



## **CITY OF RANCHO SANTA MARGARITA 2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE DATE - 3:00 PM JANUARY 27, 2023**

Submit 1 original application to:

Mike Linares  
City of Rancho Santa Margarita  
22112 El Paseo Rancho Santa Margarita CA 92688

**Also, submit this Application Form (MS Word format) by the due date/time to:  
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the appropriate box to insert text or checkmark; "Tab" from field to field to complete the application. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

### **PLEASE DO NOT MODIFY THE APPLICATION FORM**

Organization Legal Name: Families Forward

Proposed Program Name: Rapid Rehousing (RRH)

CDBG Amount Requested: \$15,000

.... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE**

- .... Proposed Program Application or Intake Sheet
- .... IRS Tax-Exempt Documentation
- .... Current Board of Directors Roster
- .... Most Recent 990 Tax Filing (remove password protection)
- .... Most Recent Financial Statement & Audit (remove password protection)

**Please do not submit testimonials, letters of support, or program literature.**

## **APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: Families Forward

B. Mailing Address: 8 Thomas, Irvine, CA 92618

C. Proposed Program Name: Rapid Rehousing

D. Check the **ONE** category that best describes the proposed program

- Youth       Senior       Disabled Adults       Low/Mod General  
 Homeless       Fair Housing       Housing

E. Is this application submitted by a faith-based organization?  Yes       No

F. Is this request for a New  or Existing  program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, etc.): 8 Thomas, Irvine, CA 92618

H. Person to contact regarding this application:

Name: Sandra Davidson

Email Address: grants@families-forward.org

Telephone: 949-743-3602

Fax: 949-552-2731

I. Federal Tax ID Number: 33-0086043

UEI Number: HCFS-EB6L-6YA6

J. Organization officials that will execute the grant agreement (2 required):

Name: Madelynn Hirneise    Title: Chief Executive Officer

Name: Karin Pearson    Title: Board Chair

## **2. COMMUNITY NEED FOR PROGRAM**

- A. Summarize the nature and need for the proposed program in RSM. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in RSM. Approximately 2,661 Orange County residents lived in sheltered homeless arrangements in 2022, 9% more than in 2021. In Orange County, 19% of neighborhoods have low levels of Family Financial Stability. According to the U.S. Census Bureau, 14.3% of Orange County's children live in poverty. In 2022, 4.5% of RSM families are living below the poverty line. The OC Indicator 2022-23 reported that a 2-bedroom in 2022 average cost is \$2,324, but the average household can afford to pay \$780 in monthly rent. With families already financially stretched due to increased grocery and fuel costs, rapidly rising rents are becoming a serious concern for many residents. Without additional support, many expect evictions and homelessness to rise in the near term. During our recently completed 2022 Fiscal Year, we successfully prevented or ended homelessness for 668 families (2,223 children and their parents) and provided services to over 13,361 individuals. During the same time, Families Forward provided 48,175 meals to Orange County residents in need through our food pantry. Since 1984, Families Forward has existed to serve families with minor children at-risk of or experiencing homelessness in Orange County. At Families Forward, we help families get back on their feet by providing housing through our Rapid Rehousing program (RRH). Families Forward RRH program offers each family an array of supportive services, including mental health counseling, career coaching, weekly food pantry access, referrals to childcare, transportation, healthcare, and more. Families Forward's RRH program provides families with at least one minor-aged child with assistance in achieving stable housing by providing an array of services; financial assistance for up to 4-6 months, case management up to 12 months, life skills training, career coaching, mental health counseling and developing a plan to achieve self-sufficiency. Last year, Families Forward helped 299 families through the Rapid Rehousing program throughout Orange County, including 2 from Rancho Santa Margarita. Families Forward assisted 3 families in finding housing, provided 6 families with prevention services, and provided 26 unduplicated families and 101 individuals with supportive services in the City of Rancho Santa Margarita through our housing program.
- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. Families Forward is a founding member of the Family Solutions Collaborative (FSC), a coalition of 24 community-based organizations (CBOs) with the same mission to end family homelessness in Orange County and offer similar/complimentary services. Our partnerships with other OC CBOs have increased each family's ability to obtain housing and remain stable. One of the keys to Families Forward's RRH program success is our Housing Resource Specialist(s), who serves as the liaison/advocate between landlords and families. They work with landlords to build and establish trust so landlords can provide the families we serve a second chance at housing stability. Our Housing Resource Specialists educate families on what it means to be a good tenant and provide support to both the landlord and family to ensure long-term tenancy. Our remarkable success rate speaks to the effectiveness of the program.

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program between **7/1/2023 and 6/30/2024**:

1. How many unduplicated individuals will benefit from the proposed activity **regardless of City of residence?** 100 Individuals
2. How many unduplicated RSM residents will the proposed activity assist? 5 Individuals
3. How many unduplicated lower-income RSM residents will the proposed activity assist with the requested CDBG funds? 5 Individuals

D. Provide a Performance Plan (Goals and Objectives) via a "breakdown" of the number of RSM residents to be served and the type of service(s) to be provided. Each resident serviced should be counted one time for the year and toward a single service category. See the sample below.

SAMPLE PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
20	<i>Phone Referrals</i>
50	<i>Education / Outreach (community presentations, distribution of flyers, pamphlets, etc.)</i>
10	<i>Counseling Services</i>
5	<i>Direct Assistance (rental, transitional housing, legal services, emergency shelter, etc.)</i>
<b>85</b>	<b>TOTAL</b>

PROPOSED PERFORMANCE PLAN	
RSM Residents	Type of Service Provided
5	Rapid Rehousing including (rental assistance and supportive services) for at least (1) RSM family.
<b>5</b>	<b>TOTAL</b>

E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

#### HUD Objectives

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

#### HUD Outcomes

- Availability/Accessibility: Services, infrastructure, housing, or shelter will be available/accessible to Low- & Moderate-Income people, including the disabled.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community by making it livable or viable by providing benefits to Low/Moderate-Income people.

F. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals to be served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements if outcome measurements are not in place. Families Forward's RRH program assists low-income families in achieving housing stability and financial self-sufficiency for parents and their children. The funds received from this grant will support the City of Rancho Santa Margarita's Consolidated Plan 2020-2024 in implementing SP-60 Homelessness Strategy, in which we are mentioned, by serving one family experiencing homelessness. Through this grant, we will house a family of five and create an accountability plan for achieving self-sufficiency. Families Forward staff collect and enter data into the U.S Department of Housing and Urban Development compliant client database upon each family's advancement in the program to measure program success. Additionally, staff monitors progress through client self-reporting, case management reports, and copies of income documentation. 6-12 months after graduating from the program, case managers complete a follow-up interview to gauge the ongoing progress of the family. The success of the Families Forward Housing Program is directly related to the success of the client families in achieving economic independence and self-sufficiency. In 2022, we aimed to prevent or end homelessness for 400 families; we exceeded our goal by preventing or ending homelessness for 668 families.

### **3. ORGANIZATIONAL CAPACITY AND EXPERIENCE**

A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. Since 1984, Families Forward has existed to help low-income families achieve & maintain self-sufficiency through housing, access to our food pantry, mental counseling, financial literacy & other supportive services. Beginning with 5 rented apartments in Irvine, Families Forward has grown in response to community needs. We have access to more than 90 units in our Housing Program through ownership, partnerships & landlord agreements. Families Forward has been providing RRH services to high-barrier families since 2008. The Staff responsible for carrying out the RRH program includes Kathy Lopez (7 yrs of experience) & her team of case managers. Ms. Lopez has been with Families Forward since 2020 & is currently the Housing Program Manager overseeing the case management team & housing program. Additional oversight is provided by CEO Madelynn Hirneise (10 yrs), Chief Program Officer Nishtha Mohendra (13 yrs), Director of Programs Rosalinda Bermudez (9 yrs), Chief Advancement Officer Michele Silva (25 yrs) & Director of Data & Compliance Paul Bonfanti (25 yrs). Families Forward is currently carrying out several grants, which include Tenant Based Rental Assistance (TBRA), CDBG, CDBG-CV, CDBG Capital, Continuum of care (CoC), Emergency Solutions Grant (ESG), COVID-19 Emergency Solutions Grant (ESG-CV), California Emergency Solutions and Housing (CESH), Emergency Housing Voucher (EHV) with the County of Orange and multiple cities, and private grants. Also, Families Forward has been a responsible steward of grant funds and has been subject to A-133 audits with no findings.

B. Has your agency previously received CDBG funding from the City of RSM? Yes  No

C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
Irvine	2022	\$21,940	Housing Program
Tustin	2022	\$19,950	Housing Program - RRH
Newport Beach	2022	\$16,000	Housing Program

D. Are you requesting funding for this program from any other City or County?

Yes  No  If "Yes," from whom and how much?

City/County	Funding Source	Amount Requested
Newport Beach	CDBG	\$20,000
Tustin	CDBG	\$45,000

E. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes  No  Summarize these efforts. Families Forward leverages monetary donations with thousands of volunteer hours & in-kind product donations received through community food drives, school, club & other organization fundraisers, & corporate gifts to deliver safety-net services to vulnerable families. Our fundraising team continually reaches out to like-minded groups to collaborate with individual donors & grantmaking organizations that include private, corporate & foundation grants & various government funding sources.

F. Compliance with OMB Circular A-133 (Single Audit):

1. In any one of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes  No
2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes  No  If "Yes," provide a copy of the most recent Single Audit. If "No," explain why a Single Audit was not prepared. Families Forward's 2021 audit is included in this application.

#### **4. PROGRAM INFORMATION AND BUDGET**

- A. Complete the following budget summary for the proposed program.

1. 2023-2024 CDBG Grant Funds Requested:	<u>\$15,000</u>
2. Total 2023-2024 Program Budget:	<u>\$1,660,164</u>
3. Total 2023-2024 Budget for <u>all programs offered by your agency</u> :	<u>\$3,685,642</u>

- B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit RSM residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) The requested CDBG funds will support RRH case management and staff salaries and benefits.
- C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff: 2

Part-Time staff: 0

Contract staff: 0

Program volunteers: 2

## **5. CLIENT INTAKE INFORMATION**

- A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes  No

If "Yes," how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/paychecks:

If "No," how will this information be collected and/or reported to the City? \_\_\_\_\_

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes, the proposed activity  No

If "Yes," list the category Homeless Persons

## **6. CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita ("City") by the Board of Directors of **Families Forward** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible Rancho Santa Margarita residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

Name: Madelynn Hirneise

Title: Chief Executive Officer

ORIGINAL SIGNATURE/DATE ON FILE

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Signature

Date

**ATTACHMENT A**  
**PROPOSED 2023-2024 PROGRAM BUDGET**

BUDGET CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL FUNDS
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$15,000.00	\$719,589.00	\$734,589.00
Program Supplies	\$	\$1,000.00	\$1,050.00
Rent/Lease	\$	\$840,000.00	\$840,000.00
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify) Client Expenses	\$	\$73,500.00	\$73,500.00
Other (Specify) Printing	\$	\$525.00	\$525.00
Other (Specify) Mileage	\$	\$10,500.00	\$10,500.00
Other (Specify)	\$	\$	\$
<b>TOTAL</b>	<b>\$15,000.00</b>	<b>\$1,645,164.00</b>	<b>\$1,660,164.00</b>

**List Source of "Other" Program Funds**

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
Government Grants (TBD)	\$1,151,615.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Private Grants (TBD)	\$279,678.00	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Contributions (TBD)	\$213,871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$1,645,164.00</b>	

**ATTACHMENT B**  
**PROPOSED CDBG FUNDED PERSONNEL**  
*(Only list staff for which CDBG funding is requested)*

Not Applicable – no CDBG funding is requested for staff.

