			_	Exte	ended	to	May	16,	2022				
	0	90	Return	of Orga	aniza	tior	ו Exe	mpt	From	۱ I	ncome Tax	K	OMB No. 1545-0047
Forn	n J	JU	Under section 501(-			ations)	
Depa	rtment	of the Treasury				-				-	e made public.		Open to Public Inspection
		enue Service	ar year, or tax year l								information. UN 30, 202	21	Inspection
	heck if		f organization	Jogining	001	- /	2020	una	enang	_	D Employer iden		ion number
a	pplicab	le:											
	Addre		unity Forwa										
	Name chang			merly (94-233)
	_return	Number	and street (or P.O. bo Mission S		delivered	to stree	et address)		Room/sı	uite	E Telephone nun 415-241		0.5
	Lreturr termii ated	ő-	own, state or provinc		nd 7IP or	foroid	n postal	codo			G Gross receipts \$		13,856,229.
	Amer Amer		Francisco,			loreig	jii postai	COUE			H(a) Is this a grou	p retur	
	Appli tion	^{ca-} F Name a	nd address of princip			ord	el				for subordina		
	pend	^{ng} same	as C above								H(b) Are all subordina	tes includ	ded? Yes No
		empt status:		501(c) () (in) 🗌 4	947(a)(1)	or 🔄 🤅	527	If "No," attac	h a list	. See instructions
			communityf								H(c) Group exemp		
_	orm o Irt I		X Corporation	Trust	Associatio	on L	Other		LY	ear (of formation: 1978	B M S	tate of legal domicile: CA
	1	,	be the organization's	mission or m	ost signifi	icant (activitios:	Comm	unit	v	Forward SI	л Т	nc. helps
Activities & Governance	•	those m	ost in need	1 aet o	off t	he	stree	et, a	chie	<u>v</u> e	stability	v an	id
rna	2		x 🕨 🛄 if the org									-	
оvе			ting members of the					-				3	10
Ō	4	Number of ind	umber of independent voting members of the governing body (Part VI, line 1b)								4	9	
es {	5		number of individuals employed in calendar year 2020 (Part V, line 2a)5								149		
viti	6	Total number of volunteers (estimate if necessary)									6	9	
Acti			d business revenue f									7a	0.
1			business taxable inc								Г	7b	0.
											Prior Year		Current Year
е	8	Contributions	and grants (Part VIII,	line 1h)							10,132,934		13,275,329.
ent	9	Program servi	service revenue (Part VIII, line 2g)								460,343	-	525,856.
Revenue			t income (Part VIII, column (A), lines 3, 4, and 7d)).	0.	
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d,	8c, 9c, 1	0c, ar	nd 11e) _.				33,33'		55,044.
	12	Total revenue	- add lines 8 through	11 (must eq	ual Part V	/III, co	lumn (A),	line 12)			10,626,61	_	13,856,229.
			milar amounts paid (F			,						<u>).</u>	0.
			to or for members (Pa) .	0.
ses	15	Salaries, other	r compensation, emp	loyee benefit	ts (Part IX	(, colu	mn (A), lir	ies 5-10)			5,395,43	-	7,060,731.
Expenses	16a	Professional f	r compensation, emp undraising fees (Part ing expenses (Part IX	IX, column (A	A), line 11	e)		21 6	60			5.	0.
Exp	b	Total fundrais	ing expenses (Part IX	, column (D),	line 25)			54,0	00.		4,952,420		6,373,358.
_			es (Part IX, column (A						r r		10,347,85		13,434,089.
			s. Add lines 13-17 (m								278,75		422,140.
BS	19	Revenue less	expenses. Subtract I		ine 12	<u></u>				Ro	ginning of Current Ye		End of Year
ets (lanc	20	Total assets (F	Part X line 16)						ł	00	5,313,31		5,780,486.
Ass d Ba	21								4,902,124		4,947,153.		
Net Assets or Fund Balances			fund balances. Subtr	act line 21 fr	om line 2	0		<u></u>			411,193		833,333.
Pa	rt II	•											
						-		-				of my kn	lowledge and belief, it is
true,	corre	ct, and complete	. Declaration of preparer	· · · · ·			n all inform	ation of w	hich prepa	arer		F / 7 /	2022
		Cignoture	e of officer	John I	Iselman	L						5/7/2	2022
Sigr		-		036562218	584C427						Date		
Here	е		Uselman, (orint name and title	CFO									

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Sean E. Cain, CPA			self-employed P01612986
Preparer	Firm's name 🍗 Harrington Group			Firm's EIN 🕨 95-4557617
Use Only	Firm's address 💊 2698 Mataro Stre	et		
	Pasadena, CA 911	07		Phone no. (626) 403-6801
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No

032001 12-23-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.	
0	Cabadula O for Organization Mission Chatoment	1

Form **990** (2020)

See Schedule O for Organization Mission Statement Continuation

Form	990 (2020) Community Forward SF, Inc. 94-2335626 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Community Forward SF, Inc. helps those most in need get off the
	street, achieve stability and establish permanent housing by providing
	compassionate, culturally sensitive services. We provide a wide range
	of services to chronically homeless adults 18 and over including
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?
	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 5,039,061. including grants of) (Revenue) (Revenue) (Revenue) (Revenue)
	Medical Respite and Sobering Center is a partnership between the Organization and the San Francisco Department of Public Health (DPH).
	Together we provide respite beds and sobering facilities, along with
	temporary housing and specialized support services, for medically frail
	people impacted by homelessness.
	peopre impacted by nomeressness.
	This facility reduces the number of emergency room visits its patients
	make, along with their contact with police and EMS personnel, thus
	saving substantial city costs, and helps connect its patients with
	longer term support services as they heal. Beds at Medical Respite and
	Sobering are targeted to discount the services in relation to the
	average cost in a hospital setting.
4b	(Code:) (Expenses \$ 3,735,024 · including grants of \$) (Revenue \$ 507,396 ·)
	In collaboration with San Francisco Homeless Supportive Housing (HSH),
	we run three Shelter in Place Hotels housing those most vulnerable to
	COVID_19. These sites offer clients not only a room of their own but
	comprehensive case management including trauma informed mental health
	treatment. Each guest is evaluated for available housing and are given
	priority access to permanent housing so they will not return to
	shelters or living outside.
4c	(Code:) (Expenses \$ 1,578,232. including grants of \$) (Revenue \$ 18,460.)
	Coronado Housing:
	Those experiencing chronic homelessness often present a complex and
	difficult combination of issues that defy ordinary measures - and so
	they need facilities that are not only able to go the extra mile, but
	know every step of the way. The Coronado Hotel is an SRO specializing
	in patients whose traumas, symptoms, and circumstances make
	conventional approaches to providing shelter and services a poor fit.
	Residents staying at the Coronado are given intensive support services
	including assessment, mental health support, crisis intervention,
	substance use disorder referrals, medical counseling, conflict
	resolution, mediation, benefits counseling, advocacy, employment
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 1,531,955 ⋅ including grants of \$) (Revenue \$) Total program service expenses ▶ 11,884,272 ⋅
40	Form 990 (2020)
	See Schedule O for Continuation(s)

Form 990 (2020) Community Forward SF, Inc. 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	1		- 23
8		8		x
9	Schedule D, Part III	0		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104		v
12		120		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form	990 (2020) Community Forward SF, Inc. 94-2335	626	P	age 4
Par	t 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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
h	any tax-exempt bonds?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	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%			v
07	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	А	
30	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
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		XX
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a20Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c	Х	
032004	↓ 12-23-20		990	(2020)

Form	990 (2020) Community Forward SF, Inc. 94-2335	626	P	age 5
Par	t 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 149			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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? If "No" to line 3b, provide an explanation on Schedule O	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	NT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u>	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	-		
a		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10-		<u> </u>
а	o	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 13b Enter the amount of reserves on hand 13c			
		140		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├───
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?	16		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
				(

Form **990** (2020)

Form 990 (2020)

