

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Wayfinder Family Services</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5300 Angeles Vista Boulevard</b> City or town, state or province, country, and ZIP or foreign postal code <b>Los Angeles, CA 90043</b>	<b>D</b> Employer identification number <b>95-1977659</b>  <b>E</b> Telephone number <b>(323) 295-4555</b>  <b>G</b> Gross receipts \$ <b>53,795,532.</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J</b> Website: <b>www.wayfinderfamily.org</b>		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1953</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Wayfinder's mission is to ensure that children, youth and adults facing challenges always have a</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>564</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>67</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>44,023,433.</b>	<b>45,731,938.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,460,335.</b>	<b>1,414,888.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>157,883.</b>	<b>168,480.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>45,641,651.</b>	<b>47,315,306.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>3,998,678.</b>	<b>3,697,243.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>30,709,699.</b>	<b>30,655,073.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,068,095.</b>	<b>13,092,702.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>13,092,702.</b>	<b>13,767,911.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>47,801,079.</b>	<b>48,120,227.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>-2,159,428.</b>	<b>-804,921.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>58,442,837.</b>	<b>60,686,743.</b>
		<b>6,881,785.</b>	<b>7,417,905.</b>
		<b>51,561,052.</b>	<b>53,268,838.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Jay Allen</i>	Date <b>11/30/2023</b>
<b>Print Here</b>	Jay Allen, CEO Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Carlos A. Davis, CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P02037008</b>
	Firm's name <b>Harrington Group, CPAs, LLP</b>	Firm's EIN <b>95-4557617</b>
	Firm's address <b>2698 Mataro Street Pasadena, CA 91107</b>	Phone no. (626) 403-6801

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Wayfinder's mission is to ensure that children, youth and adults facing challenges always have a place to turn. Founded in 1953 as the Foundation for the Junior Blind, Wayfinder now is a human services agency with expertise in child welfare, mental health, visual

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 16,976,943. including grants of \$ 3,697,243. ) (Revenue \$ )
Foster Care and Adoption: Wayfinder's statewide Foster Care and Adoption programs match children and youth who have been displaced from their homes due to abuse or neglect with families that can provide safe, caring homes. Wayfinder recruits, trains and certifies resource (foster) families, some of whom ultimately adopt the children they foster. Also, Wayfinder offers therapeutic adoption support that includes case management, mental health therapy and mentoring to children and their adoptive families during and after adoption to promote stability and permanency.

4b (Code: ) (Expenses \$ 5,390,720. including grants of \$ ) (Revenue \$ )
Temporary Shelter Care Program, also known as The Cottage, is a 10-day shelter on our Los Angeles campus for children, ages 0 through 17, who have just been removed from their homes due to abuse or neglect. These children need temporary refuge until they can be placed with family members or foster families. Our professional staff stabilize children in crisis so they are ready to transition into placement. Wayfinder is one of only four agencies selected by the Los Angeles County Department of Children and Family Services to provide this service - and the only one that accepts infants and toddlers.

4c (Code: ) (Expenses \$ 5,762,470. including grants of \$ ) (Revenue \$ )
Group Homes for Children and Adults: Wayfinder operates five Group Homes in single-family homes, each housing up to six children or six young adults with multiple disabilities. Residents receive round-the-clock care. All group homes are conveniently located in the South Los Angeles neighborhood near the Wayfinder campus so that young residents can attend the Special Education School, use Wayfinder's recreational facilities or receive care from the 24-hour medical center.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 12,264,690. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 40,394,823.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

		Yes	No
<b>2a</b>	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		564
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	11a
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		N/A
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		N/A

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA, FL, GA, HI, IL, KS, KY, MD, MI, MN, NJ, NM
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**Fernando Almodovar, Chief Financial Officer - (323)295-4555**  
**5300 Angeles Vista Blvd., Los Angeles, CA 90043**