**AGENCY ADMINISTRATION STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
Housing Program Manager	\$77,250.00	\$11,588.00	\$88,838.00	\$5,000.00	6.00%
Case Manager	\$57,309.00	\$8,596.00	\$65,905.00	\$10,000.00	16.00%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM CONTRACT STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED To RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

FY 2022 OC HMIS: PROJECT INTAKE FORM – GENERAL & CoC/ESG

## CLIENT PROFILE

<b>SOCIAL SECURITY NUMBER (SSN)</b>		<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/>			
<b>QUALITY OF SSN</b>					
<input type="checkbox"/> Full SSN reported		<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>CLIENT'S NAME</b>					
Last	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>QUALITY OF NAME</b>					
<input type="checkbox"/> Full name reported		<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>DATE OF BIRTH</b>		<input type="text"/> — <input type="text"/> — <input type="text"/>	Age: <input type="text"/>		
		Month	Day	Year	
<b>QUALITY OF DOB</b>					
<input type="checkbox"/> Full DOB reported		<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>GENDER</b> (Select all that apply)					
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> A gender that is not singularly 'Female' or 'Male' <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>RACE</b> (Select all that apply)					
<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or African		<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>ETHNICITY</b>					
<input type="checkbox"/> Non-Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x)				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>VETERAN STATUS</b>					
<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

## OC OPTIONAL QUESTIONS

<b>Alias</b>	<hr/>		
<b>Pronouns(s)</b>	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His	<input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____	

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## PROJECT ENROLLMENT

### RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household)	<input type="checkbox"/> Head of household's other relation member
<input type="checkbox"/> Head of household's child	<input type="checkbox"/> Other: non-relation member
<input type="checkbox"/> Head of household's spouse or partner	

PROJECT NAME													
PROJECT START DATE	<table border="1"><tr><td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			—			—						
		—			—								
HOUSING MOVE-IN DATE <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)</i>	<table border="1"><tr><td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			—			—						
		—			—								

### Type of Residence 3.917B (Type of living arrangement on the night before the entry into the project)

#### HOMELESS SITUATION

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

#### INSTITUTIONAL SITUATION

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                    | <input type="checkbox"/> Substance abuse treatment facility or detox center |

#### TRANSITIONAL AND PERMANENT HOUSING SITUATION

- |   |   |
|---|---|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy             |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) |
| <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) | <input type="checkbox"/> Rental by client in a public housing unit                    |
| <input type="checkbox"/> Host Home (non-crisis)   | <input type="checkbox"/> Rental by client, no ongoing housing subsidy                 |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house             | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy         |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house     | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                |
| <input type="checkbox"/> Rental by client, with GPD TIP subsidy                               | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                  |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy                          | <input type="checkbox"/> Client doesn't know  |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons     | <input type="checkbox"/> Client refused   |
|   | <input type="checkbox"/> Data not collected   |

### Length of Stay in Prior Living Situation (How long ago did the client start staying in that Type of Residence)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> 90 days or more, but less than one year  | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer                       | <input type="checkbox"/> Data not collected  |

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

If Client's Type of Residence is any of the *Homeless Situation* options:

**Approximate Date Homelessness Started** (Approximate date the client's *current* episode of homelessness began)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused      |
|                                    |   | <input type="checkbox"/> Data not collected  |

**Total number of months homeless on the streets, in ES, or SH in the past three years**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> Six Months   | <input type="checkbox"/> Eleven Months       |
| <input type="checkbox"/> Two Months                               | <input type="checkbox"/> Seven Months | <input type="checkbox"/> Twelve Months       |
| <input type="checkbox"/> Three Months                             | <input type="checkbox"/> Eight Months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Four Months                              | <input type="checkbox"/> Nine Months  | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Five Months                              | <input type="checkbox"/> Ten Months   | <input type="checkbox"/> Client refused      |
|   |                                       | <input type="checkbox"/> Data not collected  |

If Client's Type of Residence is any of the *Institutional Situation* options:

**Length of Stay Less than 90 days?**

(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)

No

Yes

If Client's Type of Residence is any of the *Transitional and Permanent Housing Situation* options:

**Length of Stay Less than 7 nights?**

(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)

No

Yes

If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

**On the night before – stayed on streets, ES or Safe Haven?**

(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)

No

Yes

If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

**Approximate Date Homelessness Started** (Approximate date the client's *current* episode of homelessness began)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today (Regardless of where they stayed last night)**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused      |
|                                    |   | <input type="checkbox"/> Data not collected  |

**Total number of months homeless on the streets, in ES, or SH in the past three years**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> Six Months   | <input type="checkbox"/> Eleven Months       |
| <input type="checkbox"/> Two Months                               | <input type="checkbox"/> Seven Months | <input type="checkbox"/> Twelve Months       |
| <input type="checkbox"/> Three Months                             | <input type="checkbox"/> Eight Months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Four Months                              | <input type="checkbox"/> Nine Months  | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Five Months                              | <input type="checkbox"/> Ten Months   | <input type="checkbox"/> Client refused      |
|   |                                       | <input type="checkbox"/> Data not collected  |

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## DISABLING CONDITIONS AND BARRIERS

### Do you have a disabling condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Do you have a physical disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
<i>If yes for Physical Disability, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Do you have a developmental disability?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Do you have a chronic health condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
<i>If yes for Chronic Health Condition, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Have you been diagnosed with AIDS or have you tested positive for HIV?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Do you have a mental health problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
<i>If yes for Mental Health Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> Data not collected
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

### Do you have a substance abuse problem?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Client refused
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Both Alcohol and Drug	
<i>If you have any Substance Abuse Problem, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</i>	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## Are you a survivor of domestic or intimate partner violence?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	
<input type="checkbox"/> Data not collected		
<i>If Yes for survivor of domestic or intimate partner violence</i>		
<b>When did this experience occur?</b>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Are you currently fleeing?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

## MONTHLY INCOME AND SOURCES

<b>Income from Any Source</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY</b>		
<b>Income Source (Check all that apply)</b>	<b>Monthly Amount</b>	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> Social Security Disability Income (SSDI)		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> VA Non-Service-Connected Disability Pension		
<input type="checkbox"/> Pension or retirement income from a former job		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		

## NON-CASH BENEFITS

<b>Receiving Non-Cash Benefits?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>IF "YES" TO RECEIVING NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>		
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services	
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services	
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____	

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

## HEALTH INSURANCE

<b>Covered by Health Insurance?</b>		<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
			<input type="checkbox"/> Data not collected
<b>IF "YES" TO COVERED BY HEALTH INSURANCE— INDICATE ALL SOURCES THAT APPLY</b>			
<input type="checkbox"/> MEDICAID		<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE		<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program		<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services		<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance		<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

## LAST PERMANENT ADDRESS

<b>Prior City</b> <i>The last city in which the client was permanently housed prior to entry into this project</i>	_____
---	-------

## OC CUSTOM QUESTIONS

<b>What city were you in immediately prior to entry into this project?</b> <i>The city in which the client spent the night prior to entry into this project</i>
--

<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client Refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	

<b>What state were you born in?</b>				
<input type="checkbox"/> AL - Alabama	<input type="checkbox"/> GA - Georgia	<input type="checkbox"/> MA - Massachusetts	<input type="checkbox"/> NM - New Mexico	<input type="checkbox"/> TN - Tennessee
<input type="checkbox"/> AL- Alaska	<input type="checkbox"/> HI - Hawaii	<input type="checkbox"/> MI - Michigan	<input type="checkbox"/> NY - New York	<input type="checkbox"/> TX - Texas
<input type="checkbox"/> AZ - Arizona	<input type="checkbox"/> ID - Idaho	<input type="checkbox"/> MN - Minnesota	<input type="checkbox"/> NC - North Carolina	<input type="checkbox"/> UT - Utah
<input type="checkbox"/> AR- Arkansas	<input type="checkbox"/> IL - Illinois	<input type="checkbox"/> MS - Mississippi	<input type="checkbox"/> ND - North Dakota	<input type="checkbox"/> VT - Vermont
<input type="checkbox"/> CA - California	<input type="checkbox"/> IN - Indiana	<input type="checkbox"/> MO - Missouri	<input type="checkbox"/> OH - Ohio	<input type="checkbox"/> VA - Virginia
<input type="checkbox"/> CO - Colorado	<input type="checkbox"/> IA - Iowa	<input type="checkbox"/> MT - Montana	<input type="checkbox"/> OK - Oklahoma	<input type="checkbox"/> WA - Washington
<input type="checkbox"/> CT- Connecticut	<input type="checkbox"/> KS - Kansas	<input type="checkbox"/> NE - Nebraska	<input type="checkbox"/> OR - Oregon	<input type="checkbox"/> WV - West Virginia
<input type="checkbox"/> DE - Delaware	<input type="checkbox"/> KY - Kentucky	<input type="checkbox"/> NV - Nevada	<input type="checkbox"/> PA - Pennsylvania	<input type="checkbox"/> WI - Wisconsin
<input type="checkbox"/> DC - District of Columbia	<input type="checkbox"/> LA - Louisiana	<input type="checkbox"/> NH - New Hampshire	<input type="checkbox"/> RI - Rhode Island	<input type="checkbox"/> WY - Wyoming
<input type="checkbox"/> FL - Florida	<input type="checkbox"/> ME - Maine	<input type="checkbox"/> NJ - New Jersey	<input type="checkbox"/> SC - South Carolina	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> MD - Maryland		<input type="checkbox"/> SD - South Dakota	<input type="checkbox"/> Client Refused
				<input type="checkbox"/> Other

<i>If 'Other' for State you were born,</i>	_____
<b>Which country were you born in?</b>	_____

<b>Employment Status</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client Refused
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected

# FY 2022 OC HMIS: PROJECT INTAKE FORM — GENERAL & CoC/ESG

Phone Number (Optional)	
Email Address (Optional)	

I certify that the information above is correct to the best of my knowledge.

Client Signature

Date

Agency Staff Signature

Date

## **DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):**

Date entered into HMIS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): \_\_\_\_\_

**IRS** Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248164843  
June 04, 2018 LTR 4168C 0  
33-0086043 000000 00  
00013893  
BODC: TE

FAMILIES FORWARD  
% AUDREY SCHNEIDER  
8 THOMAS  
IRVINE CA 92618

033507

Employer ID number: 33-0086043  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated May 23, 2018, about your tax-exempt status.