1a b 2 3 4 5 6 7a b 8 a b 9	Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 1b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervisic of officers, directors, trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 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	on	2 3 4 5 6 7a 7b	Yes	No X X X X X X X
b 2 3 4 5 6 7 a b 8 a b 9	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 0. Enter the number of voting members included on line 1a, above, who are independent	9 on	2 3 4 5 6 7a	Yes	X X X X X X X
b 2 3 4 5 6 7 a b 8 a b 9	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 0. Enter the number of voting members included on line 1a, above, who are independent	9 on	2 3 4 5 6 7a		X X X X X
b 2 3 4 5 6 7a b 8 8 8 9	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Ib Enter the number of voting members included on line 1a, above, who are independent Ib 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? Ib 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	3 4 5 6 7a		X X X X X
b 2 3 4 5 6 7 a b 8 a b 9	Enter the number of voting members included on line 1a, above, who are independent 1b 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? 10 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? 10 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 10 Did the organization become aware during the year of a significant diversion of the organization's assets? 10 Did the organization have members or stockholders? 10 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? 10 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 The governing body? 12 12 Did the organization contemporaneously document the governing body? 13 Store any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	3 4 5 6 7a		X X X X X
2 3 4 5 6 7a b 8 8 8 9	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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	3 4 5 6 7a		X X X X
3 4 5 6 7a b 8 a b 9	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on	3 4 5 6 7a		X X X X
3 4 5 6 7a b 8 8 9	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?	on	3 4 5 6 7a		X X X X
4 5 7a b 8 a b 9	of officers, directors, trustees, or key employees to a management company or other person?		4 5 6 7a		X X X X
4 5 7a b 8 a b 9	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?		4 5 6 7a		X X X X
5 6 7a b 8 a b 9	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		5 6 7a		X X X
6 7a b 8 a b 9	Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		6 7a		X X
7a b 8 a b 9	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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		7a		x
7a b 8 a b 9	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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
b 8 a b 9	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
b 8 a b 9	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		7b		x
8 a b 9	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		7b		X
8 a b 9	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
a b 9	The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
b 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		8a	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		8b	Х	
	Organization's maning address? If thes, provide the names and addresses on Schedule O		9		X
	tion 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?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done		12c	x	
	Did the organization have a written whistleblower policy?		13	X	
	Did the organization have a written document retention and destruction policy?		14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent		17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	x	
			15a		x
	Other officers or key employees of the organization		150		- 11
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		40-		x
	taxable entity during the year?		16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	504()/5		<u> </u>	
	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	/) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicy, an	d finaı	ncial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and records $John \ Uselman \ - \ 415 - 241 - 1195$	►			

171	Mission	St.,	2nd	Floor,	San	Francisco	o, CA	94103

94-2335626 age **6**

Community	Forward	SF,	Inc.	94-2335626	P
longgament c			/		

Form 990 (2	020) Community Forward SF, Inc.	94-2335626	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do			ition ^{more}		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i irecto	s bot	h an	compensation	compensation	amount of
	week			luau	recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al tru:		yee	mpe		(and related
	below	vidual	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) Kara Zordel	40.00								_	
CEO		X		х				160,725.	0.	8,767.
(2) John Uselman	40.00								_	
Chief Financial Officer				Х				141,709.	0.	3,777.
(3) Felicia Houston	40.00								_	
Chief People Officer						Х		109,332.	0.	8,936.
(4) Suzanne Adams	40.00									
VP of Clinical Services						Х		109,086.	0.	8,554.
(5) Sammie Raynor	40.00								_	
Chief Operations Officer						Х		109,955.	0.	100.
(6) Suzanne Stafford	2.50							_	_	_
President		Х		Х				0.	0.	0.
(7) Chris Trugilo	2.50							_	_	_
Vice President		Х		Х				0.	0.	0.
(8) Todd S. Johnson	2.50									_
Treasurer		Х		Х				0.	0.	0.
(9) Shulin Lin	2.50									_
Interim Treasurer (6/21)		X		х				0.	0.	0.
(10) Rose Bloomin	2.50									_
Trustee (start 5/21)		Х						0.	0.	0.
(11) Rena Burns	2.50							_	_	_
Trustee		X						0.	0.	0.
(12) Marta Del Castillo	2.50									_
Trustee		X						0.	0.	0.
(13) Logan McDonnell	2.50									
Trustee		Х						0.	0.	0.
(14) John Minot	2.50									
Trustee		X						0.	0.	0.
		<u> </u>								
		<u> </u>								·

Form 990 (2020)

Form 990 (2020) Community									94-2	<u>3356</u>	526	Pag	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	vees			ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable			mated	
	hours per week					is botl pr/trus		compensation	compensatio			ount of	•
	(list any	tor						from the	from related organization			ther ensati	on
	hours for	direc				p		organization	(W-2/1099-MI			m the	511
	related	tee or	ustee			ensati		(W-2/1099-MISC)	·	,	orga	nizatio	n
	organizations	al trus	onal tr		loyee	comp e						related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatior	าร
		Ē	Ë	5	Ke	en	ß			-+			
										\square			
1b Subtotal								630,807.		0.	30	,13	4.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								630,807.		0.	30	,13	4.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													5
										Г	`	Yes	No
3 Did the organization list any former officer,		ee, ł	key e	emp	loye	e, or	hig	phest compensated emp	oloyee on				v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	x	
5 Did any person listed on line 1a receive or a									dual for services		4		
rendered to the organization? If "Yes," com								•			5		Х
Section B. Independent Contractors											-		
1 Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npensa	ation fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)	a al al va a a							(B)		<u></u>	(C)		
Name and business St. Anthony Foundation	address							Description of s	ervices		ompen	sation	
150 Golden Gate , San Fra	ancisco	0	٦D	9/	11(02		Security Ser	vices	2	,638	98	2
Optimum Green Cleaning		, (~~		<u> </u>	02	-	becaricy ber	VICES		,050	, 50	5.
350 Indutural Way, Brisba	ane, CA	94	408	30				Janitorial			489	,09	8.
The John Stewart Company													
Street, 11th floor, San I	Franciso	co,	, (CA				Property Man	agement		447	,43	9.
Coronado Hotel, 373 Ellis	s Street				ce								
508, San Francisco, CA 94	4102							Subcontracto	r		385	,16	8.

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 ▶ 4

Forn	n 990) (2				For	ward	SF,	Inc	•		94-2335	626 Page 9
Pa	rt V	/111	Statement of Re	even	ue								
			Check if Schedule O	conta	ains a re	sponse	or note t	o any lir	ne in this			(2)	
									Tota	(A) revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
									101a	revenue	function revenue		from tax under
10 10						-							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns			_							
Gra			Membership dues			_							
An ts			Fundraising events			c							
ilar Gif			Related organizations		····· –	d							
Sin's,			Government grants (contr			е	13,144	4,973.					
er ig	· ·	f	All other contributions, gifts,										
ĕ₹			similar amounts not included	l abov		_		0,356.					
ont of		g	Noncash contributions included in	lines '	1a-1f 1	g \$	31	1,716.					
<u>a</u> O		h	Total. Add lines 1a-1f		<u></u>		1		13	,275,329.			
							Busines						
ice	2		Rent income - low i	ncom	ne		53111			507,396.			
ue C		b	Client fees				62420	0		18,460.	18,460.		
ν Su Su		С											
Program Service Revenue		d											
Š		е											
			All other program service										
		g	Total. Add lines 2a-2f					🕨		525,856.			
	3		Investment income (inclue										
			other similar amounts)										
	4		Income from investment of										
	5		Royalties	·····		Real	(ii) Per						
		_	0		(i) F	icai		SUIIAI					
			Gross rents	6a ch									
			Less: rental expenses	6b									
			Rental income or (loss)	6c									
			Net rental income or (loss Gross amount from sales of	" <u> </u>		urities	(ii) Ot	🕨					
	'	a	assets other than inventory	7a	(1) 000	antico							
		h	Less: cost or other basis	14									
e		D D	and sales expenses	7b									
evenue		c	Gain or (loss)	7c									
Bev			Net gain or (loss)										
er			Gross income from fundraisi				1						
Other Re	ľ	-	including \$										
			contributions reported on										
			Part IV, line 18										
		b	Less: direct expenses										
			Net income or (loss) from				·	🕨					
			Gross income from gamin										
			Part IV, line 19										
		b	Less: direct expenses										
			Net income or (loss) from					🕨					
	10	а	Gross sales of inventory,	less r	returns								
			and allowances			10a	a						
		b	Less: cost of goods sold										
			Net income or (loss) from					🕨					
S							Busines	s Code					
Miscellaneous Revenue	11	а	Other income				90009	9		55,044.			55,044.
lan		b											
Sel Sel		с											
Mis			All other revenue										
		е	Total. Add lines 11a-11d							55,044.			
	12		Total revenue. See instruction	ons				🕨	13	,856,229.	525,856.	0.	55,044.

032009 12-23-20

Form 990 (2020) Community Forward SF, Inc. 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).