See Schedule O for full list of states

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Miki Jordan Chief Executive Officer	40.00	X		X			478,061.	0.	74,160.	
(2) Jay Allen President/Chief Operating Officer	40.00			X			308,396.	0.	32,056.	
(3) Karen Alvord Executive VP & Chief Impact Officer	40.00				X		272,669.	0.	44,404.	
(4) Blythe Maling Senior VP & Chief Develop. Officer	40.00				X		262,221.	0.	40,765.	
(5) Fernando Almodovar Chief Financial Officer	40.00				X		239,459.	0.	40,654.	
(6) Donna Roberts VP Business & Strategic Develop.	40.00				X		204,668.	0.	46,939.	
(7) Carmen Garcia Chief People Officer	40.00				X		194,885.	0.	30,287.	
(8) Elworth A.E. Williams Chair of Board	1.00	X		X			0.	0.	0.	
(9) Linda Myerson Dean Vice Chair of Board	1.00	X		X			0.	0.	0.	
(10) Erica Fernandez Secretary	1.00	X		X			0.	0.	0.	
(11) Glenn A. Sonnenberg Treasurer	1.00	X		X			0.	0.	0.	
(12) Scott M. Farkas Esq. Immediate Past Chair	1.00	X		X			0.	0.	0.	
(13) Harold A. Davidson DBA Board Member	1.00	X					0.	0.	0.	
(14) Timothy E. Ford, Esq. Board Member	1.00	X					0.	0.	0.	
(15) Robert D. Held Board Member	1.00	X					0.	0.	0.	
(16) Steve L. Hernandez, Esq. Board Member	1.00	X					0.	0.	0.	
(17) Richard L. Kaplan Board Member	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Jonathan I. Macy, MD Board Member	1.00	X						0.	0.	0.
(19) John Nicolaus Board Member	1.00	X						0.	0.	0.
(20) Stevie Wonder Board Member	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,960,359.	0.	309,265.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,960,359.	0.	309,265.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 31

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Good Guard Security, Inc., 21622 Plummer St., Suite 200, Chatsworth, CA 91311	Security	403,161.
Johnson Controls Security Solutions P.O. Box 371967, Pittsburgh, PA 15250	Security	368,335.
Fox Staffing, Inc., 15342 S. Hawthorne Blvd., Suite 214, Lawndale, CA 90260	Temporary Help	365,993.
Robert Half P.O. Box 743295, Los Angeles, CA 90074	Temporary Help	348,828.
MasterCorp Commercial Services, LLC 18401 N 25th Avenue #130, Phoenix, AZ 85023	Cleaning Services	321,909.