We issued you a determination letter in October 1985, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248164843  
June 04, 2018 LTR 4168C 0  
33-0086043 000000 00  
00013894

FAMILIES FORWARD  
% AUDREY SCHNEIDER  
8 THOMAS  
IRVINE CA 92618

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager  
Accounts Management Operations 1



## Board of Directors 2022-2023

### Officers

**Karin Pearson**, Chairman of the Board, *Capital Group*

**Susan McClintic**, Secretary, Chairperson – Human Resources, *Community Leader*

**Dennis Deslatte**, Treasurer, *Community Leader*

**Nancy Chase**, Co-Chairperson – Program, *Community Leader*

**Victor Cao**, Co-Chairperson – Program, *California Apartment Association*

**Christy Mokrohisky**, Chairperson – Governance, *Providence*

**Tristen Cali**, Chairperson – Fund Development, *Pacific Premier Bank*

### Members of the Board

**Danyell Alders**, *AvalonBay Communities*

**Judy Cooper**, *Community Leader*

**Bhavna Mantha**, *Apisero Inc.*

**James Kim**, *Lewis Group*

**Debbie Chamkasem**, *Experian*

**Michael Kaufman**, *Community Leader*

**Mayra Cerdá**, *Community Leader*

**Anna Mendoza**, *Tierra Development Advisors*

**Ryan Warne-McGraw**, *Good Shepherd Lutheran Church*

**Nicholas Meraz**, *Community Leader*

**Martha Bayer**, *Community Leader*

**Jon Radus**, *Lieutenant, Fullerton Police Department*

**Bradley Comp**, *Ayco, A Goldman Sachs Company*

**Joseph Rasuli**, *U.S. Bank*

**Dr. David Snow**, *Community Leader*

**Kitty Shen**, *Community Leader*

**Yann de Fabrique**, *Irvine Company*

**Dr. Vinita Speir**, *Pacific Women's Healthcare Associates*

**Peter Hering**, *Partner, Rutan and Tucker, LLP*

**Debbie Thomsen**, *Community Leader*

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public  
Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

B Check if applicable:	C Name of organization <b>FAMILIES FORWARD</b>		D Employer identification number <b>33-0086043</b>
Address change	Doing business as		E Telephone number <b>949-552-2727</b>
Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>8 THOMAS</b>	Room/suite	G Gross receipts \$ <b>19,983,211.</b>
Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>IRVINE, CA 92618</b>		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Final return/terminated	F Name and address of principal officer: <b>MADELYNN HIRNEISE</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? Yes <input checked="" type="checkbox"/> No
Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions
Application pending	J Website: ► <a href="http://WWW.FAMILIES-FORWARD.ORG">WWW.FAMILIES-FORWARD.ORG</a>		H(c) Group exemption number ►
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ►		L Year of formation: <b>1984</b> M State of legal domicile: <b>CA</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>FAMILIES FORWARD EXISTS TO HELP FAMILIES IN NEED ACHIEVE AND MAINTAIN SELF-SUFFICIENCY THROUGH</b>																										
	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.																										
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>																										
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>																										
Expenses	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) <b>5</b>																										
	6 Total number of volunteers (estimate if necessary) <b>6</b>																										
Net Assets or Fund Balances	7 a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>																										
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b>																										
<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8,049,371.</td> <td>19,281,853.</td> </tr> <tr> <td>481,007.</td> <td>601,663.</td> </tr> <tr> <td>32,227.</td> <td>39,592.</td> </tr> <tr> <td>-22,437.</td> <td>-9,103.</td> </tr> <tr> <td>8,540,168.</td> <td>19,914,005.</td> </tr> <tr> <td>2,958,430.</td> <td>4,546,647.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>3,628,243.</td> <td>4,568,284.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>859,092.</td> <td>1,001,151.</td> </tr> <tr> <td>7,445,765.</td> <td>10,116,082.</td> </tr> <tr> <td>1,094,403.</td> <td>9,797,923.</td> </tr> </tbody> </table>		Prior Year	Current Year	8,049,371.	19,281,853.	481,007.	601,663.	32,227.	39,592.	-22,437.	-9,103.	8,540,168.	19,914,005.	2,958,430.	4,546,647.	0.	0.	3,628,243.	4,568,284.	0.	0.	859,092.	1,001,151.	7,445,765.	10,116,082.	1,094,403.	9,797,923.
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## 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	► <i>MADELYNN HIRNEISE</i>	Date <i>7/1/22</i>			
	Signature of officer <b>MADELYNN HIRNEISE, CEO</b>				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>JONATHAN P. SCHUBERT, CPA</b>	Preparer's signature <i>jon schubert</i>	Date <b>7/7/2022</b>	Check if self-employed	PTIN <b>P00032866</b>
	Firm's name ► <b>HBLA, CERTIFIED PUBLIC ACCOUNTANTS, INC.</b>	Firm's EIN ► <b>33-0155525</b>			
	Firm's address ► <b>18400 VON KARMAN AVE, SUITE #110 IRVINE, CA 92612</b>	Phone no. <b>949-833-2815</b>			

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:       ) (Expenses \$ 8,071,718. including grants of \$ 4,002,837. ) (Revenue \$ 601,663. )

**THE FAMILIES FORWARD HOUSING PROGRAM PROVIDES A CONTINUUM OF CARE, INCLUDING MOTEL, INTERIM, AFFORDABLE AND RAPID RE-HOUSING SOLUTIONS. 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. THE HOUSING PROGRAM HELPED 220 FAMILIES EXPERIENCING HOMELESSNESS ACHIEVE HOUSING STABILITY THIS YEAR. KEEPING FAMILIES IN THEIR HOMES DURING A TIME OF CRISIS IS PREFERRED, WHEN POSSIBLE, TO AVOID HOMELESSNESS. THROUGH OUR PREVENTION AND DIVERSION PROGRAM, AN ADDITIONAL 448 FAMILIES REMAINED STABLY HOUSED WITH EVICTION PREVENTION SERVICES. IN**

4b (Code:       ) (Expenses \$ 1,096,593. including grants of \$ 543,810. ) (Revenue \$        )

**FAMILIES FORWARD PROVIDES LOW-INCOME CHILDREN AND ADULTS WITH ACCESS TO NECESSARY SUPPORTIVE SERVICES TO HELP THEM MAINTAIN THEIR STABILITY, INCLUDING FOOD ASSISTANCE, COUNSELING, EMPLOYMENT COACHING, FINANCIAL AND LIFE SKILLS EDUCATION, AND SEASONAL SUPPORTIVE PROGRAMS. THE FOOD PANTRY, STAFFED BY VOLUNTEERS, DISTRIBUTED MORE THAN 48,000 MEALS TO 5,295 INDIVIDUALS. THE CAREER COACHING PROGRAM HELPED 120 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 TO 970 CHILDREN IN GRADES K-12. FOR THE THANKSGIVING PROGRAM, 835 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 1,918**

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

4d Other program services (Describe on Schedule O.)

(Expenses \$        including grants of \$        ) (Revenue \$        )4e Total program service expenses ► 9,168,311.

Form 990 (2020)

## 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> .....	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4	<b>Section 501(c)(3) organizations.</b> 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> .....	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
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> .....	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
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> .....	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
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. <ul style="list-style-type: none"> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>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> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>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> .....</li> </ul>	11a X	
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> .....	11b X	
12b	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> .....	11c X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	11d X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>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> .....</li> </ul>	11e X	
14b	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> .....	11f X	
15	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> .....	12a X	
16	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> .....	12b X	
17	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> .....	13 X	
18	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> .....	14a X	
19	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	14b X	
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <ul style="list-style-type: none"> <li>b 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> .....</li> </ul>	15 X	
20b		16 X	
21		17 X	
		18 X	
		19 X	
20a		20a X	
20b		20b X	
		21 X	

## 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? If "Yes," complete Schedule I, Parts I and III	22 X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part I	25a X	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

## 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 186	
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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	66
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
a	Is the organization licensed to issue qualified health plans in more than one state?	15	X
<i>Note: See the instructions for additional information the organization must report on Schedule O.</i>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	16	X
c	Enter the amount of reserves on hand	14b	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	15	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	16	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a	
<i>If "Yes," see instructions and file Form 4720, Schedule N.</i>			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14b	
<i>If "Yes," complete Form 4720, Schedule O.</i>			

**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 on Schedule O. See instructions.

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

### 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 .....	25	
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	25	
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, 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? .....		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? .....		
b	Each committee with authority to act on behalf of the governing body? .....		
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 on Schedule O .....		X
9			

### 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? .....	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	
13	Did the organization have a written whistleblower policy? .....	
14	Did the organization have a written document retention and destruction policy? .....	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official .....	
b	Other officers or key employees of the organization .....	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	
16a		X
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.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
19	Describe on 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 ►
	ELIZABETH CHILDS - 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 0-0 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.

See instructions for the order in which to list the persons above.

 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			
(1) MADELYNN HIRNEISE CEO	40.00		X				160,278.	0.	11,219.
(2) MICHELE SILVA CAO	40.00		X				147,568.	0.	10,330.
(3) DANIELLE DEBERG CONTROLLER	40.00		X				107,650.	0.	7,536.
(4) MARK HARRYMAN CO-CHAIR, HR	0.50	X	X				0.	0.	0.
(5) NANCY CHASE DIRECTOR	0.50	X					0.	0.	0.
(6) GARY COHN DIRECTOR	0.50	X					0.	0.	0.
(7) DEBORAH COOMBS CO-CHAIR, HR	0.50	X	X				0.	0.	0.
(8) MARK HENIGAN CHAIR, FINANCE	0.50	X	X				0.	0.	0.
(9) ROBERT DAVIS CHAIR, BOARD AND EXECUTIVE	0.50	X	X				0.	0.	0.
(10) KHAIRUL HOTAKI DIRECTOR	0.50	X					0.	0.	0.
(11) MARGARET ENGLISH DIRECTOR	0.50	X					0.	0.	0.
(12) TRISH SCARBOROUGH DIRECTOR	0.50	X					0.	0.	0.
(13) BRAD COMP DIRECTOR	0.50	X					0.	0.	0.
(14) ANNA MENDOZA DIRECTOR	0.50	X					0.	0.	0.
(15) DAVID SNOW CO-CHAIR, PROGRAM	0.50	X	X				0.	0.	0.
(16) RYAN WARNE-MCGRAW CO-CHAIR, PROGRAM	0.50	X	X				0.	0.	0.
(17) KARIN PEARSON CHAIR, FUND DEVELOPMENT	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/bustee)					(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			
(18) JON RADUS DIRECTOR	0.50	X					0.	0.	0.
(19) DEBBIE THOMSEN DIRECTOR	0.50	X					0.	0.	0.
(20) LORI TORRES DIRECTOR	0.50	X					0.	0.	0.
(21) VICTOR CAO CHAIR GOVERNANCE	0.50	X	X				0.	0.	0.
(22) NICK MERAZ DIRECTOR	0.50	X					0.	0.	0.
(23) VINITA SPEIR DIRECTOR	0.50	X					0.	0.	0.
(24) MARTHA BAYER DIRECTOR	0.50	X					0.	0.	0.
(25) TRISTEN CALI DIRECTOR	0.50	X					0.	0.	0.
(26) DENNIS DESLATTE DIRECTOR	0.50	X					0.	0.	0.
<b>1b Subtotal</b>							<b>415,496.</b>	0.	<b>29,085.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0.</b>	0.	0.
<b>d Total (add lines 1b and 1c)</b>							<b>415,496.</b>	0.	<b>29,085.</b>

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 ► 3

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	NONE	(B) Description of services	(C) Compensation

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

Form 990 (2020)

## Part VII

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

Total to Part VII, Section A, line 1c

## 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			
	b Membership dues .....	1b			
	c Fundraising events .....	1c	356,367.		
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e	6,526,710.		
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	12,398,776.		
	g Noncash contributions included in lines 1a-1f .....	1g	\$ 7,286,161.		
	h Total. Add lines 1a-1f .....		► 19,281,853.		
Program Service Revenue	2 a CLIENT RENT AND UTILITY PAYMENTS .....	Business Code 624200	601,663.	601,663.	
	b .....				
	c .....				
	d .....				
	e .....				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		► 601,663.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		► 40,298.		40,298.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross rents .....	(i) Real 6a			
	b Less: rental expenses .....	(ii) Personal 6b			
	c Rental income or (loss) .....	6c			
	d Net rental income or (loss) .....		►		
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities 7a	45,322.		
	b Less: cost or other basis and sales expenses .....	(ii) Other 7b	46,028.		
	c Gain or (loss) .....	7c	-706.		
	d Net gain or (loss) .....		► -706.		-706.
	8 a Gross income from fundraising events (not including \$ 356,367. of contributions reported on line 1c). See Part IV, line 18 .....				
	b Less: direct expenses .....	8a	14,075.		
	c Net income or (loss) from fundraising events .....	8b	23,178.		
			►	-9,103.	-9,103.
	9 a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	b Less: direct expenses .....	9b			
	c Net income or (loss) from gaming activities .....		►		
	10 a Gross sales of inventory, less returns and allowances .....	10a			
	b Less: cost of goods sold .....	10b			
	c Net income or (loss) from sales of inventory .....		►		
Miscellaneous Revenue	11 a .....	Business Code			
	b .....				
	c .....				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		►		
	12 Total revenue. See instructions .....		► 19,914,005.	601,663.	0.
					30,489.