D -	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	202 502			
_	trustees, and key employees	323,523.		323,523.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)		4 042 071	444 202	
7	Other salaries and wages	5,387,464.	4,943,071.	444,393.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	928,880.	851,642.	77,238.	
9	Other employee benefits	420,864.	380,727.	40,137.	
10	Payroll taxes	420,004.	500,727.	40,137.	
11	Fees for services (nonemployees):				
a L	•				
b	5	21,900.		21,900.	
ے ام	Accounting	21,500.		21,500.	
d					
e f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	3,424,184.	3,266,336.	139,848.	18,000
12	Advertising and promotion	0,121,2011	0,200,0001	20070101	20,000
13	Office expenses	82,021.	34,928.	47,093.	
14	Information technology	134,492.		134,492.	
15	Royalties				
16	Occupancy	1,906,316.	1,794,750.	111,566.	
17	Travel	18,495.	16,245.	2,250.	
18	Payments of travel or entertainment expenses	•			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	36,481.		36,481.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	153,575.	147,232.	6,343.	
23	Insurance	92,904.		92,904.	
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 0.)				
а		180,338.	177,524.	314.	2,500
b	Food and preparation	173,936.	173,936.		
с	Client related costs	47,280.	46,317.		963
d	Equipment rental	32,389.	24,676.	7,713.	
е	All other expenses	69,047.	26,888.	28,962.	13,197
25	Total functional expenses. Add lines 1 through 24e	13,434,089.	11,884,272.	1,515,157.	34,660
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 Figure if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Community Forward SF, Inc.

'ar	tΧ	Balance Sheet					,
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			L
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			608,512.	1	423,657
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,728,172.	4	3,337,286
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
2	7	Notes and loans receivable, net				7	
439613	8	Inventories for sale or use				8	
۲	9				61,002.	9	74,956
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,635,052.			
	b	Less: accumulated depreciation	10b	4,859,077.	1,772,440.	10c	1,775,975
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			143,191.	15	168,612
	16	Total assets. Add lines 1 through 15 (must ec	ual line 3	3)	5,313,317.	16	5,780,486
	17	Accounts payable and accrued expenses			1,027,206.	17	1,489,805
	18	Grants payable				18	
	19	Deferred revenue			332,590.	19	748,565
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or fo	rmer offic	er, director,			
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		22	
'	23	Secured mortgages and notes payable to unre	elated thi	rd parties	2,708,783.	23	2,708,783
	24	Unsecured notes and loans payable to unrelate	ed third p	parties	833,545.	24	0
	25	Other liabilities (including federal income tax, p	ayables [.]	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,902,124.	26	4,947,153
		Organizations that follow FASB ASC 958, cl	neck her	e 🕨 🔟			
2		and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions			385,993.	27	808,333
š	28	Net assets with donor restrictions			25,200.	28	25,000
		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🛄			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fund				29	
2	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
	31	Retained earnings, endowment, accumulated	income, o	or other funds		31	
	32	Total net assets or fund balances			411,193.	32	833,333
	33	Total liabilities and net assets/fund balances			5,313,317.	33	5,780,486

Form **990** (2020)

Form	1990 (2020) Community Forward SF, Inc.	94-23	35626	Pa	ge 12
Pa	rt 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	13,850		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,434		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	411	1,1	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	833	3,3	33.
Pa	rt 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: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	3a	х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

SC	HEC	DULE A		Dublic Che	rity Status ar		alia C.			OMB No. 1545-0047
(Fo	rm 99	90 or 990-EZ)			rity Status ar nization is a section 50					2020
					47(a)(1) nonexempt ch			or a section		
		of the Treasury nue Service			Attach to Form 990 or			·		Open to Public Inspection
		the organizati		Go to www.irs.go	v/Form990 for instruct	ions and t	ne latest i	nformation.	Employer	identification number
Nan		ine organizati		unity Forw	ard SF, Inc.					4-2335626
Pa	rt I	Reason			(All organizations must		his part.) S	See instruction		1 1000010
The	organ				(For lines 1 through 12,					
1	Ľ	A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospita	al describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat	-							
5					ollege or university owne	ed or opera	ted by a g	overnmental	unit descrik	bed in
•				Complete Part II.)						
6 7	X			•	mental unit described in			.,		aublic described in
'				omplete Part II.)	antial part of its support	from a gov	ernmenta	unit or from	ine general	public described in
8		-			(1)(A)(vi). (Complete Pa	rt II.)				
9		-			l in section 170(b)(1)(A)	-	ed in coniu	unction with a	land-grant	college
		-	-	-	culture (see instructions		-		-	-
		university:			•					
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities rela	ted to its exen	npt functions, subjec	ct to certain exceptions	; and (2) nc	more tha	n 33 1/3% of	its support	from gross investment
		income and u	inrelated busir	ness taxable income	e (less section 511 tax) f	rom busine	esses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11	\square	-	•	-	ively to test for public s	•				,
12		-	-	-	sively for the benefit of, t	-			-	
					ed in section 509(a)(1) of supporting organization					
а			-		supervised, or controlled		-		-	, aivina
	-			-	egularly appoint or elect	•				
			-	complete Part IV, Se	• • • •	, ,				11 5
b		Type II. A s	supporting org	anization supervised	d or controlled in conne	ction with i	ts support	ed organizatio	on(s), by ha	iving
		control or r	nanagement o	of the supporting org	anization vested in the	same perso	ons that co	ontrol or mana	age the sup	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
С			-		g organization operated				Illy integrate	ed with,
-			•		s). You must complete	-		•		
d			-		porting organization ope				0	()
			,	0 0	zation generally must sa nplete Part IV, Section			•	d an attent	Iveness
е		- ·	•		written determination fr					
Ũ			•		onally integrated suppor			x 1 ypo 1, 1 ypo	, n, rype m	
f	Ente									
g				n about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
Tota	ıl									

Schedule A (Form 990 or 990-EZ) 2020 Community Forward SF, Inc.

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.)

Sec	tion A. Public Support						
Cale	ndar 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.")	6,831,901.	7,810,307.	8,138,913.	10,132,934.	13,275,329.	46,189,384.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	6,831,901.	7,810,307.	8,138,913.	10,132,934.	13,275,329.	46,189,384.
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)						
	Public support. Subtract line 5 from line 4.						46,189,384.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,831,901.	7,810,307.	8,138,913.	10,132,934.	13,275,329.	46,189,384.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)	7,132.	34,798.	99,121.	33,337.	55,044.	229,432.
11	Total support. Add lines 7 through 10						46,418,816.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 2	,628,512.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	fourth, or fifth tax y	/ear as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I					14	99.51 %
	Public support percentage from 2019					15	97.45 %
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		J. J				
b	33 1/3% support test - 2019. If the c						iis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances test	t - 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	•		
b	10% -facts-and-circumstances tes	t - 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu				•		▶∐
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

94-2335626 Page 2

Schedule A (Form 990 or 990-EZ) 2020 Community Forward SF, Inc. 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.)

See	ction A. Public Support						
Cale	ndar 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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ũ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
C	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	<u> </u>					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
See	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	>
0320	23 01-25-21				Sch	edule A (Form 99	0 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Community Forward SF, Inc.

Yes

No

 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.)

1 2 3a Зb 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Schedule A (Form 990 or 990 EZ) 2020 Community Forward SF, Inc. Part IV Supporting Organizations (continued)

1

2

1

Yes No

Yes

No

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in line 11a above?	11b		
с	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.	11c		
Sec	tion 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.	
		t

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. Section C Type II Supporting Organizations

000	ston of type in supporting organizations	
		 Yes
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	

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а 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. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s).

- 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.

2a

2b

За

3b

Schedule A (Form 990 or 990 EZ) 2020 Community Forward SF, Inc.

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

Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv integrat	ad Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Community Forward SF, Inc.

