO ALL DIRECTORS AT THE FIRST BOARD MEETING OF THE

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization FAMILIES FORWARD	Employer identification number 33-0086043
---	---

YEAR. WE ENSURE THAT ALL DIRECTORS SIGN, REVIEW THEIR STATEMENTS AND FOLLOW UP ON ANY ITEMS OF CONCERN.

FORM 990, PART VI, SECTION B, LINE 15:

A GUIDELINE OF SALARY RANGES FOR ALL EMPLOYEES IS SET WITHIN THE 50TH AND 100TH PERCENTILE FOR LIKE POSITIONS IN ORANGE COUNTY. THE MOST RECENT YEAR NON-PROFIT SALARY SURVEY DISTRIBUTED BY THE CENTER FOR NON-PROFIT MANAGEMENT IS USED TO DEVELOP THE RANGES FOR ALL POSITIONS. ALL RANGES ARE REVIEWED EVERY 2 YEARS. THE FINANCE COMMITTEE ANNUALLY RECOMMENDS A POOL OF DOLLARS TO BE ALLOCATED TO SALARY ADJUSTMENTS. THE HUMAN RESOURCES COMMITTEE REVIEWS THE RECOMMENDATION AND PROCESS FOR DETERMINING THE ADJUSTMENT. ALL STAFF RAISES ARE MADE UPON THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR AND ARE SUBJECT TO FINAL APPROVAL BY THE HUMAN RESOURCES COMMITTEE. THE EXECUTIVE DIRECTOR COMPENSATION IS SET AND APPROVED BY THE EXECUTIVE COMMITTEE. THE TOTAL SALARY RECOMMENDATION IS APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. OUR LATEST ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE OR UPON REQUEST.

FORM 990, PART I LINES 3 AND 4 AND PART VII

EXPLANATION OF THE DIFFERENCE REPORTED IN PART I LINES 3 AND 4 AND PART VII SECTION A:

PLEASE NOTE THAT THE NUMBER OF INDEPENDENT VOTING MEMBERS AT THE END OF THE FISCAL YEAR IS LISTED IN PART I LINES 3 AND 4 OF THE FORM 990.

Name of the organization FAMILIES FORWARD	Employer identification number 33-0086043
---	---

THIS AMOUNT INCLUDES ALL DIRECTORS WHO SERVED ON THE BOARD AT THE END OF THE YEAR ENDED SEPTEMBER 30, 2019. THIS NUMBER DIFFERS FROM THE NUMBER OF DIRECTORS LISTED IN PART VII OF THE FORM 990 AS PART VII LISTS ALL DIRECTORS WHO SERVED ON THE BOARD DURING THE FISCAL YEAR. THE ORGANIZATION IS ADHERING TO THE REPORTING REQUIREMENTS SET FORTH IN THE INSTRUCTIONS OF THE FORM 990.

FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 2

GRANTS AND ASSISTANCE:

THE TOTAL AMOUNT OF GRANTS AND ASSISTANCE PROVIDED TO INDIVIDUALS BY THE ORGANIZATION TOTALED \$1,976,825 FOR THE YEAR. THIS AMOUNT IS REPORTED ON LINE 2 OF THE FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES. THE VARIOUS AMOUNTS ARE ALSO INCLUDED IN THE THE FOLLOWING EXPENSE CATEGORIES, PROGRAM EXPENSES, DONATED MATERIALS, AND OCCUPANCY. AS THE GRANTS ARE REPORTED TWICE, ON LINE 2 AND THE DETAILED EXPENSE CATEGORIES, THERE IS A CONTRA ACCOUNT, LESS ASSISTANCE TO INDIVIDUALS, IN THE AMOUNT OF (\$1,976,825) TO PROPERLY REFLECT THE TOTAL PROGRAM EXPENSE. SEE SCHEDULE I FOR MORE DETAILS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONATED SERVICES AND USE OF FACILITIES	-22,122.
UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST - RESTRICTED ACTIVITY	-11,736.
TOTAL TO FORM 990, PART XI, LINE 9	-33,858.

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

FORM 990, PART XII LINE 2C

AUDIT COMMITTEE:

THE BOARD OF DIRECTORS HAS CONSTITUTED AN AUDIT COMMITTEE AND DELEGATED TO THAT COMMITTEE THE RESPONSIBILITY FOR ENGAGING INDEPENDENT AUDITORS AND MONITORING THE AUDIT PROCESS. THIS STRUCTURE HAS BEEN IN EFFECT IN PRIOR YEARS AND WAS NOT CHANGED IN FY 2019.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS AND IMPROVEMENTS	03/30/10	SL	39.00	MM	17	6,353,116.				6,353,116.	1,322,763.		244,858.	1,567,621.
	* 990 PAGE 10 TOTAL BUILDINGS						6,353,116.				6,353,116.	1,322,763.		244,858.	1,567,621.
	FURNITURE & FIXTURES														
3	FURNITURE AND EQUIPMENT	03/30/10	200DB	5.00	HY	17	352,805.				352,805.	321,851.		39,040.	360,891.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						352,805.				352,805.	321,851.		39,040.	360,891.
	TRANSPORTATION EQUIPMENT														
4	AUTOS AND TRUCKS	03/30/10	200DB	5.00	HY	17	45,000.				45,000.	21,750.		9,000.	30,750.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						45,000.				45,000.	21,750.		9,000.	30,750.
	LAND														
1	LAND		L				5,815,098.				5,815,098.			0.	
	* 990 PAGE 10 TOTAL LAND						5,815,098.				5,815,098.	0.		0.	0.
	OTHER														
5	CONSTRUCTION IN PROGRESS	10/01/18	NC	.000	HY		17,960.				17,960.			0.	
	* 990 PAGE 10 TOTAL OTHER						17,960.				17,960.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						12583979.				12583979.	1,666,364.		292,898.	1,959,262.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12566019.			0.	12566019.	1,666,364.			1,959,262.

**California Exempt Organization
Annual Information Return**

Calendar Year 2018 or fiscal year beginning (mm/dd/yyyy) **10/01/2018**, and ending (mm/dd/yyyy) **09/30/2019**

Corporation/Organization name
FAMILIES FORWARD

California corporation number
1263379

Additional information. See instructions.
FEIN
33-0086043

Street address (suite or room)
8 THOMAS

City
IRVINE

State
CA

ZIP code
92618

Foreign country name
Foreign province/state/county
Foreign postal code

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,044,888	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	5,665,398	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	6,710,286	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	147,558	00
	7	Total costs. Add line 5 and line 6	7	147,558	00
	8	Total gross income. Subtract line 7 from line 4	8	6,562,728	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,188,710	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	374,018	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer **CEO** Title
Date _____ Date

Telephone **949-552-2727**

Preparer's signature _____ Date _____
Check if self-employed

P00032866 PTIN

Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address
HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.
19600 FAIRCHILD #320
IRVINE, CA 92612

Firm's FEIN **33-0155525**
Telephone **949-833-2815**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951 12-12-18

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	93,125	00	
	2	Interest	•	2	51,981	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	525,723	00	
	7	Other income SEE STATEMENT 3	•	7	374,059	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,044,888	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 4	•	9	1,976,825	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 5	•	11	261,425	00	
	12	Other salaries and wages	•	12	2,507,140	00	
	Expenses and Disbursements	13	Interest	•	13	47,579	00
		14	Taxes	•	14	217,356	00
		15	Rents	•	15	278,111	00
		16	Depreciation and depletion (See instructions)	•	16	292,898	00
		17	Other Expenses and Disbursements SEE STATEMENT 6	•	17	607,376	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,188,710	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		2,502,223		• 2,093,489
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 7		1,556,916		• 1,605,660
10 a Depreciable assets	6,066,471		6,768,881	
b Less accumulated depreciation	(1,719,259)	4,347,212	(1,959,262)	4,809,619
11 Land		3,308,751		• 5,815,098
12 Other assets STMT 8		1,289,547		• 1,060,350
13 Total assets		13,004,649		15,384,216
Liabilities and net worth				
14 Accounts payable		228,166		• 283,734
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable STMT 9		189,544		• 183,231
17 Mortgages payable		36,161		• 1,941,797
18 Other liabilities STMT 10		634,238		• 695,054
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		11,916,540		• 12,280,400
22 Total liabilities and net worth		13,004,649		15,384,216

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 363,860	7 Income recorded on books this year not included in this return STMT 12	• 11,964
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	11,964
4 Income not recorded on books this year	•	10 Net income per return. Subtract line 9 from line 6	374,018
5 Expenses recorded on books this year not deducted in this return STMT 11	• 22,122		
6 Total. Add line 1 through line 5	385,982		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT	611 W 6TH ST STE 800 LOS ANGELES, CA 90017-3105	09/30/19	403,354.
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	ONE HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	09/30/19	350,000.
COUNTY OF ORANGE	10 CIVIC CENTER PLAZA STE 107 SANTA ANA, CA 92701-4017	09/30/19	319,439.
CITY OF IRVINE-CAPITAL GRANT	1 CIVIC CENTER PLAZA IRVINE, CA 92606-5208	09/30/19	181,106.
WEINGART FOUNDATION	700 S FLOWER ST STE 1900 LOS ANGELES, CA 90017	09/30/19	175,200.
PEOPLE FOR COMMUNITY HEALTH-DBA 2-1-1 ORANGE COUNTY	1505 E 17TH ST, STE 108 SANTA ANA, CA 92705-8520	09/30/19	141,499.
CHILD GUIDANCE CENTER, INC.	525 CABRILLO PARK DR STE 300 SANTA ANA, CA 92701-5017	09/30/19	141,410.
HUMAN OPTIONS, INC.	PO BOX 53745 IRVINE, CA 92619-3745	09/30/19	141,375.
FULLERTON INTERFAITH	PO BOX 6326 FULLERTON, CA 92834-6326	09/30/19	111,480.
ORANGE COUNTY UNITED WAY	18012 MITCHELL S IRVINE, CA 92614-6008	09/30/19	104,100.
CHILDREN AND FAMILIES COMMISSION OF OC	1505 E 17TH ST STE 230 SANTA ANA, CA 92705-8513	09/30/19	102,999.
CITY OF HUNTINGTON BEACH	P.O. BOX 190 HUNTINGTON BEACH, CA 92648	09/30/19	96,868.