## 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 .....	4,546,647.	4,546,647.		
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 .....	453,000.	270,180.	84,320.	98,500.
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 .....	3,415,247.	2,998,831.	194,985.	221,431.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	214,659.	181,407.	15,499.	17,753.
9 Other employee benefits .....	191,796.	162,085.	13,848.	15,863.
10 Payroll taxes .....	293,582.	248,109.	21,195.	24,278.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	139,707.	41,912.	97,795.	
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 .....				
13 Office expenses .....	305,321.	230,184.	18,589.	56,548.
14 Information technology .....	117,643.	99,419.	8,494.	9,730.
15 Royalties .....				
16 Occupancy .....	395,390.	390,460.	2,485.	2,445.
17 Travel .....	9,813.	9,420.	98.	295.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	74,346.	74,346.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	252,976.	220,089.	17,708.	15,179.
23 Insurance .....	47,180.	42,767.	2,359.	2,054.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a PROGRAM EXPENSES .....	3,480,672.	3,480,672.		
b DONATED MATERIALS .....	675,515.	675,515.		
c WORKERS COMPENSATION .....	29,115.	24,606.	2,101.	2,408.
d BANK CHARGES .....	20,120.	18,309.	1,006.	805.
e All other expenses SEE SCH O .....	-4,546,647.	-4,546,647.		
25 Total functional expenses. Add lines 1 through 24e .....	10,116,082.	9,168,311.	480,482.	467,289.
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
	1 Cash - non-interest-bearing .....	1,030,386.	644,190.
	2 Savings and temporary cash investments .....	468,188.	940,910.
	3 Pledges and grants receivable, net .....	1,513,461.	2,394,596.
	4 Accounts receivable, net .....	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	6	
	7 Notes and loans receivable, net .....	7	
	8 Inventories for sale or use .....	8	
	9 Prepaid expenses and deferred charges .....	128,226.	276,109.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 21,479,950.	
	b Less: accumulated depreciation .....	10b 2,453,321.	11,340,775.
	11 Investments - publicly traded securities .....	1,546,506.	11 3,375,159.
	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 .....	383,693.	15 445,289.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	16,411,235.	16 27,102,882.
	17 Accounts payable and accrued expenses .....	249,506.	17 437,196.
Liabilities	18 Grants payable .....	18	
	19 Deferred revenue .....	19	
	20 Tax-exempt bond liabilities .....	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	174,942.	21 169,211.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	22	
	23 Secured mortgages and notes payable to unrelated third parties .....	1,877,462.	23 1,794,278.
	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 .....	701,549.	25 1,287,074.
	26 Total liabilities. Add lines 17 through 25 .....	3,003,459.	26 3,687,759.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions .....	11,917,583.	27 21,621,875.
	28 Net assets with donor restrictions .....	1,490,193.	28 1,793,248.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds .....	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....	30	
	31 Retained earnings, endowment, accumulated income, or other funds .....	31	
	32 Total net assets or fund balances .....	13,407,776.	32 23,415,123.
	33 Total liabilities and net assets/fund balances .....	16,411,235.	33 27,102,882.

Form 990 (2020)

**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	19,914,005.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	10,116,082.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	9,797,923.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	13,407,776.
5 Net unrealized gains (losses) on investments .....	5	142,098.
6 Donated services and use of facilities .....	6	92,041.
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	-24,715.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	23,415,123.

**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? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
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		
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? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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? .....	3a	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 on Schedule O and describe any steps taken to undergo such audits .....	3b	X

Form 990 (2020)

Department of the Treasury  
Internal Revenue Service

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**Name of the organization**

**Employer identification number**

33-0086043

## FAMILIES FORWARD

33-0086043

**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).

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		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5015444.	4999096.	5665398.	8049371.	13756276.	37485585.
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 <b>Total.</b> Add lines 1 through 3 .....	5015444.	4999096.	5665398.	8049371.	13756276.	37485585.
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) .....						1246653.
<b>6 Public support.</b> Subtract line 5 from line 4. ....						36238932.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	5015444.	4999096.	5665398.	8049371.	13756276.	37485585.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	26,169.	31,093.	51,981.	32,227.	40,298.	181,768.
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.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						37667353.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,842,303.
<b>13 First 5 years.</b> 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 <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	96.21	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	99.42	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► [X]
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....			►
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			►
<b>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			►

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
  - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
  - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
  - 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
  - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
  - 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? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - A family member of a person described in line 11a above?
  - A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? 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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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)? 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**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).

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b 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? 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.

- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
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 <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

## 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E - Distribution Allocations (see instructions)		(iii) Distributable Amount for 2020
		(i) Excess Distributions
		(ii) Underdistributions Pre-2020
1	Distributable amount for 2020 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.	
3	Excess distributions carryover, if any, to 2020	
a	From 2015	
b	From 2016	
c	From 2017	
d	From 2018	
e	From 2019	
f	<b>Total of lines 3a through 3e</b>	
g	Applied to underdistributions of prior years	
h	Applied to 2020 distributable amount	
i	Carryover from 2015 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2020 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2020 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2016	
b	Excess from 2017	
c	Excess from 2018	
d	Excess from 2019	
e	Excess from 2020	

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

**SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:****DESCRIPTION: NET ASSET DISTRIBUTION UPON DISSOLUTION****DATE: 11/27/20** **AMOUNT: 5525577.****SCHEDULE A: UNUSUAL GRANTS**

ON NOVEMBER 27, 2020, THE BOARD OF DIRECTORS OF OC GATEWAY TO HOUSING (GATEWAY) (A CALIFORNIA NONPROFIT ORGANIZATION) AUTHORIZED GATEWAY TO WIND UP AND DISSOLVE AND APPROVED THE DISTRIBUTION OF GATEWAY'S NET ASSETS TO THE ORGANIZATION. THE ASSETS DISTRIBUTED UPON GATEWAY'S DISSOLUTION INCLUDED CASH ON HAND, INVESTMENTS, AND EIGHT HOUSING UNITS (SUBJECT TO RESTRICTIONS ON USE AS AFFORDABLE HOUSING). THE FAIR VALUES OF THE DISTRIBUTED CASH, INVESTMENTS, AND REAL PROPERTY WERE \$354,241, \$1,535,336, AND \$3,636,000, RESPECTIVELY. THE TOTAL FAIR VALUE OF \$5,525,577 IS INCLUDED IN ASSETS RECEIVED FROM DISTRIBUTION IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2021. TWO OF THE HOUSING UNITS WERE SOLD IN NOVEMBER 2021 AND JANUARY 2022 FOR A TOTAL CONSIDERATION OF \$906,000.

## Schedule A

## **Identification of Excess Contributions Included on Part II, Line 5**

2020

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Total Excess Contributions to Schedule A, Part II, Line 5 .....

1,246,653.

## Schedule A

## Identification of Unusual Grants

2020

\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\*

Total Unusual Grants .....

5,525,577.

## Schedule B

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

## Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
  - Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**Employer identification number**

## FAMILIES FORWARD

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

**Employer identification number**

## FAMILIES FORWARD

### 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.

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
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<b>(e) Transfer of gift</b>		
	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**

OMB No. 1545-0047

► 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**  
 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).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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.	<b>Held at the End of the Tax Year</b>
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 FASB 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 FASB 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 FASB 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) 2020

032051 12-01-20

**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 make 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 program  
 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
1c	
1d	
1e	
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	124,154.	117,619.	115,599.	109,270.	52,563.
b Contributions					62,000.
c Net investment earnings, gains, and losses	24,096.	20,493.	2,020.	6,329.	6,707.
d Grants or scholarships					12,000.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	148,250.	138,112.	117,619.	115,599.	109,270.

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 Term 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:

- (i) Unrelated organizations .....  
 (ii) Related organizations .....

Yes	No
3a(i)	X
3a(ii)	X
3b	

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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 .....		7,445,645.		7,445,645.
b Buildings .....		7,302,937.	1,990,852.	5,312,085.
c Leasehold improvements .....				
d Equipment .....		45,000.	45,000.	0.
e Other .....		6,686,368.	417,469.	6,268,899.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 19,026,629.

Schedule D (Form 990) 2020

**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) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►</b>		

**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) .....		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►</b>		

**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) .....	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►</b>	

**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) <b>CLIENT DEPOSITS</b> .....	<b>55,095.</b>
(3) <b>NOTES PAYABLE - CURRENT</b> .....	<b>71,429.</b>
(4) <b>PPP-LOAN</b> .....	<b>588,100.</b>
(5) <b>FUNDS HELD FOR OTHERS</b> .....	<b>572,450.</b>
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►</b>	<b>1,287,074.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII  X

**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	20,215,470.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	142,098.
b Donated services and use of facilities	2b	92,041.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	67,326.
e Add lines 2a through 2d	2e	301,465.
3 Subtract line 2e from line 1	3	19,914,005.
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	19,914,005.

**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	10,208,123.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	92,041.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	92,041.
3 Subtract line 2e from line 1	3	10,116,082.
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	10,116,082.

**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, 2017, 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, 2016, AND SUBSEQUENT.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST 67,326.

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2020

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

## FAMILIES FORWARD

Employer identification number  
33-0086043

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

---

**Part**

**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.

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

- 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?

- 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.

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 ANNUAL GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts .....	370,442.		370,442.
	2 Less: Contributions .....	356,367.		356,367.
	3 Gross income (line 1 minus line 2) .....	14,075.		14,075.
Direct Expenses	4 Cash prizes .....			
	5 Noncash prizes .....			
	6 Rent/facility costs .....			
	7 Food and beverages .....			
	8 Entertainment .....			
	9 Other direct expenses .....	23,178.		23,178.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....			► 23,178.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....			► -9,103.

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a %

b An outside facility ..... 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- ## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV Supplemental Information (continued)**



**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.

### **Part III**

#### **Grants and Other Assistance to Domestic Individual**

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 -	1455	0.	4,002,837.	COST-FOOD/HSEHOLD SVCS	HOUSING, FOOD & HOUSEHOLD GOODS, COUNSELING SVCS, LIFE SKILLS SVCS, REFERRAL SVCS, CAREER COACHING, FURNITURE AND FOOD, HOUSEHOLD GOODS,
HOMELESS PREVENTION -	11906	0.	543,810.	COST-FOOD/HSEHOLD SVCS /CAREER COACHING - HEALTH SVCS; FMV - SCHOOL SUPPLIES, CLOTHING/HOUSEHOLD	REFERRAL SVCS AND LIFE SKILLS SVCS, BACKPACKS AND SCHOOL SUPPLIES, CLOTHING/HOUSEHOLD

David IV. Constitutional legislation may be provided thru information contained in Part I lines 2, Part II and Part III and other additional information.