94-2335626 Page 7

Section D - Distributions 1 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 Mounts paid to acquire exempt-use assets 4 5 Qualified setaside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions. (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount for 2020 from Section C, line 6 9 1 Distributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 10 1 Distributions carryover, if any, to 2020 1 1	Current Year
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 - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distribution attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distribution Allocations (see instructions) 10 10 Line 8 amount for 2020 from Section C, line 6 9 1 Distributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2020 2 2	Distributable
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 - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 10 Excess Distributions Pre-2020 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 10 3 Excess distributions caryover, if any, to 2020 1 1 4 Distributions caryover, if any, to 2020 1 1 5 From 2016 1 1 6 From 20	Distributable
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 - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 1 Distributions, if any, for years prior to 2020 (reason-able cause required - explain in Part VI). See instructions. 10 1 Distributions carryover, if any, to 2020 1 1 2 Excess distributions carryover, if any, to 2020 1 1 3 Excess distributions carryover, if any, to 2020 1 1 4 From 2016 <th>Distributable</th>	Distributable
4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide détails in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide détails in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 (i) Line 6 10 Underdistributions, if any, for years prior to 2020 (reason-able cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 1 a From 2015 1 b From 2016 1 c From 2018 1 e From 2019 1 f Total of lines 3a through 3e 2 g Applied to underdistributions of prior years Applied to 2020 distributable amount 1 d From 2019 1 1 f To	Distributable
Soutified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Guilfied set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Guilfied set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Guilfied set-aside amounts (prior IRS approval required - provide details in Part VI) 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount for 2020 from Section C, line 6 9 1 Distributable amount for 2020 from Section C, line 6 10 1 Distributable amount for 2020 from Section C, line 6 10 1 Distributable amount for 2020 from Section C, line 6 10 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reason-able cause required - explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2020 10 4 From 2016 10 10 5	Distributable
6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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) Excess Distributions (i) 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2020 1 a From 2015 1 b From 2016 1 c From 2018 1 e From 2019 1 f Total of lines 3a through 3e 1 g Applied to underdistributions of prior years 1 h Applied to 2020 distributable amount 1 i Carryover from 2015 not applied (see instructions) 1 j	Distributable
7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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) 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reason-able cause required - explain in Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2020 10 10 4 From 2015 10 10 5 From 2017 10 10 6 From 2018 10 10 6 From 2019 10 10 7 10 10 10 9 Image: part VI). See instructions. 10 10 10 Excess distributions carryover, if any, to 2020 10 10 6 From 2015 10 10 10 7 From 2018 10 <td< th=""><th>Distributable</th></td<>	Distributable
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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) Image: Colspan="2">Image: Colspan="2" Colspa	Distributable
(provide details in Part VI). 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) (i) (ii) 1 Distributable amount for 2020 from Section C, line 6 2 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 2 3 Excess distributions carryover, if any, to 2020 2 a From 2015 2 b From 2016 2 c From 2018 2 e From 2018 2 f Total of lines 3a through 3e 2 g Applied to underdistributions of prior years 4 h Applied to 2020 distributable amount 2 i Carryover from 2015 not applied (see instructions) 2 f Total of lines 3a through 3e 2 g Applied to 2020 distributable amount 4 i Carryover from 2015 not applied (see instructions) 3 j Remainder. Subtract lines 3g, 3h, and 3i from li	Distributable
9 Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10 10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) (ii) 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in</i> Part VI). See instructions. 10 3 Excess distributions carryover, if any, to 2020 10 a From 2015 10 b From 2016 10 c From 2018 10 e From 2018 10 g Applied to underdistributions of prior years 10 h Applied to 2020 distributable amount 10 i Carryover from 2015 not applied (see instructions) 10 j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 10 4 Distributions for 2020 from Section D, line 7: \$	Distributable
10 Line 8 amount divided by line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) (ii) 1 Distributable amount for 2020 from Section C, line 6 10 2 Underdistributions, if any, for years prior to 2020 (reason-able cause required - <i>explain in Part VI</i>). See instructions. 10 3 Excess distributions carryover, if any, to 2020 10 a From 2015 10 b From 2016 10 c From 2018 10 e From 2019 10 f Total of lines 3a through 3e 10 g Applied to underdistributions of prior years 10 h Applied to 2020 distributable amount 10 i Carryover from 2015 not applied (see instructions) 10 j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 10 4 Distributions for 2020 from Section D, line 7: \$	Distributable
(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions 1 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reason-able cause required - explain in Part VI). 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 Total of lines 3a through 3e 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:	Distributable
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-20201Distributable amount for 2020 from Section C, line 62Underdistributions, if any, for years prior to 2020 (reason- able cause required - explain in Part VI). See instructions.3Excess distributions carryover, if any, to 2020aFrom 2015bFrom 2016cFrom 2017dFrom 2018eFrom 2019fTotal of lines 3a through 3egApplied to underdistributions of prior yearshApplied to 2020 distributable amountiCarryover from 2015 not applied (see instructions)jRemainder. Subtract lines 3g, 3h, and 3i from line 3f.4Distributions for 2020 from Section D, line 7:\$	Distributable
2 Underdistributions, if any, for years prior to 2020 (reason- able cause required - explain in Part VI). 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 Total of lines 3a through 3e 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: § S	
able cause required - explain in Part VI). 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 Total of lines 3a through 3e 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:	
3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e 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 From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e 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:	
b From 2016 Image: constraint of the second se	
c From 2017 Image: Constraint of the second se	
d From 2018	
e From 2019 image: fill of lines 3a through 3e image: fill of lines 3a through 3e g Applied to underdistributions of prior years image: fill of lines 3a through 3e image: fill of lines 3a h Applied to 2020 distributable amount image: fill of lines 3a image: fill of lines 3a i Carryover from 2015 not applied (see instructions) image: fill of lines 3a image: fill of lines 3a j Remainder. Subtract lines 3a Sh, and 3i from line 3f. image: fill of lines 3a 4 Distributions for 2020 from Section D, line 7: \$	
f Total of lines 3a through 3e Image: state of lines 3a through 3e g Applied to underdistributions of prior years Image: state of lines 3c, 10 through	
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:	
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:	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7:	
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, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2020. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2021. 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

Schedule A (Form 990 or 990 EZ) 2020 Community Forward SF, Inc.

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 B

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

Department of the freasury	
Internal Revenue Service	

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

i anto or the organization		
	Community Forward SF, Inc.	94-2335626
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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	
• •	ion is covered by the General Rule or a Special Rule.)1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	le See instructions
Note. Only a section Sc		
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amo D-EZ, line 1. Complete Parts I and II.	, or 16b, and that received from

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 for an *exclusively* religious.

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

94-2335626

Community Forward SF, Inc.

.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	San Francisco San Francisco Department of Homelessness and Supportive Housin 170 Otis Street San Francisco, CA 94103	\$ 5,550,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	San Francisco Department of Public Health 1380 Howard Street, 4th Floor San Francisco, CA 94103	\$ <u>6,559,717.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. Small Business Administration 409 3rd Street, SW Washington, DC 20416	\$ 833,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	∩f	organization
Valle	UI.	organization

Community Forward SF, Inc.

Employer identification number

94-2335626

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$

Alexan f	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of or	ganization		Employer identification number
	nity Forward SF, Inc.		94-2335626
Part III	from any one contributor Complete columns	a) through (e) and the following line en s, charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
[
-	Transferee's name, address,	(e) Transfer of gif and ZIP + 4	t Relationship of transferor to transferee
(-) N-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gif	t Relationship of transferor to transferee

SC	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047	
	n 990)		2020			
•	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public	
	I Revenue Service		90 for instructions and the latest information		Inspection	
Nam	e of the organizati			Emp	loyer identification number	
De		Community Forward	SF, Inc. ed Funds or Other Similar Funds or A	<u> </u>	94-2335626	
Pa		n answered "Yes" on Form 990, Part IV, lir		ACCOU	Its. Complete if the	
	organizatio	iranswered fes on Form 990, Fartiv, in	(a) Donor advised funds	(b) Fund	ds and other accounts	
1	Total number at er	nd of year		(
2		of contributions to (during year)				
3		of grants from (during year)				
4		It end of year				
5			writing that the assets held in donor advised fu	nds		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No	
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only					
	for charitable purp					
	impermissible priv					
Pa		•	ganization answered "Yes" on Form 990, Part I	/, line 7.		
1		servation easements held by the organizat				
		n of land for public use (for example, recrea			-	
		of natural habitat	Preservation of a cer	tified his	storic structure	
2		n of open space	fied concernation contribution in the form of a	0000000	tion accoment on the last	
2	day of the tax year	• •	fied conservation contribution in the form of a c	onserva	Held at the End of the Tax Year	
а				2a		
b				2b		
c			ructure included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
	listed in the Natior	nal Register		2d		
3			leased, extinguished, or terminated by the orga	nization	during the tax	
	year 🕨					
4		where property subject to conservation ea				
5		tion have a written policy regarding the pe				
			it holds?			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	tion ease	ements during the year	
7			dling of violations, and enforcing concervation of		to during the year	
7	► \$	ses incurred in monitoring, inspecting, name	dling of violations, and enforcing conservation e	asemen	its during the year	
8		vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	B)(i)		
-					Yes No	
9			ion easements in its revenue and expense state			
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statements	hat des	cribes the	
		counting for conservation easements.				
Pa		-	f Art, Historical Treasures, or Other	Simila	ar Assets.	
		f the organization answered "Yes" on Form				
1a	0	, ,	58, not to report in its revenue statement and b			
			blic exhibition, education, or research in further	ance of	public	
			ncial statements that describes these items.		to see a f	
b			58, to report in its revenue statement and balan			
		ing amounts relating to these items:	c exhibition, education, or research in furtheran	ce or pu		
	-				8	
					§	
2	.,		easures, or other similar assets for financial gain			
-		unts required to be reported under FASB A		,		
а				🕨 🤋	6	
					ß	
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2020	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 032051 12-01-20