FAMILIES FORWARD33-0086043

IRVINE UNIFIED SCHOOL DISTRICT	5050 BARRANCA PKWY IRVINE, CA 92604-4698	09/30/19	96,435.
S. MARK TAPER FOUNDATION	12011 SAN VICENTE BLVD. STE 400 LOS ANGELES, CA 90049-4946	09/30/19	75,000.
WELLSPRING ADVISORS, LLC	1441 BROADWAY STE 1600 NEW YORK, NY 10018-1905	09/30/19	75,000.
GRISWOLD INDUSTRIES	PO BOX 1325 NEWPORT BEACH, CA 92659-0325	09/30/19	60,000.
SYNCHRONY FINANCIAL	2995 RED HILL AVE. STE 100 COSTA MESA, CA 92626-5984	09/30/19	55,000.
ANNENBERG FOUNDATION	2000 AVENUE OF THE STARS STE 1000S LOS ANGELES, CA 90067-4704	09/30/19	50,000.
ELERDING FAMILY FOUNDATION	C/O HARRIS GREENE LLP 2020 MAIN ST. STE 960 IRVINE, CA 92614-8203	09/30/19	50,000.
MARISLA FOUNDATION	4041 MACARTHUR BLVD, SUITE 510 NEWPORT BEACH, CA 92660	09/30/19	50,000.
WILLIAM AND LISA APPLEBEE	PO BOX 9878 NEWPORT BEACH, CA 92658-1878	09/30/19	50,000.
KROGER	1014 VINE ST STE 1000 CINCINNATI, OH 45202-1100	09/30/19	39,047.
TRISH AND STEVE SCARBOROUGH	5 SKYLINE IRVINE, CA 92603-3618	09/30/19	37,700.
BART AND DEBBIE THOMSEN	8 PINEHURST LN NEWPORT BEACH, CA 92660-5228	09/30/19	36,000.
AVALONBAY COMMUNITIES, INC.	2050 MAIN ST STE 1200 IRVINE, CA 92614-8280	09/30/19	35,200.
FUTEK	10 THOMAS IRVINE, CA 92618-2702	09/30/19	35,000.

FAMILIES FORWARD

33-0086043

PACIFIC PREMIER BANK	17901 VON KARMAN AVE. STE 1200 IRVINE, CA 92614-5248	09/30/19	35,000.
DON AND LINDA BAILEY	A LITTLE HELP FOUNDATION FUND, 4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA	09/30/19	33,000.
PACIFIC LIFE FOUNDATION	700 NEWPORT CENTER DR NEWPORT BEACH, CA 92660-6307	09/30/19	33,000.
TERI AND ALAN HOOPS	587 EEKHAN MTN RD DURANGO, CO 81301	09/30/19	31,300.
DEVTO SUPPORT FOUNDATION	C/O FIRST FOUNDATION BANK 18101 VON KARMAN AVE, STE 750 IRVINE, CA 92612	09/30/19	30,000.
THE CAPITAL GROUP COMPANIES FOUNDATION	6455 IRVINE CENTER DR IRVINE, CA 92618-4518	09/30/19	30,000.
PIMCO FOUNDATION	6111 W PLANO PARKWAY, STE 1000YC PLANO, TX 75093	09/30/19	26,500.
CITY OF COSTA MESA	77 FAIR DR COSTA MESA, CA 92626-6546	09/30/19	25,758.
CHANGE A LIFE FOUNDATION	158 N GLASSELL ST STE 204 ORANGE, CA 92866-1463	09/30/19	25,000.
LORANCE LISLE FOUNDATION	1000 QUAIL ST STE 100 NEWPORT BEACH, CA 92660-2764	09/30/19	25,000.
BANK OF AMERICA CHARITABLE FOUNDATION	3650 14TH ST STE 204 RIVERSIDE, CA 92501-3846	09/30/19	21,000.
STEVEN BERNSTEIN	4 SURFSPRAY BLUFF NEWPORT COAST, CA 92657	09/30/19	20,500.
STEVE AND KATHRYN KEEFER	5632 KINGSFORD TERRACE IRVINE, CA 92603-3541	09/30/19	20,250.
BLUEBIRD LEGACY	3972 BARRANCA PKWY STE J609 IRVINE, CA 92606-1204	09/30/19	20,000.