NON-CASH ASSISTANCE: HOUSING, FOOD & HOUSEHOLD

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(E) DESCRIPTION OF NON-CASH ASSISTANCE: FOOD, HOUSEHOLD GOODS, REEFER BAL.

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כוננותו של מילר לא הייתה מושגת, והוא לא הצליח למסור מושגתו לארון.

**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 1,455 RECIPIENTS OF ASSISTANCE THROUGH THE HOUSING PROGRAM.

PLEASE NOTE THAT THIS NUMBER WAS UNDUPPLICATED RECIPIENTS. THERE WERE

11,906 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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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.
- |   |   |
|---|---|
| First-class or charter travel             | Housing allowance or residence for personal use   |
| Travel for companions                     | Payments for business use of personal residence   |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees     |
| Discretionary spending account            | Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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 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 | Written employment contract   |
| Independent compensation consultant                        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| 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
1a		
1b		
2		
3		
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) 2020

**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

EUROPEAN JOURNAL OF ENVIRONMENT AND DEVELOPMENT

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 (B) and (E) amounts for that individual.

### Part III Supplemental Information

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

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**  
Open to Public  
Inspection

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		164,634.	<b>STANDARD COST</b>
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X		1,889,577.	
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 .....	X		4,701,000.	
18 Collectibles .....				
19 Food inventory .....	X	209,778	314,350.	<b>STANDARD COST</b>
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► ( <b>FAMILY GIFTS</b> ) .....	X	0	216,600.	
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 V, Donee Acknowledgement .....

**29**

- 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? .....
- 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? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## 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](http://www.irs.gov/Form990) for the latest information.

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TOTAL, 2,223 CHILDREN AND THEIR PARENTS RECEIVED CRITICAL HOUSING  
SERVICES THIS YEAR. 98% OF THESE FAMILIES REMAINED STABLY HOUSED, AND  
ON THE PATH TO GREATER SELF-SUFFICIENCY ONE YEAR AFTER LEAVING THE  
PROGRAM.

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

CHILDREN RECEIVED GIFTS FOR THE HOLIDAYS. THE COMMUNITY COUNSELING  
PROGRAM SERVED 389 INDIVIDUALS IN COUNSELING SESSIONS. ACROSS ALL  
PROGRAMS, 13,361 UNDUPPLICATED INDIVIDUALS WERE SERVED.

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  
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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

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 IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

LESS ASSISTANCE TO INDIVIDUALS:

PROGRAM SERVICE EXPENSES -4,546,647.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES -4,546,647.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A -4,546,647.

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

GRANTS AND ASSISTANCE:

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

FAMILIES FORWARD

Employer identification number

33-0086043

THE TOTAL AMOUNT OF GRANTS AND ASSISTANCE PROVIDED TO INDIVIDUALS BY THE ORGANIZATION TOTALED \$4,546,647 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 (\$4,546,647) 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	-92,041.
UNREALIZED GAIN ON CHARITABLE REMAINDER TRUST - RESTRICTED	
ACTIVITY	67,326.
TOTAL TO FORM 990, PART XI, LINE 9	-24,715.

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 2021.



## 2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	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
<b>CURRENT YEAR ACTIVITY</b>														
BEGINNING BALANCE						20573950.			0.	20573950.	2,200,345.			2,453,321.
ACQUISITIONS						906,000.			0.	906,000.	0.			0.
DISPOSITIONS/RETIRED						0.			0.	0.				0.
ENDING BALANCE						21479950.			0.	21479950.	2,200,345.			2,453,321.
ENDING ACCUM. DEPR.														
ENDING BOOK VALUE														

## CARRYOVER DATA TO 2021

Name <b>FAMILIES FORWARD</b>	Employer Identification Number <b>33-0086043</b>
---------------------------------	---

Based on the information provided with this return, the following are possible carryover amounts to next year.

<b>FEDERAL PRE-2018 NET OPERATING LOSS</b>	<b>91.</b>
--	------------

<b>FEDERAL AMT NET OPERATING LOSS</b>	<b>1,091.</b>
---------------------------------------	---------------

**FAMILIES FORWARD, INC.**

**Financial Statements  
and  
Independent Auditor's Report  
For the Years Ended  
September 30, 2021 and 2020  
and  
Single Audit Report  
For the Year Ended September 30, 2021**

**Families Forward, Inc.**  
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**Independent Auditor's Report**

To the Audit Committee and Board of Directors of  
Families Forward, Inc.  
Irvine, California

**Report on the Financial Statements**

We have audited the accompanying financial statements of Families Forward, Inc. (a California nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Families Forward, Inc. as of September 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Supplementary Information*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2022, on our consideration of Families Forward, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Families Forward, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Families Forward, Inc.'s internal control over financial reporting and compliance.

March 25, 2022

**Families Forward, Inc.**  
**Statements of Financial Position**  
**September 30, 2021 and 2020**

	2021	2020
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	\$ 1,585,100	\$ 1,447,981
Grants and contributions receivable	2,394,596	1,513,461
Prepaid expenses and other current assets	276,109	128,226
Investments	<u>3,226,908</u>	<u>1,458,987</u>
 Total current assets	 <u>7,482,713</u>	 <u>4,548,655</u>
 Property and Equipment, net	 <u>19,026,629</u>	 <u>11,340,775</u>
<b>Other Assets</b>		
Assets held in charitable remainder trust	445,289	383,693
Restricted investments	<u>148,251</u>	<u>138,112</u>
 Total other assets	 <u>593,540</u>	 <u>521,805</u>
 Total assets	 <u>\$ 27,102,882</u>	 <u>\$ 16,411,235</u>
<b>Liabilities and Net Assets</b>		
<b>Current Liabilities</b>		
Accounts payable	\$ 190,877	\$ 80,473
Accrued expenses	246,319	169,033
Clients' deposits	55,095	45,495
Funds held for others	572,450	-
Notes payable, current portion	<u>71,429</u>	<u>67,954</u>
 Total current liabilities	 <u>1,136,170</u>	 <u>362,955</u>
<b>Long-Term Debt</b>		
Liability to annuity beneficiary of charitable remainder trust	169,211	174,942
PPP loan	588,100	588,100
Notes payable, net of current portion	<u>1,794,278</u>	<u>1,877,462</u>
 Total long-term debt	 <u>2,551,589</u>	 <u>2,640,504</u>
 Total liabilities	 <u>3,687,759</u>	 <u>3,003,459</u>
<b>Net Assets</b>		
Net assets without donor restrictions	21,621,875	12,194,203
Net assets with donor restrictions	<u>1,793,248</u>	<u>1,213,573</u>
 Total net assets	 <u>23,415,123</u>	 <u>13,407,776</u>
 Total liabilities and net assets	 <u>\$ 27,102,882</u>	 <u>\$ 16,411,235</u>

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Statement of Activities and Changes in Net Assets**  
**For the Year Ended September 30, 2021**  
**(with comparative totals for the year ended September 30, 2020)**

	2021			2020	
	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total		Total
Support and revenue					
Contributions	\$ 5,067,615	\$ 45,000	\$ 5,112,615	\$ 3,056,729	
Special events, net of direct benefit expenses of \$23,178	347,264	-	347,264	418,809	
Grants from government agencies - program	5,446,567	-	5,446,567	3,056,043	
Grants from government agencies - capital	555,453	524,690	1,080,143	394,260	
Investment income	181,690	-	181,690	69,980	
Rental and other income	601,663	-	601,663	481,007	
In-kind contributions	1,852,625	-	1,852,625	1,148,801	
Assets received from distribution	5,525,577	-	5,525,577	-	
Changes in assets and liabilities held in charitable remainder trust	-	67,326	67,326	(4,777)	
Total support and revenue	19,578,454	637,016	20,215,470	8,620,852	
Net assets released from restrictions	<u>57,341</u>	<u>(57,341)</u>	<u>-</u>	<u>-</u>	
Total support, revenue, and satisfaction of restrictions	<u>19,635,795</u>	<u>579,675</u>	<u>20,215,470</u>	<u>8,620,852</u>	
Expenses					
Housing and other programs	9,260,352	-	9,260,352	6,799,281	
Administration	480,482	-	480,482	326,337	
Fundraising	467,289	-	467,289	367,858	
Total expenses	<u>10,208,123</u>	<u>-</u>	<u>10,208,123</u>	<u>7,493,476</u>	
Increase in net assets	9,427,672	579,675	10,007,347	1,127,376	
Net assets, beginning of year	<u>12,194,203</u>	<u>1,213,573</u>	<u>13,407,776</u>	<u>12,280,400</u>	
Net assets, end of year	<u>\$ 21,621,875</u>	<u>\$ 1,793,248</u>	<u>\$ 23,415,123</u>	<u>\$ 13,407,776</u>	

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Statement of Activities and Changes in Net Assets**  
**For the Year Ended September 30, 2020**

	<u>Net Assets Without Donor Restrictions</u>	<u>Net Assets With Donor Restrictions</u>	<u>Total</u>
<b>Support and revenue</b>			
Contributions	\$ 3,008,543	\$ 48,186	\$ 3,056,729
Special events, net of direct benefit expenses of \$27,837	418,809	-	418,809
Grants from government agencies - program	3,056,043	-	3,056,043
Grants from government agencies - capital	394,260	-	394,260
Investment income	69,980	-	69,980
Rental and other income	481,007	-	481,007
In-kind contributions	1,148,801	-	1,148,801
Changes in assets and liabilities held in charitable remainder trust	-	(4,777)	(4,777)
<b>Total support and revenue</b>	<b>8,577,443</b>	<b>43,409</b>	<b>8,620,852</b>
<b>Net assets released from restrictions</b>	<b>324,806</b>	<b>(324,806)</b>	<b>-</b>
<b>Total support, revenue, and satisfaction of restrictions</b>	<b>8,902,249</b>	<b>(281,397)</b>	<b>8,620,852</b>
<b>Expenses</b>			
Housing and other programs	6,799,281	-	6,799,281
Administration	326,337	-	326,337
Fundraising	367,858	-	367,858
<b>Total expenses</b>	<b>7,493,476</b>	<b>-</b>	<b>7,493,476</b>
<b>Increase (decrease) in net assets</b>	<b>1,408,773</b>	<b>(281,397)</b>	<b>1,127,376</b>
<b>Net assets, beginning of year</b>	<b>10,785,430</b>	<b>1,494,970</b>	<b>12,280,400</b>
<b>Net assets, end of year</b>	<b>\$ 12,194,203</b>	<b>\$ 1,213,573</b>	<b>\$ 13,407,776</b>

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended September 30, 2021**  
**(with comparative totals for the year ended September 30, 2020)**

	<b>2021</b>				<b>2020</b>	
	<b>Housing and Other Programs</b>	<b>Administration</b>	<b>Fundraising</b>	<b>Total</b>		<b>Total</b>
Auto mileage	\$ 9,420	\$ 98	\$ 295	\$ 9,813	\$ 23,556	
Bank charges	18,309	1,006	805	20,120	16,574	
Computer expenses	99,419	8,494	9,730	117,643	152,987	
Depreciation	220,089	17,708	15,179	252,976	241,082	
Direct program expenses	3,451,377	-	-	3,451,377	1,836,248	
Donated materials and services	767,556	-	-	767,556	745,399	
Dues and subscriptions	3,941	325	370	4,636	6,010	
Employee benefits	343,492	29,347	33,616	406,455	279,215	
Fund development	-	-	23,121	23,121	9,991	
Homeowner association fees	143,771	-	-	143,771	116,118	
Insurance	42,767	2,359	2,054	47,180	40,742	
Interest expense	74,346	-	-	74,346	92,758	
Maintenance	213,982	2,183	2,183	218,348	211,794	
Office expense	42,652	2,469	10,665	55,786	47,195	
Payroll	3,269,011	279,305	319,931	3,868,247	3,110,902	
Payroll service fees	7,673	656	749	9,078	8,343	
Payroll taxes	248,109	21,195	24,278	293,582	238,126	
Postage	2,223	516	4,908	7,647	4,480	
Professional fees	41,912	97,795	-	139,707	88,492	
Property tax	(26,924)	(306)	(346)	(27,576)	47,016	
Staff development and meetings	70,456	5,802	6,631	82,889	21,652	
Telephone	103,239	8,821	10,104	122,164	56,939	
Truck expenses	29,295	-	-	29,295	9,497	
Utilities	59,631	608	608	60,847	51,268	
Workers compensation	24,606	2,101	2,408	29,115	37,092	
 Total functional expenses	 \$ 9,260,352	 \$ 480,482	 \$ 467,289	 \$ 10,208,123	 \$ 7,493,476	