Sche	dule D (Form 990) 2020 Communi	ty Forward	.SF,	Inc.			9	4-23	3562	б _{Раде} 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Other	⁻ Simila	r Asse	ts (contir	nued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at make sig	nificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	in how t	hey further t	he organizati	on's exem	pt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of		,		,				-	
	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on F	⁵ orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	:
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T	Ending balance									
	Did the organization include an amount on F								Yes	No
_	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete									
1 4		(a) Current year		Prior year	(c) Two year			are back	(a) Four	veare back
10	Paginning of year balance	(a) Current year	(0) -	Phor year				ats Dack	(e) i oui	YEAIS DALK
la b	Beginning of year balance									
0	Contributions									
	Grants or scholarships									
	Other expenditures for facilities									
Ũ	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1	l a. column (a	a)) held as:					
а	Board designated or quasi-endowment		%	5, ("					
	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	Ind administe	ered for the	e organiza	tion	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	Y	owment	funds.						
Pa	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or c		1	or other	• •	cumulated		(d) Bool	< value
		basis (investi	ment)		(other)	depr	eciation	_	F 0	
	Land				0,000.	2 5		-		0,000.
	Buildings				9,660.		86,88			2,779.
	Leasehold improvements				7,888.		$\frac{44,35}{27,04}$			3,533.
	Equipment			∠0	7,504.	Z.	27,84	<u> </u>	3	9,663.
	Other							-	1 77	5 075
Tota	. Add lines 1a through 1e. (Column (d) must e	equal ⊦orm 990, Part	: X, colui	mn (B), line 1	IUC.)				エ, //:	5,975.

Schedule D (Form 990) 2020

94-2335626 Page 3 Community Forward SF, Inc. 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (1) (2) (2)

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(5) (6)	
(6)	
(6) (7)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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.

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 Community Forward SF,	Inc.	94-	2335626 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	13,856,229.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			13,856,229.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			13,856,229.
Pa	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expen	nses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	13,434,089.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			13,434,089.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	13,434,089.
Pa	t 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 X, Line 2:

The Organization is exempt from taxation under Internal Revenue Code

Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure

guidance about positions taken by an organization in its tax returns that

might be uncertain. Management has considered its tax positions and

believes that all of the positions taken by the Organization in its

federal and state exempt organization tax returns are more likely than not

to be sustained upon examination. The Organization's returns are subject

to examination by federal and state taxing authorities, generally for

three and four years, respectively, after they are filed.

Schedule D (Form 990) 2020	Community Forward	l SF, Inc.	94-2335626 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Info	rmation (continued)		

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
Depa	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to					
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection					
Nam	ne of the organization		Employer ide			mber			
		Community Forward SF, Inc.	94-23	3562	6				
Ра	rt I Question	s Regarding Compensation							
					Yes	No			
та		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
		spending account Personal services (such as maid, chauffer	ur, criei)						
h	If any of the bayes	on line to are checked, did the exception follow a written policy regarding neument or							
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		16					
2				. 1b					
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicato which if a	w, of the following the organization used to establish the componention of the organization?	c						
3		ny, of the following the organization used to establish the compensation of the organization' octor. Check all that apply. Do not check any boxes for methods used by a related organizat							
		ation of the CEO/Executive Director, but explain in Part III.							
		ompensation consultant X Compensation survey or study							
	·	ther organizations Approval by the board or compensation of	ommittoo						
			Jonninittee						
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 re								
а		e payment or change-of-control payment?		4a		X			
		eive payment from a supplemental nonqualified retirement plan?		·		X			
		eive payment from an equity-based compensation arrangement?				X			
		les 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r								
а	The organization?			5a		X			
		ation?				X			
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the n	et earnings of:							
а	The organization?	-		6a		X			
		ation?				X			
		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s						
		ies 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to							
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		d the organization also follow the rebuttable presumption procedure described in							
_		1 53.4958-6(c)?	<u></u>	. 9					
LHA		eduction Act Notice, see the Instructions for Form 990.	Schedul	e J (Forr	n 990) 2020			

Schedule J (Form 990) 2020 Community Forward SF, Inc.

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) Kara Zordel	(i)	160,021.	0.	704.		8,767.	169,492.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							ļ
	(ii)							

94-2335626

hedule J (Form 990) 2020	Community Forward SF, Inc.	94-2335626	Pag
art III Supplemental Informa			
ovide the information, explanati	on, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, a	and for Part II. Also complete this part for any additional informa	ation.

sc	HEDULE M	1	Nond	ash (Contr	ibutions			OMB No.	1545-004	47
(Fo	rm 990)									20	
Dener	ment of the Tuesdam			answere	ed "Yes" o	n Form 990, Part	IV, lines 2	29 or 30.	Open to		ic
	ment of the Treasury I Revenue Service			or instruc	ctions and	I the latest inform	nation.		Inspe		
Nam	e of the organiz							Emple	oyer identificati	on nui	mber
	-	Community	Forward	SF,	Inc.			-	94-2335	626	
Pa	rt I Types	s of Property						I			
			(a) Check if applicable	Num contrib	(b) ber of outions or	(c) Noncash contr amounts repor Form 990, Part VI	ted on		(d) thod of determin th contribution a	•	s
1	Art - Works of	art					.,				
2		treasures									
3		l interests									
4		blications									
5		ousehold goods									
6		r vehicles									
7		nes									
8		operty									
9		blicly traded									
10		osely held stock									
11	Securities - Pa	rtnership, LLC, or									
	trust interests										
12	Securities - Mis	scellaneous									
13	Qualified cons	ervation contribution -									
	Historic struct	ures									
14		ervation contribution - Other									
15		lesidential									
16		ommercial									
17		other									
18											
19		/									
20		dical supplies									
21											
22		acts									
23		imens									
24	Archeological) X		1	21	,716.	Coat			
25 26	Other	(Furniture	· / ^			51	, 1 1 0 •				
26 27	Other	(.,								
27 28	Other Other	(., –								
<u>20</u> 29		ms 8283 received by the or) ganization durin	I a the tax	woor for o	ontributions					
25		organization completed Forn					29				
		signification completed form	10200, 1 art v,	Donce A	Skilowicug		20			Yes	No
30a	During the yea	r, did the organization receiv	ve by contributi	on any p	roperty rer	oorted in Part L line	es 1 throu	oh 28 that i	+	100	
		at least three years from the									
		ses for the entire holding pe							30a		Х
b		ibe the arrangement in Part									
31		nization have a gift acceptar		requires t	he review	of any nonstandar	rd contribu	utions?	31		Х
		nization hire or use third par									
	contributions?	-		-					32a		х
b	If "Yes," descr										
33		tion didn't report an amount	in column (c) fo	or a type	of propert	y for which columr	n (a) is che	cked,			
_	describe in Pa					-					
LHA		ork Reduction Act Notice,	see the Instru	ctions fo	r Form 99	0.		S	chedule M (Forr	n 990)	2020

Schedule M (Form 990) 2020 Community Forward SF, Inc. 94-2335626 Page **2** 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. Schedule M, Part I, Column (b): The number of items reported is determined by the number of donors.

Doc

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Name of the organization		Employer identification number 94-2335626
Form 990, Pa:	rt I, Line 1, Description of Organization Mis	
establish pe	rmanent housing by providing compassionate, c	ulturally
sensitive se	rvices which include outreach, case managemen	t, mental
health consu	lting.	
Form 990, Pa:	rt III, Line 1, Description of Organization M	ission:
drop-in, eme:	rgency shelter, transitional housing, residen	tial substance
abuse treatm	ent, permanent supportive housing and support	services
including tra	ansportation, food, janitorial services and m	edical respite
workers to a	medical respite program in partnership with	department of
public healt	h, who provided medical services.	
Form 990, Pa:	rt III, Line 3, Changes in Program Services:	
Golden Gate :	for Seniors Program is permanently closed.	
Form 990, Pa:	rt III, Line 4c, Program Service Accomplishme	nts:
services, and	d access to food pantry programs.	
Form 990, Pa:	rt III, Line 4d, Other Program Services:	
A Woman's Pla	ace Drop-in Center offers women and trans wom	en with
children 24-	hour, low-threshold, drop-in services targete	d to complex
needs. This	includes easy access to primary care, case ma	nagement,
residential	substance abuse, and HIV transitional housing	and care.