**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 100



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	41,309,528.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,422,410.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 260,811.				
	<b>h Total.</b> Add lines 1a-1f .....		45,731,938.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,392,643.			1,392,643.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	6,486,971.	15,500.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	6,480,226.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	6,745.	15,500.			
	<b>d</b> Net gain or (loss) .....			22,245.		22,245.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> Cell Tower income	<b>Business Code</b>	900099	114,557.		114,557.	
	<b>b</b> Miscellaneous income		900099	53,923.		53,923.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			168,480.			
<b>12 Total revenue.</b> See instructions .....			47,315,306.	0.	0.	1,583,368.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	3,697,243.	3,697,243.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	971,685.	812,223.	121,661.	37,801.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	23,929,325.	20,022,848.	2,982,487.	923,990.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,138.	35,757.	5,601.	1,780.
<b>9</b> Other employee benefits	3,974,219.	3,294,261.	516,003.	163,955.
<b>10</b> Payroll taxes	1,736,706.	1,518,411.	159,318.	58,977.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	782,219.	601,627.	136,758.	43,834.
<b>c</b> Accounting	60,500.		60,500.	
<b>d</b> Lobbying	20,000.			20,000.
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	98,263.		98,263.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,377,744.	1,831,302.	414,269.	132,173.
<b>12</b> Advertising and promotion	291,998.	2,819.	2,266.	286,913.
<b>13</b> Office expenses	1,903,083.	1,582,621.	113,167.	207,295.
<b>14</b> Information technology	573,133.	440,813.	100,203.	32,117.
<b>15</b> Royalties				
<b>16</b> Occupancy	2,947,268.	2,444,376.	419,381.	83,511.
<b>17</b> Travel	766,436.	688,597.	72,026.	5,813.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	595.		595.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	770,334.	604,185.	163,543.	2,606.
<b>23</b> Insurance	534,862.	462,466.	54,944.	17,452.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Bad debt</u>	1,144,483.	1,144,483.		
<b>b</b> <u>Dues &amp; subscriptions</u>	495,984.	311,340.	157,893.	26,751.
<b>c</b> <u>Contract food services</u>	297,008.	295,097.	1,785.	126.
<b>d</b> <u>In-kind materials</u>	257,299.	257,299.		
<b>e</b> All other expenses	446,702.	347,055.	76,646.	23,001.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	48,120,227.	40,394,823.	5,657,309.	2,068,095.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)			(B)	
		Beginning of year			End of year	
Assets	<b>1</b> Cash - non-interest-bearing .....	3,043,120.	<b>1</b>		863,471.	
	<b>2</b> Savings and temporary cash investments .....	682,891.	<b>2</b>		213,243.	
	<b>3</b> Pledges and grants receivable, net .....	438,698.	<b>3</b>		437,275.	
	<b>4</b> Accounts receivable, net .....	7,780,027.	<b>4</b>		5,476,399.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....			<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>		
	<b>8</b> Inventories for sale or use .....			<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	437,523.	<b>9</b>		290,178.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 34,611,439.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 20,849,970.	14,032,146.	<b>10c</b>	13,761,469.	
	<b>11</b> Investments - publicly traded securities .....	28,772,895.	<b>11</b>		30,083,664.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>			
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....	3,255,537.	<b>15</b>		9,561,044.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	58,442,837.	<b>16</b>		60,686,743.		
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	6,881,785.	<b>17</b>		6,605,626.	
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....			<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		0.	<b>25</b>	812,279.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,881,785.	<b>26</b>		7,417,905.	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b> Net assets without donor restrictions .....	50,807,294.	<b>27</b>		52,636,685.	
	<b>28</b> Net assets with donor restrictions .....	753,758.	<b>28</b>		632,153.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>					
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>			
	<b>32</b> Total net assets or fund balances .....	51,561,052.	<b>32</b>		53,268,838.	
<b>33</b> Total liabilities and net assets/fund balances .....	58,442,837.	<b>33</b>		60,686,743.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	47,315,306.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	48,120,227.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-804,921.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	51,561,052.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,512,707.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	53,268,838.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

<b>Name of the organization</b> <p style="text-align: center;">Wayfinder Family Services</p>	<b>Employer identification number</b> <p style="text-align: center;">95-1977659</p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29,246,078.	31,496,733.	45,121,127.	44,023,433.	45,731,938.	195,619,309.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	29,246,078.	31,496,733.	45,121,127.	44,023,433.	45,731,938.	195,619,309.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						195,619,309.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	29,246,078.	31,496,733.	45,121,127.	44,023,433.	45,731,938.	195,619,309.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,428,544.	196,228.	891,717.	1,460,335.	1,392,643.	5,369,467.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,020,593.	1,521,776.	156,649.	157,883.	168,480.	4,025,381.
<b>11 Total support.</b> Add lines 7 through 10						205,014,157.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.42 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	95.27 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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.)

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**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

**Wayfinder Family Services**

Employer identification number

**95-1977659**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Wayfinder Family Services

95-1977659

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	California Department of Children and Family Services 744 P St. Sacramento, CA 95814	\$ 3,528,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	State of California Department of Rehabilitation 721 Capitol Mall Sacramento, CA 95814	\$ 2,445,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Selma Andrews Trust P.O. Box 830269 Dallas, TX 75283	\$ 1,327,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	California Department of Education 1360 W. Temple St. Los Angeles, CA 90026	\$ 1,213,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	California Department of Social Services 425 Shatto Place Los Angeles, CA 90020	\$ 17,335,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	County of Contra Costa 1025 Escobar St., 4th Floor Martinez, CA 94553	\$ 989,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Wayfinder Family Services</b>	Employer identification number  <b>95-1977659</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	County of Los Angeles Community Development Authority  700 W. Main St.  Alhambra, CA 91803	\$ 3,528,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	County of Yolo  625 Court St.  Woodland, CA 95695	\$ 990,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Department of Mental Health Services, County of LA  550 S. Vermont Ave.  Los Angeles, CA 90020	\$ 3,655,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>Wayfinder Family Services</b>	Employer identification number  <b>95-1977659</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
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	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization  <b>Wayfinder Family Services</b>	Employer identification number  <b>95-1977659</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Wayfinder Family Services</b>	Employer identification number <b>95-1977659</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... \$ \_\_\_\_\_