FAMILIES FORWARD33-0086043

CROUL FAMILY FOUNDATION	C/O FIRST FOUNDATION BANK 18101 VON KARMAN AVE STE 750 IRVINE, CA 92612-0145	09/30/19	20,000.
DECORATIVE ARTS SOCIETY	PO BOX 1414 NEWPORT BEACH, CA 92659-0414	09/30/19	20,000.
O.L. HALSELL FOUNDATION	PO BOX 6300 SANTA ANA, CA 92706-0300	09/30/19	20,000.
PACIFIC WESTERN BANK	PO BOX 2485 BREA, CA 92822	09/30/19	20,000.
RICHARD AND TRACIE MCCLOSKEY	26 CANYON FAIRWAY DR NEWPORT BEACH, CA 92660-5916	09/30/19	20,000.
STEVEN FAINBARG	97 JASMINE CREEK DR CORONA DEL MAR, CA 92625-1420	09/30/19	20,000.
THE KLING FAMILY FOUNDATION	C/O DARRYL C. SHEETZ, TREASURER 335 CENTENNIAL WAY STE 100 TUSTIN, CA 92780-	09/30/19	20,000.
UNION BANK FOUNDATION	P.O. BOX 85602 SAN DIEGO, CA 92186	09/30/19	20,000.
WELLS FARGO FOUNDATION	2030 MAIN ST STE 1100 IRVINE, CA 92614-7255	09/30/19	20,000.
MARK AND MARCIA ENGSTROM	59 SUMMER HOUSE IRVINE, CA 92603	09/30/19	17,600.
ARMEN AND BOB HUMBER	30852 CALLE BARBOSA LAGUNA NIGUEL, CA 92677-5507	09/30/19	16,000.
FLUOR FOUNDATION	3 POLARIS WAY ALISO VIEJO, CA 92656-5338	09/30/19	15,500.
MARK AND LISA HARRYMAN	1800 E. IMPERIAL HWY. SUITE 205 BREA, CA 92821	09/30/19	15,000.
MICHAEL AND KATY KAUFMAN	27 HERMITAGE LN NEWPORT BEACH, CA 92660-5213	09/30/19	15,000.

FAMILIES FORWARD33-0086043

PFAFFINGER FOUNDATION	420 E 3RD ST STE 1010 LOS ANGELES, CA 90013-1648	09/30/19	15,000.
WARREN AND SUE LORTIE	1915 BAYSIDE DR CORONA DEL MAR, CA 92625-1846	09/30/19	15,000.
SANDY FAINBARG	300 VIA LIDO NORD NEWPORT BEACH, CA 92663-4610	09/30/19	14,889.
CITY OF NEWPORT BEACH	100 CIVIC CENTER DR NEWPORT BEACH, CA 92660-3267	09/30/19	13,986.
ORANGE COUNTY COMMUNITY FOUNDATION	4041 MACARTHUR BLVD STE 510 NEWPORT BEACH, CA 92660-2503	09/30/19	12,250.
GOOD SHEPHERD LUTHERAN CHURCH	4800 IRVINE CENTER DR IRVINE, CA 92604-3300	09/30/19	12,100.
JOHN AND SANDRA GOODMAN	15 RUE CHATEAU ROYAL NEWPORT BEACH, CA 92660-5904	09/30/19	12,000.
CITY OF LAKE FOREST	25550 COMMERCENTRE DR STE 100 LAKE FOREST, CA 92630-8893	09/30/19	11,950.
GREGORY EKSTROM	205 APOLENA AVE NEWPORT BEACH, CA 92662-1215	09/30/19	11,600.
CARMAX FOUNDATION	12800 TUCKAHOE CREEK PARKWAY RICHMOND, VA 23228	09/30/19	10,500.
RYAN AND NICOLE WARNE-MCGRAW	17 DEERWOOD W IRVINE, CA 92604-3056	09/30/19	10,350.
ROBERT AND ALI BARTHOLOMEW	23 TIDE WATCH NEWPORT COAST, CA 92657-1909	09/30/19	10,300.
NANCY AND IRV CHASE	61 GRANDVIEW IRVINE, CA 92603-0222	09/30/19	10,263.
DAN AND KELLY BABCOCK	6 WOODFALL IRVINE, CA 92604-4621	09/30/19	10,100.
CALIFORNIA COMMUNITY FOUNDATION	221 S FIGUEROA ST STE 400 LOS ANGELES, CA 90012-3760	09/30/19	10,000.