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Statement of Functional Expenses**  
**For the Year Ended September 30, 2020**

	<u>Housing and Other Programs</u>	<u>Administration</u>	<u>Fundraising</u>	<u>Total</u>
Auto mileage	\$ 22,613	\$ 236	\$ 707	\$ 23,556
Bank charges	-	16,574	-	16,574
Computer expenses	129,288	11,046	12,653	152,987
Depreciation	209,741	16,876	14,465	241,082
Direct program expenses	1,836,248	-	-	1,836,248
Donated materials and services	745,399	-	-	745,399
Dues and subscriptions	4,825	949	236	6,010
Employee benefits	235,962	20,160	23,093	279,215
Fund development	-	-	9,991	9,991
Homeowner association fees	116,118	-	-	116,118
Insurance	36,932	2,037	1,773	40,742
Interest expense	92,758	-	-	92,758
Maintenance	203,405	3,986	4,403	211,794
Office expense	36,085	2,087	9,023	47,195
Payroll	2,628,988	224,621	257,293	3,110,902
Payroll service fees	7,051	603	689	8,343
Payroll taxes	201,239	17,193	19,694	238,126
Postage	1,302	302	2,876	4,480
Professional fees	88,492	-	-	88,492
Property tax	45,905	522	589	47,016
Staff development and meetings	18,404	1,516	1,732	21,652
Telephone	48,119	4,111	4,709	56,939
Truck expenses	9,497	-	-	9,497
Utilities	49,563	840	865	51,268
Workers compensation	31,347	2,678	3,067	37,092
 Total functional expenses	 <u>\$ 6,799,281</u>	 <u>\$ 326,337</u>	 <u>\$ 367,858</u>	 <u>\$ 7,493,476</u>

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Statements of Cash Flows**  
**For the Years Ended September 30, 2021 and 2020**

	<b>2021</b>	<b>2020</b>
<b>Cash Flows from Operating Activities</b>		
Increase in net assets without donor restrictions	\$ 9,427,672	\$ 1,408,773
Increase (decrease) in net assets with donor restrictions	<u>579,675</u>	<u>(281,397)</u>
<b>Total increase in net assets</b>	<b><u>10,007,347</u></b>	<b><u>1,127,376</u></b>
 <b>Adjustments to reconcile increase in net assets to net cash provided (used) by operating activities:</b>		
Depreciation expense	252,976	241,082
Donated property and equipment	-	(414,699)
Assets received from distribution, net of cash	(5,171,336)	-
Unrealized gain on investments	(141,811)	(37,753)
Decrease (increase) in assets and liabilities held in charitable remainder trust	(67,326)	4,778
Increase in grants and contributions receivable	(881,135)	(977,391)
Increase in prepaid expenses and other current assets	(147,883)	(706)
Increase in accounts payable	110,404	26,096
Increase (decrease) in accrued expenses	77,286	(60,324)
Increase in funds held for others	572,450	-
Decrease in unearned revenue	-	(12,500)
Increase in clients' deposits	<u>9,600</u>	<u>17,857</u>
<b>Total adjustments</b>	<b><u>(5,386,775)</u></b>	<b><u>(1,213,560)</u></b>
 <b>Net cash provided (used) by operating activities</b>	<b><u>4,620,572</u></b>	<b><u>(86,184)</u></b>
 <b>Cash Flows from Investing Activities</b>		
Purchases of property and equipment	(4,302,830)	(542,441)
Purchases of investments	(146,236)	(795,622)
Sales of investments	<u>45,322</u>	<u>841,936</u>
 <b>Net cash used by investing activities</b>	<b><u>(4,403,744)</u></b>	<b><u>(496,127)</u></b>
 <b>Cash Flows from Financing Activities</b>		
Proceeds from PPP loan	-	588,100
Payments on promissory notes	(79,709)	(61,297)
Payments on funds held for claims administration	-	(590,000)
 <b>Net cash used by financing activities</b>	<b><u>(79,709)</u></b>	<b><u>(63,197)</u></b>
 <b>Net increase (decrease) in cash and cash equivalents</b>	<b><u>137,119</u></b>	<b><u>(645,508)</u></b>
 <b>Cash and cash equivalents, beginning of year</b>	<b><u>1,447,981</u></b>	<b><u>2,093,489</u></b>
 <b>Cash and cash equivalents, end of year</b>	<b><u>\$ 1,585,100</u></b>	<b><u>\$ 1,447,981</u></b>
 <b>Supplemental Disclosure of Cash Flow Information</b>		
 Cash paid during the year for interest	<b><u>\$ 74,346</u></b>	<b><u>\$ 92,758</u></b>

See accompanying notes to financial statements and independent auditor's report.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**1. Organization**

Families Forward, Inc. (the Organization) is a not-for-profit agency dedicated to helping low income and homeless families in need. The Organization addresses families' needs at any point in their crisis by providing a broad spectrum of services, including housing, counseling, food, education, case management, life-skills training, and rent or utility assistance. Support and revenues are raised through various charitable events, grants, and private donations. The Organization was incorporated on November 30, 1984, is headquartered in Irvine, California, and serves families throughout Orange County, California.

**2. Summary of Significant Accounting Policies**

Net Asset Classifications

The Organization reports information regarding contributions and support received in its statement of financial position and statement of activities and changes in net assets according to two classes of net assets based upon the existence or absence of donor-imposed restrictions:

Net Assets without Donor Restrictions – Contributions that are considered to be available for unrestricted use.

Net Assets with Donor Restrictions – Contributions received that are restricted by donors for a specific time period or purpose. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. Income earned on these assets may or may not be restricted, depending upon the donor-imposed restrictions.

When donor restrictions on contributions are satisfied in the same period as the receipt of the contribution, the Organization reports both the revenue and the related expense in the net asset without donor restrictions category.

Support and Revenue

Unconditional contributions/promises-to-give are reported at fair value at the date the contribution/promise is received. Conditional contributions/promises-to-give are recognized when the conditions on which they depend are substantially met. A condition must have both a barrier that must be overcome before the organization is entitled to the assets transferred or promised and a right of return. Government grants that are subject to the Uniform Guidance are considered conditional, as there is limited discretion by the organization on the conduct of the activity due to the specific compliance requirements of the Uniform Guidance. Assets received in a conditional contribution are accounted for as refundable advances in the accompanying financial statements until the conditions have been substantially met.

Grants are received from various governmental agencies and private foundations. The majority of grant funds are used for program related purposes and acquisitions of and improvements to facilities owned by the Organization.

Rental income consists of rents paid by participants in the transitional and affordable housing programs. Rental rates are scaled based on participants' income, and rents are month-to-month.

Grants and Contributions Receivable

Grants receivable are recorded when an obligation from a granting agency is committed in writing and when qualifying expenditures are made in connection with grants that provide for reimbursement of such expenditures.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**2. Summary of Significant Accounting Policies (Continued)**

Management believes that all grants and contributions receivable as of September 30, 2021 and 2020 were fully collectible; therefore, no allowance for doubtful accounts was recorded.

**Property and Equipment**

Purchased property and equipment are stated at cost. Donations of property and equipment are recorded as support at their estimated fair value on the date of donation. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to be used for a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. The Organization has elected to capitalize all property and equipment additions greater than \$500. Property and equipment are depreciated using the straight-line method over their estimated useful lives.

**Impairment of Long-Lived Assets**

The Organization's long-lived assets include land, buildings, and equipment. Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. If the expected future cash flow from the use of the asset and its eventual disposition is less than the carrying amount of the asset, an impairment loss is recognized and measured using the fair value of the related asset. As of September 30, 2021 and 2020, the Organization did not identify any impairment of its long-lived assets.

**Cash and Cash Equivalents**

The Organization considers all cash and short-term investments with an original maturity date of three months or less to be cash and cash equivalents.

**Investments**

Investments and assets held in charitable remainder trust are reported at fair value in the statements of financial position and consist of mutual funds and money market funds. Donated investments are recorded at fair value on the date of donation and are included in contributions in the statements of activities and changes in net assets. Sales and purchases of securities are recorded on a trade-date basis. Dividend income is recognized on the ex-dividend date and interest income is recognized on the accrual basis. Realized and unrealized gains and losses are included in the statements of activities and changes in net assets.

**Fair Value of Financial Instruments**

The Organization determines the fair values of its investments based on the fair value hierarchy established in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Section 820, *Fair Value Measurements*, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The investment's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The statement requires fair value measurements to be classified and disclosed in one of the following three categories.

Level 1 - Quoted prices in active markets for identical assets and liabilities, including equity and debt securities and derivative contracts that are traded in an active exchange market.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**2. Summary of Significant Accounting Policies (Continued)**

Level 2 - Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

**Income Taxes**

The Organization is exempt from Federal and California income tax under Internal Revenue Code Section 501(c)(3) and similar provisions of the State of California Revenue and Taxation Code.

The Organization's federal income tax and informational returns for the fiscal years ended September 30, 2018, 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, 2017, and subsequent.

**Functional Allocation of Expenses**

The costs of providing the various programs and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among the program and supporting services benefited. Payroll and payroll related costs are allocated based upon time spent by employees on the various program, administrative, and fundraising activities. Occupancy costs, including depreciation and maintenance, are allocated based upon the square footage utilized by each cost center.

**Management Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Donated Goods and Services**

Donated goods and services (in-kind contributions) are recorded at their estimated fair values at the date of receipt. Contributions of services are recognized if the services received create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

**PPP Loan**

The Organization has accounted for the Payroll Protection Program loan proceeds (Note 9) in accordance with FASB ASC 470, *Debt*. The proceeds from the loan will remain recorded as a liability until either (1) the loan is, in part or wholly, forgiven and the Organization has been "legally released" or (2) the Organization pays off the loan to the creditor. Once the loan is, in part or wholly, forgiven and legal release is received, the Organization will reduce the liability by the amount forgiven and record a gain on extinguishment. The full loan amount was forgiven on February 2, 2022.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**2. Summary of Significant Accounting Policies (Continued)**

Funds Held for Others

The Organization is the fiscal sponsor and administrator of the Family Solutions Collaborative (FSC), a coalition of family homeless service providers in Orange County, California. Grant funds received by the Organization in excess of direct and administrative costs related to specific shelter placement program expenses will be distributed to other FSC agencies and are included in funds held for others in the statement of financial position as of September 30, 2021.

Recently Issued Accounting Pronouncement

In September of 2020, the FASB issued Accounting Standards Update (ASU) 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, requiring entities to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash or other financial assets. The standard also increases the disclosure requirements around contributed nonfinancial assets, including disaggregating by category the types of contributed nonfinancial assets an entity has received. This ASU will be effective for fiscal years beginning after June 15, 2021. Management is evaluating the impact of adopting this new ASU on the financial statements.