3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

4a Was a correction made? .....  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		20,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			20,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

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

**Part II-B, Line 1, Lobbying Activities:**

California Strategies, LLC. (CalStrat), is Wayfinder's consultant dedicated to successfully navigating through the myriad pathways of California's political, legislative, regulatory, and media environments. CalStrat offers state and local legislative and regulatory advocacy services.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Wayfinder Family Services; Employer identification number: 95-1977659

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and required amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	419,880.	419,880.	419,880.	419,880.	419,880.
b Contributions					
c Net investment earnings, gains, and losses			6,802.	7,554.	
d Grants or scholarships					
e Other expenditures for facilities and programs			6,802.	7,554.	
f Administrative expenses					
g End of year balance	419,880.	419,880.	419,880.	419,880.	419,880.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment 100.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,989,000.	1,640,445.		4,629,445.
b Buildings		20,610,914.	12,552,330.	8,058,584.
c Leasehold improvements				
d Equipment		8,761,399.	8,297,640.	463,759.
e Other		609,681.		609,681.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>13,761,469.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) Other assets	1,316,508.
(2) Deposits	372,433.
(3) Employee Retention Credit receivable	7,067,754.
(4) Right-of-use assets	804,349.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,561,044.

**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) Right-of-use liabilities	812,279.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	812,279.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	50,155,210.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	2,512,707.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	425,460.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,938,167.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	47,217,043.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	98,263.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	98,263.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	47,315,306.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	48,447,424.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	425,460.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	425,460.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	48,021,964.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	98,263.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	98,263.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	48,120,227.

**Part XIII Supplemental Information.**

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

**Part V, line 4:**

The donor has stipulated that the principal of the Endowment Fund is to be kept in tact in perpetuity and only the interest and dividends there from may be expended for the needs of the organization and children.

**Part X, Line 2:**

Wayfinder Family Services 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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **Wayfinder Family Services** Employer identification number **95-1977659**

**Part I General Information on Grants and Assistance**

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

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

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Foster Family payments	348	3,697,243.	0.		

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

Part I, Line 2:

All foster parents receive payments based on the child's age or "Level of Care" as determined by DCFS through an approved review process.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**Wayfinder Family Services**

Employer identification number

**95-1977659**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Miki Jordan Chief Executive Officer	(i)	478,061.	0.	0.	30,128.	44,032.	552,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jay Allen President/Chief Operating Officer	(i)	308,396.	0.	0.	32,056.	0.	340,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Karen Alvord Executive VP & Chief Impact Officer	(i)	272,669.	0.	0.	29,311.	15,093.	317,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Blythe Maling Senior VP & Chief Develop. Officer	(i)	262,221.	0.	0.	22,568.	18,197.	302,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Fernando Almodovar Chief Financial Officer	(i)	239,459.	0.	0.	19,362.	21,292.	280,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Donna Roberts VP Business & Strategic Develop.	(i)	204,668.	0.	0.	28,742.	18,197.	251,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Carmen Garcia Chief People Officer	(i)	194,885.	0.	0.	17,210.	13,077.	225,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I, Line 4b:

The following participated in a 457(b)Plan:

Miki Jordan Emenhiser - \$20,500

Jay Allen - \$20,500

Blythe C. Maling - \$12,669

Karen Alvord - \$20,500

Donna Roberts - \$20,500

Carmen Garcia - \$9,369

Jesus Fernando Almodovar - \$12,264

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **Wayfinder Family Services** Employer identification number **95-1977659**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		143,025.	At cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	3,512.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	3	2,150.	At cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Educational sup )	X	32	68,811.	At cost
26 Other ( Gift cards )	X	28	43,313.	Purchased value
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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 quantity of donations reported is determined by the individual number of donors.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

Wayfinder Family Services

Employer identification number

95-1977659

Form 990, Part I, Line 1, Description of Organization Mission:

place to turn.

Form 990, Part III, Line 1, Description of Organization Mission:

impairment and multiple disabilities. We offer all services at no cost  
to our clients, most of whom are low-income people of color.