FAMILIES FORWARD33-0086043

JANICE AND JAMES LAWSON	39 ECHO GLEN IRVINE, CA 92603-0421	09/30/19	10,000.
JOHN W. CLARK	1791 OCEAN WAY LAGUNA BEACH, CA 92651	09/30/19	10,000.
KAREN LOEB	1321 OUTRIGGER DR CORONA DEL MAR, CA 92625-1215	09/30/19	10,000.
LENNAR CHARITABLE HOUSING FOUNDATION	25 ENTERPRISE ALISO VIEJO, CA 92656-2708	09/30/19	10,000.
MARIAN TANG	14 VIA PERAZUL NEWPORT COAST, CA 92657-1609	09/30/19	10,000.
MARK AND LAURIE HENIGAN	28 LAMPLIGHTER IRVINE, CA 92620-2811	09/30/19	10,000.
MARX/OKUBO ASSOCIATES	4 HUTTON CENTRE DR STE 950 SANTA ANA, CA 92707-8793	09/30/19	10,000.
MCMASTER-CARR SUPPLY COMPANY	PO BOX 680 ELMHURST, IL 60126-0680	09/30/19	10,000.
RUTH ANN HYSON	PO BOX 980 CORONA DEL MAR, CA 92625	09/30/19	10,000.
SAMUELI FOUNDATION	2101 E COAST HWY 3RD FL CORONA DL MAR, CA 92625-1941	09/30/19	10,000.
SOUTHERN CALIFORNIA EDISON	GO1, QUAD 4A 2244 WALNUT GROVE AVENUE ROSEMEAD, CA 91770-0700	09/30/19	10,000.
TERRY AND VIVA BAILEY	C/O ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD #510 NEWPORT BEAC	09/30/19	10,000.
WESTERN DIGITAL CORPORATION	3355 MICHELSON DR. STE 100 IRVINE, CA 92612-5694	09/30/19	10,000.
BROOKE MAYNARD AND MR. PAUL BORDEWICH	21086 NORTHSTAR LAKE FOREST, CA 92630	09/30/19	9,724.

FAMILIES FORWARD33-0086043

HYBRID APPAREL	10711 WALKER ST CYPRESS, CA 90630-4720	09/30/19	8,357.
MARINERS CHURCH	5001 NEWPORT COAST DR IRVINE, CA 92603-0164	09/30/19	8,040.
HOMEAID ORANGE COUNTY	24 EXECUTIVE PARK STE 100 IRVINE, CA 92614-2751	09/30/19	8,000.
CITY OF RANCHO SANTA MARGARITA	22112 EL PASEO RANCHO SANTA MARGARITA, CA 92688-2824	09/30/19	7,510.
786 FOUNDATION	C/O WALDEN ASSET MANAGEMENT 1 BEACON STREET BOSTON, MA 02108	09/30/19	7,500.
JAMES M. RAGEN MEMORIAL FUND	1026 ODGNE AVE LISLE, IL 60532	09/30/19	7,500.
WILLAMETTA K. DAY FOUNDATION	865 SOUTH FIGUEROA STREE, SUITE 700 LOS ANGELES, CA 90017	09/30/19	7,500.
CITY OF MISSION VIEJO	200 CIVIC CENTER MISSION VIEJO, CA 92691-5519	09/30/19	7,115.
PAPPAS FAMILY FOUNDATION	JAMES & MARILYN PAPPAS 616 MOANIALA ST HONOLULU, HI 96821-2572	09/30/19	7,000.
ROBERT DAVIS AND SUSAN HORI	11 NEW MEADOW IRVINE, CA 92614-7538	09/30/19	6,700.
SAGE SOFTWARE	7595 IRVINE CENTER DR STE 200 IRVINE, CA 92618-2963	09/30/19	6,637.
CAPITAL GROUP CO CHARITABLE FOUNDATION	400 SOUTH HOPE STREET LOS ANGELES, CA 90071	09/30/19	6,500.
DEBORAH AND RANDY COOMBS	3 MARBELLA DANA POINT, CA 92629-4118	09/30/19	6,100.
LORI AND RAYMOND TORRES	1 VANDERBILT IRVINE, CA 92618	09/30/19	6,100.