Drop-in was suspended during COVID-19 pandemic. It has since resumed

operations.

Schedule O (Form 990 or 990-EZ) 2020 Page							
Name of the organization	Employer identification number						
Community Forward SF, Inc.	94-2335626						

Eddy Street Apartments:

The thing residents first notice about Eddy Street Apartments, a facility focused on long- term housing, is its emphasis on building community. It hosts regular events and dinners designed to connect residents to one another, and to community life around them. This sense of connection, more than any other single factor, is often what residents need to have long-term stability.

Alongside housing, residents receive targeted and personalized services designed around their specific needs, most often focused on recovery from chronic addictions, individual and group counseling, and case management services. These services help those turned away by other systems of care find their lives, and dignity, again. Expenses \$ 682,360. including grants of \$ 0. Revenue \$ 0.

A Woman's Place is the only 24-hour supportive residential service in San Francisco that offers both emergency shelter and long-term treatment to all women, no matter their special needs. A Woman's Place offers support to women who have mental disabilities, HIV+/AIDS-related issues, a history of mental illness, or who are victims of sexual or domestic violence. It offers support including health care, mental health counseling, case management, and money management, to help at-risk women of all ethnicities and orientations attain permanent housing, gainful employment, stability, and independence. Expenses \$ 849,595. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Community Forward SF, Inc.	Employer identification number 94-2335626
The Form 990 is prepared by an outside firm. Once prepare	d, a draft of the
completed return is sent to the CFO for review. After the	CFO reviews and
approves a final draft, the draft is presented to the fin	ance committee of
the Board of Directors. Upon approval by finance committe	e chair, Form 8879
is signed by the CFO, authorizing outside accounting firm	to file
electronically with designated governmental agencies. The	outside
accounting firm will provide evidence of electronic filin	g to the
organization along with paper returns for distribution to	all individuals
charged with governance and for the agency's records.	
Form 990, Part VI, Section B, Line 12c:	
Board members as well as management are required to compl	ete a conflict of
interest questionnaire annually.	

Form 990, Part VI, Section B, Line 15a:

Community Forward SF, Inc. participates in a non-profit survey produced by non-profit compensation associates firm based in Oakland, California.

Form 990, Part VI, Section C, Line 19:

Governing documents are available for public inspection at the principal

place of business. The conflict of interest policy and the organization's

financial statements are available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Safety/janetorial:

Program service expenses

Management and general expenses

Fundraising expenses

2,371,549.

Ο.

0.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Community Forward SF, Inc.	Employer identification number 94-2335626
Total expenses	2,371,549.
Property mgmt.:	
Program service expenses	894,787.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	894,787.
Payroll:	
Program service expenses	0.
Management and general expenses	34,210.
Fundraising expenses	0.
Total expenses	34,210.
Consultants:	
Program service expenses	0.
Management and general expenses	105,638.
Fundraising expenses	18,000.
Total expenses	123,638.
Total Other Fees on Form 990, Part IX, line 11g, Col A	3,424,184.

TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

028941 12-22-20 FORM

202	0 Annual Information Return					199	
Calendar Yea	2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020	, and ending ((mm/dd/yy	уу)	06	5/30/2021 .	-
Corporation/Org			Cal	ifornia corp	oration	number	
COMMUN	ITY FORWARD SF, INC.			0839	575	5	
Additional inform	nation. See instructions.		FE	IN			
				94-2	335	5626	
Street address (PMB no.			
	ISSION STREET						
City			State	ZIP code			
	ANCISCO		CA	9410	-		
Foreign country	name Foreign province/state/county			Foreign p	ostal c	ode	
			<u> </u>				
A First retu		organization hav					_
B Amended		orted to the FIB?	See instru			• Yes X No	0
	on 4947(a)(1) trust Yes X No J If exem rmation return?						~
		ed in political activ					
		organization exem " enter the gross I	-			8	U
		organization a lim	-				-
		organization file	-				U
						• Yes X No	0
	proup filing? See instructions • Yes X No N Is the o	rganization unde	r audit by t	he IRS or	has th	ne	U
		dited in a prior ye					0
		ral Form 1023/10					
		ed with IRS					Ū
Part I (omplete Part I unless not required to file this form. See General Information B	and C.					_
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			•	1	580,900 c	00
	2 Gross dues and assessments from members and affiliates				2		00
	3 Gross contributions, gifts, grants, and similar amounts received		STMT	1 •	3	13,275,329 c	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.		STMT				
and	This line must be completed. If the result is less than \$50,000, see Gener	al Information B		•	4	13,856,229	00
Revenues	5 Cost of goods sold			00			
	6 Cost or other basis, and sales expenses of assets sold			00			
	7 Total costs. Add line 5 and line 6				7		00
	8 Total gross income. Subtract line 7 from line 4	<u></u>		•	8	13,856,229	
Expenses					9	13,434,089)0
· · ·	10 Excess of receipts over expenses and disbursements. Subtract line 9 from				10	422,140 0	
	11 Total payments				11		00
	12 Use tax. See General Information K				12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line				13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 1				14		00
	15 Penalties and Interest. See General Information J				15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the resul Under penalties of perjury, I declare that I have examined this return, including accompanying	chedules and state	ments, and to	the best of	16 of my kr	nowledge and belief,	00
Sign	Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare DocuSigned by:				lge.		
Here	Signature of officer ► John Uselman CFO		Date	5/7/20	22	Telephone	
		Date	Check			PTIN	_
	Preparer's signature			mployed		₽01612986	
Paid Firm's name						Firm's FEIN	
Preparer's	(or yours, HARRINGTON GROUP CPAS LLP					95-4557617	
Use Only	employed) and a straight of the straight of th					Telephone	
	and address PASADENA, CA 91107					(626) 403-680	1
	May the FTB discuss this return with the preparer shown above? See instruction	S		• X	Yes		
	· · · · · · · · · · · · · · · · · · ·						

L

COMMUNITY FORWARD SF, INC.

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

028951 12-22-20

	1 Gross sales or receipts from all	business activities. See instructio	ns	•	1	00
	2 Interest			•	2	00
	3 Dividends				3	00
Receipts	4 Gross rents				4	00
from	5 Gross royalties			•	5	00
Other	6 Gross amount received from sal	e of assets (See Instructions)		•	6	00
Sources	7 Other income		SEE STA	FEMENT 3 \bullet	7	580,900 ₀₀
	8 Total gross sales or receipts fro	m other sources. Add line 1 throu	ugh line 7. Enter here and o	n Side 1, Part I, line 1	8	580,900 ₀₀
	9 Contributions, gifts, grants, and	similar amounts paid		•	9	00
	10 Disbursements to or for membe	rs		•	10	00
	11 Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT $4 \bullet$	11	323,523 ₀₀
	12 Other salaries and wages			•	12 5	5,387,464 ₀₀
Expenses					13	36,481 ₀₀
and	14 Taxes				14	420,864 00
Disburse-	15 Rents				15 1	1,906,316 ₀₀
ments	16 Depreciation and depletion (See	instructions)		•	16	153,575 ₀₀
	16 Depreciation and depletion (See17 Other expenses and disburseme	ents	SEE STA	FEMENT 5 •	17 5	5,205,866 00
	18 Total expenses and disburseme					3,434,089 00
Schedu		Beginning of tax			of taxable y	
Assets		(a)	(b)	(c)		(d)
			608,512	. ,	•	423,657
	counts receivable		2,728,172		•	3,337,286
	tes receivable				•	
	ories				•	
	I and state government obligations					
	ments in other bonds				•	
	ments in stock					
	age loans					
						. <u> </u>
	reciable assets	5,925,360		6,135,0	52	
ιυ α Dop h Lees	s accumulated depreciation	(4,652,920	1,272,440			1,275,975
		4,052,520	500,000	<u> </u>	•	500,000
10 Other	ocosto ሮጥለጥ ና		204,193			243,568
12 Utilera	assets STMT 6		5,313,317		•	5,780,486
	assets		5,515,517			5,700,400
	and net worth		1 0 2 7 2 0 6			1 400 005
	nts payable		1,027,206		•	1,489,805
	outions, gifts, or grants payable				•	
	and notes payable				•	0 700 700
17 Mortga	ages payable		2,708,783		•	2,708,783
18 Other I	iabilities STMT 7		1,166,135			748,565
19 Capita	stock or principal fund				•	
	or capital surplus. Attach reconciliation \dots				•	
21 Retain	ed earnings or income fund		411,193		•	833,333
22 Total I	iabilities and net worth		5,313,317			5,780,486
Schedu		per books with income per retur dule if the amount on Schedule L,		s than \$50,000.		
1 Net inc	come per books	• 422,14	10 7 Income recorded	on books this vear		
	l income tax		not included in th	•	•	
	s of capital losses over capital gains		8 Deductions in this			
	e not recorded on books this year			me this year	•	
	ses recorded on books this year not		9 Total. Add line 7 a			
		•	10 Net income per re			
				im line 6		422,140
U 101al.	Add line 1 through line 5					

022

3652204

Community Forward SF, Inc.