Form 990, Part III, Line 4d, Other Program Services:

Mental Health Services: Wayfinder offers therapy to children, youth,  
adults and families in our programs, including traumatized foster youth  
in The Cottage. Wayfinder remains one of only a handful of  
organizations in the state that offers mental health services to people  
with disabilities. Our counselors help clients build skills to cope  
with vision loss, traumatic experiences, unstable environments, abuse,  
neglect and more. Wayfinder's community mental health program assist  
residents in need in Los Angeles, Butte and Shasta counties. Our mental  
health care in the community is focused on preventative services to  
help build resilient individuals and families.

Expenses \$ 4,188,563. including grants of \$ 0. Revenue \$ 0.

Transition Services: Wayfinder's Transition Services enable teenagers  
and young adults who are blind or visually impaired to explore careers  
and successfully transition to independent living, college or the  
workforce. The program offers virtual trainings, quarterly weekend  
workshops, and a four-week, in-person summer program in classrooms and  
dorms on the Cal State Los Angeles campus to increase workforce

Name of the organization Wayfinder Family Services	Employer identification number 95-1977659
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readiness and academic preparation.

Expenses \$ 130,306. including grants of \$ 0. Revenue \$ 0.

Camp and Recreation: Camp Bloomfield provides children and youth who are blind, visually impaired or multi-disabled with memorable experiences in the outdoors. The camp program offers activities adapted for children of all ages and abilities that develop self-esteem and build independence. Also, Wayfinder offers sports, recreation and outdoor adventures that are adapted for child and teens with disabilities.

Expenses \$ 929,468. including grants of \$ 0. Revenue \$ 0.

Adult Services: Davidson Program for Independence on Wayfinder's Los Angeles campus and the Hatlen Center for the Blind in San Pablo in Northern California are comprehensive residential rehabilitation programs for adults ages 18 and older who are blind or visually impaired, many with recent vision loss. Participants learn assistive technology, orientation and mobility (white cane and safe travel), braille, and independent living skills so they can successfully transition to education or employment and enjoy productive, fulfilling lives.

Strategic Initiatives: Initiative funds are used as seed funds for new programs or for the expansion of existing program. This year, initiative funds supported merger integration work, statewide impact efforts, data driven technology enhancements, and research of new funding opportunities.

Name of the organization

Wayfinder Family Services

Employer identification number

95-1977659

Special Education School: Wayfinder's Special Education School offers children and youth, ages 5 to 22, who have multiple disabilities, including vision loss, a safe, positive environment for learning and growth. In the least restrictive environment in our state-certified, non-public school, teachers develop students' communication, mobility and independent living skills.

Expenses \$ 1,626,632. including grants of \$ 0. Revenue \$ 0.

Child Development Services: Wayfinder's statewide Child Development Services provide in-home early intervention services to children with vision loss or multiple disabilities, ages birth to 6. Young children maximize any vision they have and reduce developmental delays. Parents learn to provide their child with therapeutic stimulation and to advocate for their child's education and care.

Expenses \$ 887,061. including grants of \$ 0. Revenue \$ 0.

Public Education Program: Through public education, Wayfinder informs and educates students, families and professionals about important issues surrounding disabilities and child welfare.

Expenses \$ 579,036. including grants of \$ 0. Revenue \$ 0.

Kinship Support Services Program: Wayfinder provides Kinship Support for grandparents and other relatives who step up to raise children so they avoid the trauma of separation from their birth family. The program also assists kinship families that form voluntarily, without the assistance of a child welfare agency. Our program offers counseling, assistance with basic needs, support groups and workshops, respite resources and more. Kinship families are more stable, and

Name of the organization

Wayfinder Family Services

Employer identification number

95-1977659

children maintain their family connections, which produces better long-term outcomes.

Our Family Finding services search exhaustively for relatives or people close to children in foster care so they can establish supportive connections. "Upfront family finding" strives to locate relatives or family friends soon after a child is removed from the home, rather than the older model of finding connections when a youth is in danger of leaving foster care without family connections. Upfront family finding increases the likelihood of permanency for a child with a family member or maintains connections to siblings and extended family.