FAMILIES FORWARD33-0086043

CITY OF IRVINE	1 CIVIC CENTER PLAZA IRVINE, CA 92606-5208	09/30/19	5,895.
MARY ANN BENTROTT AND BRYAN BENTROTT	7 WHITE PINE DR NEWPORT COAST, CA 92657-1543	09/30/19	5,600.
CAPTURE 3D, INC.	3207 SOUTH SHANNON STREET SANTA ANA, CA 92704	09/30/19	5,500.
HEDY KIRSH AND MR. WAYNE POPE	16 HIGHLAND VIEW IRVINE, CA 92603-3705	09/30/19	5,400.
KATHY AND ROBERT HERRMANN	11 ARADA ST RANCHO MISSION VIEJO, CA 92694-1274	09/30/19	5,400.
ROBERT AND JUDITH HALL	466 MONTEREY DR LAGUNA BEACH, CA 92651-1664	09/30/19	5,400.
MICHELLE AND TIMOTHY DEAN	PO BOX 930 NEWPORT BEACH, CA 92661	09/30/19	5,263.
ALAN AND MARIA STEARNS	16624 CAMILIA AVE TUSTIN, CA 92782-1908	09/30/19	5,200.
DEBBIE AND BART THOMSEN	8 PINEHURST LN NEWPORT BEACH, CA 92660-5228	09/30/19	5,200.
MARTIN AND JANICE PICKETT	30115 HILLSIDE TERRACE SAN JUAN CAPISTRANO, CA 92675-1538	09/30/19	5,200.
MARY MCDONOUGH	5 CHRISTAMON W. IRVINE, CA 92620-1836	09/30/19	5,200.
MARGARET AND BRIAN ENGLISH	17 TAGGERT IRVINE, CA 92603-3457	09/30/19	5,150.
ANN AND MARK SIMMONS	9 ORION IRVINE, CA 92603-3614	09/30/19	5,000.
APRIEM ADVISORS	19200 VON KARMAN AVE #1050 IRVINE, CA 92612	09/30/19	5,000.
B & A WIENER FAMILY FUND	1177 AVENUE OF THE AMERICAS, 41ST FLOOR NEW YORK, NY 10036-2714	09/30/19	5,000.

FAMILIES FORWARD33-0086043

BEALL FAMILY FOUNDATION	1200 NEWPORT CENTER DR STE 220 NEWPORT BEACH, CA 92660-0933	09/30/19	5,000.
BRIAN AND COLLEEN MYERS	4 LE CONTE LAGUNA NIGUEL, CA 92677-5435	09/30/19	5,000.
CALIFORNIA BANK & TRUST	16041 GOLDENWEST STREET HUNTINGTON BEACH, CA 92647	09/30/19	5,000.
CHIA FAMILY FOUNDATION	430 VIA LIDO NORD NEWPORT BEACH, CA 92663	09/30/19	5,000.
CITY NATIONAL BANK	555 S. FLOWER ST. FL 11 LOS ANGELES, CA 90071-2435	09/30/19	5,000.
ERNST & YOUNG	18101 VON KARMAN AVE STE 1700 IRVINE, CA 92612-0181	09/30/19	5,000.
FIVEPOINT COMMUNITIES	25 ENTERPRISE STE 300 ALISO VIEJO, CA 92656-2711	09/30/19	5,000.
GUARDTOP, LLC	32834 PACIFIC COAST HWY, SUITE 210 DANA POINT, CA 92629	09/30/19	5,000.
JAMES AND SALLY KNAPP	THE BROOKHOLLOW GROUP 151 KALMUS DRIVE, STE F-1 COSTA MESA, CA 92626	09/30/19	5,000.
KEVIN AND MARIAN DRUM	6 CEDARLAKE IRVINE, CA 92614-7556	09/30/19	5,000.
KIA MOTORS AMERICA	111 PETERS CANYON RD IRVINE, CA 92606-1790	09/30/19	5,000.
MAKING CHANGE	105 E MORENO AVE STE 200 COLORADO SPRINGS, CO 80903-3933	09/30/19	5,000.
SCOTT LANGWELL	76 FAIRBANKS IRVINE, CA 92618	09/30/19	5,000.
SMART CIRCLE	4490 VON KARMAN AVE NEWPORT BEACH, CA 92660-2008	09/30/19	5,000.

FAMILIES FORWARD

33-0086043

STEFFY FAMILY FOUNDATION FUND	C/O ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD. STE 510 NEWPORT	09/30/19	5,000.
SYDNEY KNIGHT FAMILY FOUNDATION	19054 N. 97TH PLACE SCOTTSDALE, AZ 85255	09/30/19	5,000.
THE DHONT FAMILY FOUNDATION	2700 N. MAIN ST. STE 750 SANTA ANA, CA 92705-6636	09/30/19	5,000.
THE JAMES & GLENYS SLAVIK FAMILY FOUNDATION	4450 MACARTHUR BLVD. FL 2ND NEWPORT BEACH, CA 92660-2045	09/30/19	5,000.
VJ SHRADER	49832 DESERT VISTA DR PALM DESERT, CA 92260-6784	09/30/19	5,000.
WILLIAM AND AMY CLASTER	2712 WAVECREST DR CORONA DEL MAR, CA 92625-1325	09/30/19	5,000.
TOTAL INCLUDED ON LINE 3			<u>4,248,599.</u>

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT 2
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENT ASSETS			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	40,334.	0.	0.	40,334.
SALE OF LAND AND BUILDING			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	160,119.	52,895.	0.	485,389.
TOTAL TO FORM 199, PAGE 2, LN 6	200,453.	52,895.	0.	525,723.