CA 199	Cash Contributions Included on Part I, Line 3	Statement 1	
Contributor's Name	Contributor's Address	Date of Gift	Amount
San Francisco San Francisco Department of Homelessness and	170 Otis Street San Francisco, CA 94103	06/30/21	5,550,545.
San Francisco Department of Public Health	1380 Howard Street, 4th Floor San Francisco, CA 94103	06/30/21	6,559,717.
Mayor's Office of Housing and Community Development		06/30/21	126,178.
U.S. Small Business Administration	409 3rd Street, SW Washington, DC 20416	06/30/21	833,545.
Evelyn and Walter Haas Fundation	114 Sansome St #600 San Francisco, CA 94104	07/01/20	10,000.
Fidelity Charitable	200 Seaport Boulevard, Mail Zone NCW4B Boston, MA 02210	02/01/21	10,000.
Bi-Rite	123 S Hill Dr, Brisbane Brisbane, CA 94005	12/03/20	5,000.

Total included on line 3

13,094,985.

Community Forward SF, Inc.

CA 199	NonCash Contribut Included on Part I,		Statement	2
Contributor's Name	Contributor's	Address		
Article	1010 Raymur Av Columbia, CANA	British		
Property Description	Date of Gift	FMV of Gift	Total Amour	ıt
Furniture	07/01/20	31,716.	31,71	6.
Total included on line 3		31,716.	31,71	L6.
CA 199	Other Income		Statement	3
Description			Amount	
Other income Rent income - low income Client fees			55,04 507,39 18,46	96.
Total to Form 199, Part II	, line 7		580,90	00.

Community Forward SF, Inc.

_

CA 199	Compensation of Officers	, Directors and Trustees	Statement 4
Name and Add:	ress	Title and Average Hrs Worked/Wk	Compensation
Kara Zordel 1171 Mission San Francisco		CEO 40.00	170,371.
John Uselman 1171 Mission San Francisco	Street	Chief Financial Officer 40.00	153,152.
Suzanne Staf: 1171 Mission San Francisco	Street	President 2.50	0.
Chris Trugilo 1171 Mission San Francisco	Street	Vice President 2.50	0.
Todd S. John 1171 Mission San Francisco	Street	Treasurer 2.50	0.
Shulin Lin 1171 Mission San Francisco		Interim Treasurer (6/21) 2.50	0.
Rose Bloomin 1171 Mission San Francisco	Street	Trustee (start 5/21) 2.50	0.
Rena Burns 1171 Mission San Francisco		Trustee 2.50	0.
Marta Del Cas 1171 Mission San Francisco	Street	Trustee 2.50	0.
Logan McDonne 1171 Mission San Francisce	Street	Trustee 2.50	0.
John Minot 1171 Mission San Francisco		Trustee 2.50	0.
Total to Form	m 199, Part II, line 11		323,523.

94-2335626

Community Forward SF, Inc.

Other employee benefits Accounting fees Other professional fees Office expenses Information technology Travel Insurance All other expenses Total to Form 199, Part II, 1i	ne 17		32,3 928,8 21,9 3,424,1 82,0 134,4 18,4 92,9 69,0 5,205,8	80. 00. 84. 21. 92. 95. 04. 47.
CA 199	Other Assets		Statement	6
Description		Beg. of Year	End of Ye	ar
Prepaid Expenses and Deferred Deposits	Charges	61,002. 143,191.	74,9 168,6	
Total to Form 199, Schedule L,	line 12	204,193.	243,5	68.
CA 199	Other Liabilities		Statement	7
Description		Beg. of Year	End of Ye	ar
Deferred Revenue Unsecured Notes and Loans Paya	ble	332,590. 833,545.	748,5	65. 0.
Total to Form 199, Schedule L,	line 18	1,166,135.	748,5	65.

94-2335626

5

Statement

Amount

180,338. 173,936.

47,280. 32,389.

Other Expenses

CA 199

Description

Building maintenance Food and preparation

Client related costs

Equipment rental

Community Forward SF, Inc.

94-2335626

CA 199 Fund Balan	ces	Statement 8
Description	Beg. of Year	End of Year
Net assets without donor restrictions Net assets with donor restrictions	385,993. 25,200.	808,333. 25,000.
Total to Form 199, Schedule L, line 21	411,193.	833,333.