**3. Fair Value Measurements**

Investments are valued at the closing price reported on the active market on which the individual securities are traded. The following table sets forth by level, within the fair value hierarchy, the Organization's investments and restricted investments at fair value as of September 30:

	<u>2021</u>	<u>2020</u>
	<u>Quoted Prices (Level 1)</u>	<u>Quoted Prices (Level 1)</u>
Investments:		
Money market funds	\$ 2,213	\$ 1,765
Bond funds	1,054,298	940,833
Equity funds	2,318,648	654,501
Total investments	<u>\$ 3,375,159</u>	<u>\$ 1,597,099</u>
Assets held in charitable remainder trust:		
Money market funds	\$ 9,297	\$ 36,567
Bond funds	161,533	141,864
Equity funds	274,459	205,262
Total assets held in charitable remainder trust	<u>\$ 445,289</u>	<u>\$ 383,693</u>

The Organization invests in instruments that, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position and the statements of activities and changes in net assets.

The fair value of donated services, construction and rehabilitation of real estate, food items, rent, and supplies is estimated using third-party quotations and is categorized in Level 2 of the fair value hierarchy.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**4. Property and Equipment**

Property and equipment are summarized as follows at September 30:

	<u>2021</u>	<u>2020</u>
Land	\$ 7,445,645	\$ 6,216,901
Buildings and improvements	7,302,937	6,900,461
Furniture and equipment	417,469	373,758
Autos and trucks	45,000	45,000
Real estate held for sale	906,000	-
Real estate not placed in service	<u>5,362,899</u>	<u>5,000</u>
 Total property and equipment	 21,479,950	 13,541,120
Accumulated depreciation	<u>(2,453,321)</u>	<u>(2,200,345)</u>
 Total property and equipment, net	 <u>\$ 19,026,629</u>	 <u>\$ 11,340,775</u>

The accounts above include the properties acquired with the grant loans described in Note 6.

On April 8, 2020, the Organization purchased real estate in Irvine, California for approximately \$492,000. The acquisition was partially financed with a \$400,000 grant from the City of Irvine to purchase a property for use as affordable housing.

In October and December 2020, the Organization purchased properties in Mission Viejo, California for approximately \$350,000 and \$357,000, respectively. The acquisitions were partially financed with grants from the City of Mission Viejo.

In March 2021, the Organization purchased a property in Costa Mesa, California for approximately \$2,550,000. The acquisition was partially financed with contributions from two private donors and a bank loan (Note 14).

In March and June 2021, the Organization purchased properties in Irvine, California for approximately \$508,500 and \$390,000, respectively. The acquisitions were partially financed with grants from the City of Irvine.

On November 27, 2020, the Board of Directors of OC Gateway to Housing (Gateway) (a California nonprofit organization) authorized Gateway to wind up and dissolve and approved the distribution of Gateway's net assets to the Organization. The assets distributed upon Gateway's dissolution included cash on hand, investments, and eight housing units (subject to restrictions on use as affordable housing). The fair values of the distributed cash, investments, and real property were \$354,241, \$1,535,336, and \$3,636,000, respectively. The total fair value of \$5,525,577 is included in assets received from distribution in the statement of activities and changes in net assets for the year ended September 30, 2021. Two of the housing units were sold in November 2021 and January 2022 for a total consideration of \$906,000.

In May 2021, the Organization received a bequest of real property in Tustin, California, pursuant to an irrevocable trust. The \$1,065,000 fair value of the in-kind contribution is included in grants and contributions receivable as of September 30, 2021, as title was not transferred to the Organization until December 2021. The property was sold in December 2021 and no gain or loss was recognized upon sale.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**5. In-Kind Contributions**

The estimated fair values of in-kind contributions recognized in the statements of activities and changes in net assets are as follows for the years ended September 30:

	<u>2021</u>	<u>2020</u>
Real estate (bequest)	\$ 1,065,000	\$ -
Real estate improvements	- -	414,699
Food	314,350	328,927
Legal services	56,502	41,908
Adopt a Family / Back to School supplies	331,305	214,590
Gift cards	56,209	52,594
Other miscellaneous	<u>29,259</u>	<u>96,083</u>
	<u><u>\$ 1,852,625</u></u>	<u><u>\$ 1,148,801</u></u>

**6. Net Assets with Donor Restrictions**

Net assets were restricted for the following purposes as of September 30:

	<u>2021</u>	<u>2020</u>
Donor restricted:		
CHDO grant loan	\$ 27,480	\$ 36,636
CDBG grant loans	1,344,690	820,000
Charitable remainder trust	276,078	208,751
Contributions with time restrictions	45,000	48,186
Nancy Fund endowment	<u>100,000</u>	<u>100,000</u>
Total net assets with donor restrictions	<u><u>\$ 1,793,248</u></u>	<u><u>\$ 1,213,573</u></u>

Net assets released from restriction consisted of the following during the years ended September 30:

	<u>2021</u>	<u>2020</u>
Satisfaction of restrictions:		
CHDO grant loan	\$ 9,156	\$ 9,156
Time restrictions	<u>48,185</u>	<u>315,650</u>
Total net assets released from restrictions	<u><u>\$ 57,341</u></u>	<u><u>\$ 324,806</u></u>

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**6. Net Assets with Donor Restrictions (Continued)**

Grant Loans

On November 17, 2004, the Organization received a Community Housing Development Organization (CHDO) grant loan from the City of Irvine in the amount of \$183,139 to partially fund the purchase of real property to be used for transitional housing rentals for homeless families for a period of 20 years. If, after the 20-year period, the Organization is not in default of the provisions of the grant loan, as defined in the agreement, the grant loan will expire and be of no force or effect on the Organization. In the event the Organization is in default, a pro rata portion of the grant loan plus accrued interest at 10% per annum will become immediately due and payable. The pro rata amount shall be determined by multiplying \$183,139 times the percentage obtained by dividing the number of months remaining on the 20-year term by 240. The grant loan was reported as a restricted contribution, as management considers the likelihood of default of the provisions of the grant loan to be remote, and is being released from restriction over the 20 years at \$9,156 per year. At September 30, 2021, the unreleased portion of the grant was \$27,480. The CHDO grant loan is secured by a deed of trust on the property. Management believes that the Organization was in compliance with the provisions of the CHDO grant loan as of September 30, 2021.

In February 2017 and July 2020, the Organization received Community Development Block Grant (CDBG) loans from the City of Mission Viejo totaling \$820,000 and \$524,690, respectively, to fund the purchase of real property to be used for affordable housing rentals for low income and homeless families for a period of 55 years. If, after the 55-year period, the Organization is not in default of the provisions of the grant loans, as defined in the agreements, the grant loans will expire and be of no force or effect on the Organization. In the event the Organization is in default, the total amount of the principal and interest, accrued at 3% per annum, will become immediately due and payable. The CDBG loans are secured by deeds of trust on the properties acquired. The face values of the promissory notes are reported as net assets with donor restrictions, as management considers the likelihood of default and repayment to be remote.

Charitable Remainder Trust

The Organization has been named trustee and remainder beneficiary of an irrevocable charitable remainder annuity trust, which was created in September 2008. In each taxable year of the trust, during the annuity period, the trustee shall pay the annuity beneficiary an annuity amount equal to 5.76% of the initial fair value of the trust assets. Upon the death of the annuity beneficiary, the remaining trust assets will be distributed to the Organization. The Organization is restricted by the trust agreement to utilize the assets for programs. A noncurrent asset for the charitable remainder trust was recognized at the appraised value of \$360,000 as of September 30, 2008. The present value of the expected future annuity payments discounted at a rate of 5% was recognized as a Liability to Annuity Beneficiary of Charitable Remainder Trust. The components of the charitable remainder trust were as follows at September 30:

	<u>2021</u>	<u>2020</u>
Assets held in charitable remainder trust	\$ 445,289	\$ 383,693
Liability to annuity beneficiary	<u>169,211</u>	<u>174,942</u>
Net residual in net assets with donor restrictions	<u><u>\$ 276,078</u></u>	<u><u>\$ 208,751</u></u>

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**6. Net Assets with Donor Restrictions (Continued)**

The change in assets and liabilities held in charitable remainder trust was comprised of the following for the years ending September 30:

	<u>2021</u>	<u>2020</u>
Investment gain	\$ 82,331	\$ 7,668
Payments to beneficiary from trust	(20,736)	(20,736)
Amortized interest on payments to beneficiary	<u>5,731</u>	<u>8,290</u>
Change in assets and liabilities held in charitable remainder trust	<u>\$ 67,326</u>	<u>\$ (4,778)</u>

**Endowment**

Pursuant to a gift agreement dated December 10, 2014, the donors funded an endowment (The Nancy Fund) of \$100,000. The investments restricted for permanent endowment of \$148,251 and \$138,112 are included in noncurrent assets in the statements of financial position at September 30, 2021 and 2020, respectively. The endowment will distribute an annual amount of up to but not more than 5% of its three-year average value for the purpose of supporting children's needs. The original gift amount will be designated as principal and will remain in the endowment in perpetuity to generate future income for distribution. Any distributions from the endowment will be used specifically to allocate direct grants to provide children with funding to enroll in enrichment programs, participate in special occasions, or receive vital fees, equipment, or materials to succeed.

The Organization's long-term investment policy is that no more than 5% of the investment portfolio shall be placed in any one security or fund, with the exception of a money market fund or a broadly diversified mutual fund or exchange-traded fund. As of September 30, 2021, the investment restricted for permanent endowment was comprised of an equity fund that allocates its assets among underlying funds that represent a variety of different asset classes.

The value of the investments restricted for permanent endowment was accounted for as follows:

Endowment fund balance, September 30, 2019	\$ 117,619
Dividends and interest earned	3,259
Change in value of investments	<u>17,234</u>
Endowment fund balance, September 30, 2020	138,112
Dividends and interest earned	13,428
Change in value of investments	<u>(3,289)</u>
Endowment fund balance, September 30, 2021	<u>\$ 148,251</u>

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**7. Net Assets without Donor Restrictions**

Net assets without donor restrictions consist of the following as of September 30:

	<u>2021</u>	<u>2020</u>
Undesignated, including investment in property and equipment, net of debt	\$ 16,139,300	\$ 8,538,724
Board designated for:		
Reserves for operations	4,593,795	2,917,738
Legacy fund	<u>888,780</u>	<u>737,741</u>
Total net assets without donor restrictions	<u><u>\$ 21,621,875</u></u>	<u><u>\$ 12,194,203</u></u>

The Organization's Board of Directors has designated a six-month operating reserve, which is computed by taking half of the projected operating expenses of the next fiscal year's budget. The operating reserve provides the Organization with the resources to protect the Organization's operations.

The Organization's Board of Directors established the Legacy Fund in June 2010 to create a source of sustainable income to support and advance the mission of the Organization and to help secure the long-term financial future of the Organization. The intent in establishing the Legacy Fund is to maintain the principal invested and accumulate earnings to grow the fund to a significant reserve to support future operational needs or funding to seize strategic opportunities.

Both of these reserves are Board-designated and could be changed at any time with an approved Board motion to revise these designations for the benefit of the Organization.

**8. Notes Payable**

The Organization's \$100,000 note dated September 2015 is secured by a real estate deed of trust, is non-interest bearing, and is payable in 50 annual installments of \$2,000, beginning in 2020. The debt is recorded at the present value of the future payments under the note, discounted using an imputed interest rate of 4.0%. The carrying value of the non-interest bearing note is reported net of unamortized discount of \$58,130 and \$57,847 as of September 30, 2021 and 2020, respectively.