CA 199	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
CLIENT RENT AND UTILITY PAYMENTS		374,059.
TOTAL TO FORM 199, PART II, LINE 7		374,059.

CA 199	NONCASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 4
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ACTIVITY CLASSIFICATION: HOUSING

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
846 FAMILIES SERVED	8 THOMAS - IRVINE, CA 92618	NONE	1,424,335.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
09/30/19	0.	HOUSING, FOOD, CHILDCARE, HOUSEHOLD GOOD	COST AND FMV
TOTAL FOR THIS ACTIVITY			1,424,335.

ACTIVITY CLASSIFICATION: HOMELESS PREVENTION ASSISTANCE

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
9,104 INDIVIDUALS SERVED	8 THOMAS - IRVINE, CA 92618	NONE	552,490.
DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
09/30/19	0.	FOOD,HOUSEHOLD&SCHOOL SUPPLIES,HEALTHSVC	COST AND FMV
TOTAL FOR THIS ACTIVITY			552,490.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	1,976,825.
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CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SANDY AVZARADEL 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
KFIR BEN-ZVI 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
JACK STEMPER 8 THOMAS IRVINE, CA 92618	DIRECTOR 1.00	0.

FAMILIES FORWARD

33-0086043

DR. JAMES BERMAN 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
SHIGE ITOH 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
MARK HARRYMAN 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
MICHAEL KAUFMAN 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
MARY EARL SPENCER 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
NANCY CHASE 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
TRACIE MCCLOSKEY 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
RHONDA BOLTON 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
GARY COHN 8 THOMAS IRVINE, CA 92618	DIRECTOR, PRESIDENT 0.50	0.
MARK ENGSTROM 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
SUSAN MCCLINTIC 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
PETER REYNOLDS 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.

FAMILIES FORWARD

33-0086043

DEBORAH COOMBS 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
MARK HENIGAN 8 THOMAS IRVINE, CA 92618	DIRECTOR, TREASURER 0.50	0.
DIANA WONG 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
ROBERT DAVIS 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
KHAIRULNISSA HOTAKI 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
MARGARET ENGLISH 8 THOMAS IRVINE, CA 92618	DIRECTOR, SECRETARY 0.50	0.
TRISH SCARBOROUGH 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
DAVID VENTO 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
BRADLY COMP 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
BASSAM FAWAZ 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
ANNA MENDOZA 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.
DAVID SNOW 8 THOMAS IRVINE, CA 92618	DIRECTOR 0.50	0.

FAMILIES FORWARD

33-0086043

RYAN WARNE-MCGRAW
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

SHERRY BENJAMINS
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

KARIN PEARSON
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

JON RADUS
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

ALEX RAZO
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

DEBBIE THOMSEN
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

LORI TORRES
8 THOMAS
IRVINE, CA 92618

DIRECTOR
0.50

0.

MARGARET WAKEHAM
8 THOMAS
IRVINE, CA 92618

EXECUTIVE DIRECTOR
40.00

173,450.

DANIELLE DEBERG
8 THOMAS
IRVINE, CA 92618

CONTROLLER
40.00

87,975.

TOTAL TO FORM 199, PART II, LINE 11

261,425.

CA 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
PROGRAM EXPENSES		937,962.
DONATED MATERIALS		795,110.
WORKERS COMPENSATION		22,457.
CLOSING COSTS AND RELOC		16,187.
DIRECT EXPENSES OF FUNDRAISING EVENTS		138,471.
PENSION PLAN CONTRIBUTIONS		152,417.
OTHER EMPLOYEE BENEFITS		85,243.
ACCOUNTING FEES		86,675.
ADVERTISING AND PROMOTION		15,292.
OFFICE EXPENSES		133,715.
INFORMATION TECHNOLOGY		118,082.
TRAVEL		36,487.
INSURANCE		31,859.
ALL OTHER EXPENSES		-1,962,581.
TOTAL TO FORM 199, PART II, LINE 17		607,376.

CA 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	1,556,916.	1,605,660.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	1,556,916.	1,605,660.

CA 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	771,501.	536,070.
PREPAID EXPENSES AND DEFERRED CHARGES	103,237.	127,520.
ASSETS HELD IN CHARITABLE REMAINDER TRUST	414,809.	396,760.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,289,547.	1,060,350.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ESCROW ACCOUNT LIABILITIES	189,544.	183,231.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	189,544.	183,231.

CA 199	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CLIENT DEPOSITS	21,738.	27,638.
FUNDS HELD FOR CLAIMS ADMIN.	600,000.	590,000.
NOTES PAYABLE - CURRENT	0.	64,916.
DEFERRED REVENUE	12,500.	12,500.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	634,238.	695,054.

CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 11
DESCRIPTION		AMOUNT
DONATED SERVICES AND FACILITIES		22,122.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		22,122.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
DESCRIPTION		AMOUNT
DONATED SERVICES AND FACILITIES		22,122.
UNREALIZED GAIN ON INVESTMENTS		1,578.
UNREALIZED LOSS ON ASSETS HELD IN CHARITABLE REMAINDER TRUST		-11,736.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		11,964.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0086043

Corporation name

California corporation number

FAMILIES FORWARD

1263379

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	13	12,583,979.	1,666,364.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	292,898

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	292,898
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	292,898
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885

DEPRECIATION

STATEMENT 13

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 LAND		5,815,098.		L		0.	
2 BUILDINGS AND IMPROVEMENTS	03/30/10	6,353,116.	1,322,763.	SL	39.00	244,858.	
3 FURNITURE AND EQUIPMENT	03/30/10	352,805.	321,851.	200DB	5.00	39,040.	
4 AUTOS AND TRUCKS	03/30/10	45,000.	21,750.	200DB	5.00	9,000.	
5 CONSTRUCTION IN PROGRESS	10/01/18	17,960.			.000	0.	
TOTAL TO FORM 3885		<u>12,583,979.</u>	<u>1,666,364.</u>			<u>292,898.</u>	

TAXABLE YEAR

2018

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name	Identifying number
FAMILIES FORWARD	33-0086043

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	6,710,286
2 Total gross income (Form 199, line 8)	2	6,562,728
3 Total expenses and disbursements (Form 199, line 9)	3	6,188,710

Part II Settle Your Account Electronically for Taxable Year 2018

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2018 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here **CEO**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00103314
Must Sign	Firm's name (or yours if self-employed) and address	HBLA, CERTIFIED PUBLIC ACCOUNTANTS, I 19600 FAIRCHILD #320 IRVINE, CA			FEIN 33-0155525 ZIP code 92612

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00032866	
Must Sign	Firm's name (or yours if self-employed) and address	HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC. 19600 FAIRCHILD #320 IRVINE, CA			FEIN 33-0155525 ZIP code 92612

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

FAMILIES FORWARD

Name of Organization

List all DBAs and names the organization uses or has used

8 THOMAS

Address (Number and Street)

IRVINE, CA 92618

City or Town, State, and ZIP Code

949-552-2727

Telephone Number

INFO@FAMILIES-FORWARD.O

RG

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT059022**

Corporation or Organization No. **1263379**

Federal Employer ID No. **33-0086043**

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2018 ending 09/30/2019) list:

Gross Annual Revenue \$ 6,424,257 Noncash Contributions \$ 785,969 Total Assets \$ 15,384,216
 Program Expenses \$ 5,424,060 Total Expenses \$ 6,050,239

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?	X	
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

MADELYNN HIRNEISE

CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 14

CITY OF IRVINE - CDBG
P0 BOX 19575, IRVINE, CA 92623
STEVE HOLTZ, 949-724-7457

HUD
OFFICE OF COMMUNITY PLANNING
611 W 6TH STREET SUITE 800, LOS ANGELES, CA 90017
GLEN BAE, 213-534-2564

CHILDREN & FAMILIES COMMISSION OF ORANGE COUNTY
1505 E. 17TH STREET, SUITE 230
SANTA ANA, CA 92705
LAURA AREVALO, 714-567-0174

CITY OF NEWPORT BEACH - CDBG
3300 NEWPORT BLVD., PO BOX 1768, NEWPORT BEACH, CA 92658
HERICA SANCHEZ, 949-724-7461

CITY OF LAKE FOREST - CDBG
25550 COMMERCENTRE DR, STE 100, LAKE FOREST, CA 92630
JESSICA GONZALES, 949-461-3569

CITY OF MISSION VIEJO - CDBG
200 CIVIC CENTER, MISSION VIEJO, CA 92691
MIKE LINARES, 714-754-5678

CITY OF RANCHO SANTA MARGARITA - CDBG
22112 EL PASEO, RANCHO SANTA MARGARITA, CA 92688
MIKE LINARES, 714-754-5678

IRVINE UNIFIED SCHOOL DISTRICT
5050 BARRANCA PKWY, IRVINE, CA 92604
FAMILY RESOURCE CENTER - MICHELLE O'NEILL, 949-936-7985
SCHOOL READINESS - SANDY AVZARADEL, 949-936-8624

CITY OF COSTA MESA - CDBG
P.O. BOX 1200, COSTA MESA, CA 92628
MIKE LINARES, 714-754-5678

CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES
PART B, LINE 6

STATEMENT 15

ANNUAL GALA OPPORTUNITY DRAWING HELD 9/21/19.