STATE OF CALIFORNIA RRF-1	l			1	DEPARTME		JUSTICE
(Rev. 09/2017) MAIL TO:	ANNU	JAL REGISTRATION RENEW	VAL FEE	REPORT	(For Registry Use Only)		
Registry of Charitable Trusts P.O. Box 903447	Trusts TO ATTORNEY GENERAL OF CALIFORNIA						
Sacramento, CA 94203-4470 STREET ADDRESS:		Sections 12586 and 12587, California (11 Cal. Code Regs. sections 301-306, 3					
1300 I Street Sacramento, CA 95814	et o, CA 95814 Failure to submit this report annually no later than four months and fifteen days after the end of the						
(916)210-6400 WEBSITE ADDRESS:	-	s accounting period may result in the loss of tax f \$800, plus interest, and/or fines or filing penaltion	-				
www.oag.ca.gov/charities		703; Government Code section 12586.1. IRS ext					
			Check if:				
			Cha	ange of address			
COMMUNITY FORWA	RD SF, I	NC.	Am Am	ended report			
Name of Organization							
List all DBAs and names the organization	n uses or has used						
1171 MISSION ST	REET		State Cha	arity Registration Num	_{ber} ст 37345		
Address (Number and Street)							
SAN FRANCISCO,			Corporati	on or Organization No.	.0839575		
City or Town, State, and ZIP Code		SELMAN@COMMUNITYF		0.4	0005606		
415-241-1195 Telephone Number	ORWARD E-mail Address	SF.ORG	Federal E	mployer ID No. 94-	-2335626		
		ENEWAL FEE SCHEDULE (11 Cal.	Code Reg	s sections 301-307	311 and 312)		
		Make Check Payable to Departr	-		5 i i, and 6 i 2)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Reve	enue	Fe	e
Less than \$25,000	0	Between \$100,001 and \$250,000		Between \$1,000,00		\$1	
Between \$25,000 and \$100,0	00 \$25	Between \$250,001 and \$1 million	n \$75	Between \$10,000,0 Greater than \$50 n	001 and \$50 million	\$2 \$3	
PART A - ACTIVITIES						+-	
	ull accounting p	period (beginning $07/01/20$	20 end	ing 06/30/20)21) list:		
-				-	*		
· · · · · · · · · · · · · · · · · · ·		29 Noncash Contributions\$,716 Total Assets	s <u>\$5,78</u>	0,4	86
Gross Annual Revenue\$ Program Expen		29 Noncash Contributions\$	31 Total Expe	, 716 Total Assets enses \$ 13 ,	\$\$ <u>5,78</u> 434,089	0,4	86
Program Expen	ses \$1		Total Expe	enses \$13,	\$\$ <u>5,78</u> 434,089	0,4	86
Program Expen	ases \$1	1,884,272	Total Expe OF THIS RE	enses \$ 13, PORT	434,089	0,4	86
Program Expen PART B - STATEMENTS REC Note: All questions must be	ases \$1 ARDING ORGA	1,884,272 ANIZATION DURING THE PERIOD	Total Expe OF THIS RE stions belo	enses \$ 13 , PORT w, you must attach a	434,089 separate page		86 No
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f	Total Expe OF THIS RE stions belo eview RRF- financial trar	enses \$ 13 , PORT w, you must attach a 1 instructions for inf isactions between the	separate page formation required.		
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting perior and any officer, director of	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r	Total Expe OF THIS RE stions belo eview RRF- financial trar	enses \$ 13 , PORT w, you must attach a 1 instructions for inf isactions between the	separate page formation required.		No
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest?	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que to for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su	enses \$ 13 , PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or	separate page formation required.		
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest?	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su	enses \$ 13 , PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or	separate page formation required.		No
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds?	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of th	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or he organization's charit	separate page formation required.		No
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r iny contracts, loans, leases or other t f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of th nalty, fine or	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the organization's charit judgment?	separate page formation required. e organization trustee had table property		No
Program Expension PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds for funds fo	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of th nalty, fine or	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the organization's charit judgment?	separate page formation required. e organization trustee had table property		No X X X
Program Expen PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r iny contracts, loans, leases or other t f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of th nalty, fine or	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the organization's charit judgment?	separate page formation required. e organization trustee had table property		No X X
Program Expension PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting period and any officer, director of any financial interest? 2. During this reporting period or funds? 3. During this reporting period or funds? 4. During this reporting period or funds reporti	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a od, were there ar od, was there ar od, were any org od, were the ser sed?	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r iny contracts, loans, leases or other t f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of th nalty, fine or ndraising co	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or le organization's charit judgment? unsel for charitable pu	separate page formation required. e organization trustee had table property		No X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the orga	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fu	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising count	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or le organization's charit judgment? unsel for charitable pu	separate page formation required. e organization trustee had table property	Yes	No X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, was there ar od, were any org od, were the ser sed? od, did the orga	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising count	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or le organization's charit judgment? unsel for charitable pu	separate page formation required. e organization trustee had table property	Yes	No X X X
Program Experies PART B - STATEMENTS RECONSTRUCTION Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer us 5. During this reporting peries 6. During this reporting peries	ARDING ORGA ARDING ORGA e answered. If y tion and details od, were there a od, were there a od, was there ar od, were any org od, were the ser sed? od, did the orga	1 ,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que to for each "yes" response. Please r my contracts, loans, leases or other f if, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pu	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising count	enses \$ 13, PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or le organization's charit judgment? unsel for charitable pu	separate page formation required. e organization trustee had table property	Yes	No X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries 6. During this reporting peries 7. Does the organization commercial coventing peries	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, were there ar od, were any org od, were any org od, were the ser sed? od, did the orga od, did the orga od, did the orga	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que s for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fundraiser, fur nization hold a raffle for charitable pundonation program?	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or indraising col inding?	PORT w, you must attach a 1 instructions for inf isactions between the ich officer, director or the ie organization's charit judgment? unsel for charitable pu SEE STA	separate page formation required. e organization trustee had table property rrposes, or ATEMENT 9	Yes	No X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries 6. During this reporting peries 7. Does the organization commercial coventing peries 8. Did the organization commercial coventing commercial coventing peries	ARDING ORGA answered. If y tion and details bod, were there a bod, were there a bod, were there ar bod, were there ar bod, were any org bod, were the ser sed? bod, did the organ bod, did the organ bod, did the organ hduct a vehicle duct an indepen	1 ,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que to for each "yes" response. Please r my contracts, loans, leases or other f if, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pu	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or indraising col inding?	PORT w, you must attach a 1 instructions for inf isactions between the ich officer, director or the ie organization's charit judgment? unsel for charitable pu SEE STA	separate page formation required. e organization trustee had table property rrposes, or ATEMENT 9	Yes	No X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries 6. During this reporting peries 7. Does the organization compensition compe	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, were there ar od, was there ar od, were any org od, were the ser sed? od, did the orga od, did the orga od, did the orga od, did the orga	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w hy theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan- for this reporting period?	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising col inding? urposes?	enses \$ 13, PORT w, you must attach a 1 instructions for inf isactions between the ich officer, director or the re organization's charit judgment? unsel for charitable pu SEE STA ents in accordance wit	separate page formation required. e organization trustee had table property rrposes, or ATEMENT 9	Yes	No X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer use 5. During this reporting peries 6. During this reporting peries 7. Does the organization compensition compe	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a or trustee thereo od, were there ar od, was there ar od, were any org od, were the ser sed? od, did the orga od, did the orga od, did the orga od, did the orga	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que a for each "yes" response. Please r ny contracts, loans, leases or other f f, either directly or with an entity in w ny theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pu donation program? dent audit and prepare audited finan	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising col inding? urposes?	enses \$ 13, PORT w, you must attach a 1 instructions for inf isactions between the ich officer, director or the re organization's charit judgment? unsel for charitable pu SEE STA ents in accordance wit	separate page formation required. e organization trustee had table property rrposes, or ATEMENT 9	Yes	No X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer us commercial coventus coventus coventus coventurer us commercial coventus co	ARDING ORGA a answered. If y tion and details od, were there a or trustee there of od, was there ar od, were any org od, were the ser sed? od, did the organ od, did the organ nduct a vehicle duct an indepen unting principles ng period, did th rjury that I have	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que is for each "yes" response. Please r my contracts, loans, leases or other f if, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan- for this reporting period? e organization hold restricted net ass e examined this report, including a	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising con ndraising con anding? urposes? urposes? ucial statements sets, while re ccompanyi	enses \$ 13 , PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the insections between the ich officer, director or the isocordania control of the SEE STA ents in accordance with eporting negative unre	separate page formation required. e organization trustee had table property urposes, or ATEMENT 9	Yes	No X X X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer us commercial coventus coventus coventus coventurer us commercial coventus co	ARDING ORGA a answered. If y tion and details od, were there a or trustee there of od, was there ar od, were any org od, were the ser sed? od, did the organ od, did the organ nduct a vehicle duct an indepen unting principles ng period, did th rjury that I have	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que is for each "yes" response. Please r my contracts, loans, leases or other f f, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan- for this reporting period? e organization hold restricted net ass	Total Expe OF THIS RE stions belo eview RRF- financial trar which any su misuse of the nalty, fine or ndraising con ndraising con anding? urposes? urposes? ucial statements sets, while re ccompanyi	enses \$ 13 , PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the insections between the ich officer, director or the isocordania control of the SEE STA ents in accordance with eporting negative unre	separate page formation required. e organization trustee had table property urposes, or ATEMENT 9	Yes	No X X X X X X X
Program Experies PART B - STATEMENTS REC Note: All questions must be providing an explana 1. During this reporting peries and any officer, director of any financial interest? 2. During this reporting peries or funds? 3. During this reporting peries or funds? 4. During this reporting peries commercial coventurer us commercial coventus coventus coventus coventurer us commercial coventus co	ARDING ORG/ ARDING ORG/ e answered. If y tion and details od, were there a od, were there a od, were there ar od, were there ar od, were any org od, were any org od, were the ser sed? od, did the organ od, did the organ	1,884,272 ANIZATION DURING THE PERIOD you answer "yes" to any of the que is for each "yes" response. Please r my contracts, loans, leases or other f if, either directly or with an entity in w my theft, embezzlement, diversion or ganization funds used to pay any per vices of a commercial fundraiser, fur nization receive any governmental fur nization hold a raffle for charitable pur donation program? dent audit and prepare audited finan- for this reporting period? e organization hold restricted net ass e examined this report, including a	Total Expe OF THIS RE stions belovevew RRF- financial trar which any su misuse of the nalty, fine or ndraising count inding? urposes? urposes? incial statement sets, while re ccompanyi ign.	enses \$ 13 , PORT w, you must attach a 1 instructions for inf insactions between the ich officer, director or the insections between the ich officer, director or the isocordania control of the SEE STA ents in accordance with eporting negative unre	separate page formation required. e organization trustee had table property urposes, or ATEMENT 9	Yes	No X X X X X X X

Community Forward SF, Inc.

94-2335626

CA RRF-1	Information	Regarding	Governmental	Funding	Statement	9
		Part B,	Line 5			

DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD STREET SAN FRANCISCO, CA 94103 ELIZABETH DAVIS, PROGRAM MANAGER CONTRACT DEVELOPMENT AND TECHNICAL ASSISTANCE 415-255-3934

HUMAN SERVICES AGENCY 1360 MISSION STREET SAN FRANCISCO, CA 94103 KIMBERLEY NORMAN, CONTRACT MANAGER 415-355-5323

MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT 1 S. VAN NESS AVE. 5TH FLOOR SAN FRANCISCO, CA 94103 BRUCE ITO SR. COMMUNITY DEVELOPMENT SPECIALIST 415-701-5558

U.S. Small Business Administration 409 3rd St SW Washington, DC 20416