In connection with the purchase of an eight-bedroom apartment complex in Costa Mesa in February 2019, the Organization executed two promissory notes for \$1,000,000 each, which are secured by certain real estate assets held by the Organization. The first note is payable in 107 monthly payments of principal and interest of \$7,703, with a final payment of approximately \$492,000 in March 2028. Interest is calculated at 1.95% above the index rate of California Bank & Trust (the Bank) (4.51% at September 30, 2021 and 2020). The second note was payable in 83 monthly payments of principal and interest of \$5,134, with a final payment of approximately \$879,000 in March 2026. The interest rate was 4.532%. The loan agreements contain various financial and nonfinancial covenants and conditions. Management believes the Organization was in compliance with the covenants and conditions. The second promissory note was refinanced on February 23, 2022 (Note 14).

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**8. Notes Payable (Continued)**

Future maturities of the notes are as follows for the years ending September 30:

2022	\$ 71,429
2023	74,770
2024	78,269
2025	81,930
2026	948,494
Thereafter	<u>610,815</u>
 Total	 <u>\$ 1,865,707</u>

**9. PPP Loan**

The Organization received a \$588,100 loan from the Bank pursuant to the Paycheck Protection Program (PPP) under Division A, Title I of the CARES Act, which was enacted on March 27, 2020. The note, dated April 13, 2020, bore interest at 1.0%, and had an original maturity date of April 2021. Funds from the loan could only be used for qualifying expenses, including payroll costs, mortgage interest payments, lease payments, rent utilities, and interest on other debt obligations incurred. Under the terms of the PPP, certain amounts of the loan could be forgiven if used for qualifying expenses as described in the CARES Act. The full loan amount was forgiven on February 2, 2022.

**10. Concentrations and Contingencies**

Under the Dodd-Frank Wall Street Reform and Consumer Protection Act, deposits of up to \$250,000 at FDIC-insured institutions are covered by FDIC insurance. As of September 30, 2021 and 2020, such deposits were in excess of FDIC insurance limits; however, management does not believe the Organization is exposed to any significant related credit risk.

The County of Orange and Gateway together accounted for approximately 41% of the Organization's total support and revenue during the year ended September 30, 2021. The County of Orange and the United States Department of Housing and Urban Development together accounted for approximately 19% of the Organization's total support and revenue during the year ended September 30, 2020.

The Organization receives a significant portion of its revenues from government grants and contracts, which are subject to audit by the grant making agency. Until such audits have been completed and final settlements determined, there exists a contingency to refund any amount received in excess of allowable costs. Management believes that no material liability will result from such audits.

Governmental agencies that gave grants for the purchase and rehabilitation of the land and buildings on which the Organization operates its housing programs have liens against the various properties that they could enforce should the Organization cease to operate the properties as low income and homeless housing or sell or otherwise dispose of the properties. Management has no intention to cease operating the properties as low income and homeless housing or to sell or otherwise dispose of the properties.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**11. Retirement Plans**

In May 1997, the Organization established a tax-sheltered annuity retirement plan for qualified employees under Section 403(b) of the Internal Revenue Code. Under the provisions of the plan, the Organization contributes 3% of the employees' salaries. In addition, employees may make voluntary contributions, for which the Organization will match up to an additional 4% of the employees' salaries. The Organization's contributions, charged to expense, were \$214,659 and \$174,633 for 2021 and 2020, respectively.

On October 1, 2004, the Board of Directors established a 457(b) deferred compensation plan for members of the management team. The plan provides for salary reduction only, with no matching provision from the Organization.

**12. Availability of Financial Assets and Liquidity**

Financial assets available within one year of the statements of financial position dates to meet cash needs for general expenditure are as follows:

	<u>2021</u>	<u>2020</u>
Financial assets, at September 30:*	\$ 7,800,144	\$ 4,942,234
Less those unavailable for general expenditures within one year, due to:		
Donor-imposed restrictions:		
Restricted by donor with time or purpose restrictions	(1,748,248)	(1,165,387)
Board designations:		
Legacy fund	<u>(888,780)</u>	<u>(737,741)</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 5,163,116</u>	<u>\$ 3,039,106</u>

\* Total assets, less nonfinancial assets (i.e. property and equipment, prepaid expenses)

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Organization has a goal to maintain liquid financial assets on hand to meet six months of normal operating expenses.

**13. COVID-19**

In March 2020, the World Health Organization declared novel corona virus (COVID-19) a pandemic. Although management is continuing to monitor and assess the effects of the pandemic on the Organization and has implemented plans to mitigate some risks arising from the impact of COVID-19, including the PPP loan (Note 9), the full impact of COVID-19 on the Organization's operations and finances is uncertain and will depend on the duration and depth of the pandemic.

**Families Forward, Inc.**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

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**14. Subsequent Events**

Management has evaluated subsequent events through March 25, 2022, the date the financial statements were available to be issued.

Promissory Note

The Organization executed a \$900,000 promissory note dated October 6, 2021, in connection with the March 2021 purchase of the Costa Mesa property described in Note 4. The note is secured by the deed of trust on the property and is payable in 59 monthly payments of principal and interest of \$3,905, with a final payment of approximately \$807,000 in October 2026. Interest is calculated at 2.20% above the Bank's index rate, resulting in an initial rate of 3.18%. The loan agreement contains various financial and nonfinancial covenants and conditions.

Future maturities of the note are as follows for the years ending September 30:

2022	\$ 16,945
2023	19,057
2024	19,672
2025	20,306
2026	20,962
2027	<u>803,058</u>
 Total	 <u>\$ 900,000</u>

Loan Refinance

On February 23, 2022, the Organization refinanced the second promissory note on the Costa Mesa apartment complex described in Note 8. The note is secured by a deed of trust on the property and is payable in 12 monthly payments of \$3,494, including interest at 0.9%, followed by 107 monthly payments of \$4,420, including interest at 2.99%, followed by a final payment of \$642,981, including interest at 2.99%, on February 23, 2032.

Future maturities of the refinanced note are as follows for the years ending September 30:

2022	\$ 19,586
2023	29,349
2024	26,850
2025	27,664
2026	28,503
Thereafter	<u>805,048</u>
 Total	 <u>\$ 937,000</u>

Board Designation

On March 22, 2022, the Board of Directors designated \$2,400,000 for the purchase of a multi-family property to be used for affordable housing. A property has not yet been identified.

**Families Forward, Inc.**  
**Schedule of Expenditures of Federal Awards**  
**For the Year Ended September 30, 2021**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
United States Department of Housing and Urban Development			
<u>Community Development Block</u>			
<u>Grants/Entitlement Grants:</u>	14.218		
City of Costa Mesa		B-20-MC-06-0503	\$ 32,282
City of Costa Mesa		B-21-MC-06-0503	8,384
City of Huntington Beach		B-21-MC06-0506	16,435
City of Irvine		11318	3,089
City of Irvine		11120	30,699
City of Irvine		B-20-MC-06-0557	555,453
City of Lake Forest		B-20-MC-06-0584	37,287
City of Lake Forest		B-21-MC-06-0584	12,525
City of Mission Viejo		B-20-MC-06-0585	8,748
City of Mission Viejo		B-21-MC-06-0585	3,077
City of Mission Viejo - Loans		Contract # A17-05	820,000
City of Mission Viejo - Loans		4831-1733-8811v5/200347-0011	524,690
City of Newport Beach		8482-4C	10,615
City of Rancho Santa Margarita		B-20-MC-06-0598	10,963
City of Tustin		Contract No. FY 2020-2021	10,889
		Contract No. FY 2021-2022	3,394
<u>COVID-19 - Community Development Block</u>			
<u>Grants/Entitlement Grants:</u>	14.218		
City of Irvine - CARES Act		11112	63,691
City of Lake Forest - CARES Act		B-20-MW-06-0584	45,138
City of Mission Viejo - CARES Act		B-20-MW-06-0585	23,421
City of Tustin - CARES Act		Contract No. FY 19/20-21/22	185,059
City of Rancho Santa Margarita - CARES Act		B-20-MW-06-0598	14,616
Subtotal	14.218		<u>2,420,455</u>
<u>Emergency Solutions Grant Program:*</u>	14.231		
City of Irvine		11020	80,433
<u>COVID-19 - Emergency Solutions Grant Program:*</u>	14.231		
City of Anaheim - CARES Act		AGR-12086	31,888
City of Garden Grove - CARES Act		City Grant 2020-2022	31,552
City of Irvine - CARES Act		11105	160,945
City of Irvine - CARES Act		11232	428,516
FSC - CARES Act		MA-042-21011205	633,315
County of Orange - CARES Act		ASP Program	<u>201,620</u>
Subtotal	14.231		<u>1,568,269</u>

See accompanying notes to schedule of expenditures of federal awards.

**Families Forward, Inc.**

**Schedule of Expenditures of Federal Awards (Continued)**

**For the Year Ended September 30, 2021**

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures
<u>Continuum of Care Program:</u>	14.267		
U.S. Department of Housing and Urban Development		CA1350L9D021905	\$ 526,814
U.S. Department of Housing and Urban Development		CA1350L9D022006	66,696
Pathways of Hope		CA1231L9D021805	21,223
Pathways of Hope		CA1231L9D021906	140,708
County of Orange		MA-042-20010795	366,913
Subtotal	14.267		<u>1,122,354</u>
<u>HOME Investment Partnerships Program</u>	14.239		
City of Huntington Beach		5/19-204082	218,526
City of Huntington Beach		FY2021-2022	15,589
City of Costa Mesa		M-20-MC-06-0507	18,276
Subtotal	14.239		<u>252,391</u>
United States Department of Treasury			
<u>COVID-19 - Emergency Rental Assistance Program*</u>	21.023		
City of Santa Ana - CARES Act		A-2021-021-03	172,907
City of Santa Ana - CARES Act		FY2021-2022	37,529
State of California - CARES Act		52524-0001	55,726
Subtotal	21.023		<u>266,162</u>
<u>COVID-19 - Coronavirus Relief Fund</u>	21.019		
County of Orange - CARES Act		ASP County Grant	<u>340,560</u>
United States Department of Justice			
<u>Crime Victim Assistance</u>	16.575		
Human Options		XH20031192	41,717
Human Options		XD20031192	<u>159,401</u>
Subtotal	16.575		<u>201,118</u>
United States Department of Homeland Security			
<u>Emergency Food and Shelter National Board Program</u>	97.024		
County of Orange		078600-053 - Phase 37	10,449
County of Orange		078600-053 - Phase 38	10,000
<u>COVID-19 - Emergency Food and Shelter National Board Program</u>	97.024		
County of Orange		078600-053 - Phase CARES	<u>10,000</u>
Subtotal	97.024		<u>30,449</u>
Total Expenditures of Federal Awards			<u>\$ 6,201,758</u>

\*MAJOR PROGRAM

See accompanying notes to schedule of expenditures of federal awards.

**Families Forward, Inc.**  
**Notes to Schedule of Expenditures of Federal Awards**  
**For the Year Ended September 30, 2021**

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**1. Basis of Presentation**

The Schedule of Expenditures of Federal Awards includes the federal grant activity of Families Forward, Inc. (the Organization) and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

**2. Loan Balances with Continuing Compliance Requirements**

The Organization received governmental loans for the acquisition and rehabilitation of real estate. The outstanding loan balances with continuing compliance requirements totaled \$1,344,690, of which \$820,000 and \$524,690 was disbursed during the years ended September 30, 2021 and 2017, respectively.

**3. Indirect Cost Rate**

The Organization elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.