Other small programs include Promoting Safe and Stable Families and Child and Family Development provide counseling and support services to prevent at-risk children from entering foster care. Parents whose children are in foster care receive Supervised Visitation and Coaching services to strengthen parenting and sustain family ties.

Expenses \$ 3,923,624. including grants of \$ 0. Revenue \$ 0.

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

Reported and made available to the Board before filings with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Board of Directors is required to read and sign a comprehensive Conflict of Interest Policy every year. 100% participation is mandatory.

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

The Compensation Committee of the Board provides oversight with respect to

Name of the organization Wayfinder Family Services	Employer identification number 95-1977659
---	--

executive compensation at Wayfinder. Executive compensation is defined as the compensation to the organization's CEO and his/her direct reports (COO, CFAO, CDO). The Committee: Reviews the annual salary and compensation package of the CEO and key employees.

- Annually reviews the CEO's performance and the annual salary and compensation package of the CEO's direct reports.
- Reviews and approves executive employment agreements (if and when appropriate), severance arrangements (if and when appropriate), and changes in control provisions/agreements (if and when appropriate).
- Retains (and terminates) any consulting firms to be used to assist in the evaluation of executive compensation. This is done at the time of hiring, and when appropriate thereafter. Reviews comparable industry salary of the CEO, CFAO, COO and CDO.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

CA, FL, GA, HI, IL, KS, KY, MD, MI, MN, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WI, MA

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

The Conflict of Interest Policy is available upon request to the public. The Form 990 and financial statements are available on our website, upon request and also on [Guidestar.org](http://Guidestar.org).

California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy) 07/01/2022, and ending (mm/dd/yyyy) 06/30/2023

Corporation/Organization name WAYFINDER FAMILY SERVICES California corporation number 0272680

Additional information. See instructions. FEIN 95-1977659

Street address (suite or room) 5300 ANGELES VISTA BOULEVARD PMB no.

City LOS ANGELES State CA ZIP code 90043

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

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line numbers, descriptions, and amounts.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer CEO Title Date Telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed PTIN P02037008

Firm's name (or yours, if self-employed) and address HARRINGTON GROUP, CPAS, LLP 2698 MATARO STREET PASADENA, CA 91107 Firm's FEIN 95-4557617 Telephone (626) 403-6801

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

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

228951 01-10-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	1,392,643	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) <b>STATEMENT 3</b>	•	6	6,502,471	00	
	7	Other income <b>SEE STATEMENT 4</b>	•	7	168,480	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	8,063,594	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	3,697,243	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	•	11	971,685	00	
	12	Other salaries and wages	•	12	23,929,325	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	595	00
		14	Taxes	•	14	1,736,706	00
		15	Rents	•	15	2,947,268	00
		16	Depreciation and depletion (See instructions)	•	16	770,334	00
		17	Other expenses and disbursements <b>SEE STATEMENT 6</b>	•	17	14,067,071	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	48,120,227	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		3,726,011		• 1,076,714
2 Net accounts receivable		7,780,027		• 5,476,399
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments <b>STMT 7</b>		28,772,895		• 30,083,664
10 a Depreciable assets	26,553,491		26,992,994	
b Less accumulated depreciation	( 20,154,019 )	6,399,472	( 20,849,970 )	6,143,024
11 Land		7,632,674		• 7,618,445
12 Other assets <b>STMT 8</b>		4,131,758		• 10,288,497
13 <b>Total assets</b>		58,442,837		60,686,743
<b>Liabilities and net worth</b>				
14 Accounts payable		6,881,785		• 6,605,626
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities <b>STMT 9</b>				812,279
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		51,561,052		• 53,268,838
22 <b>Total liabilities and net worth</b>		58,442,837		60,686,743

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 1,707,786	7 Income recorded on books this year not included in this return. Attach schedule *	• 2,512,707
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	2,512,707
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	-804,921
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	1,707,786		

\* SEE STATEMENT





Wayfinder Family Services95-1977659

Leo L. Schaumer	P.O. Box 4791 Houston, TX 77210	06/30/23	40,421.
Fansler Foundation	5713 N. West Ave., Suite 102 Fresno, CA 93711	06/30/23	40,000.
The Kenneth T. and Eileen L. Norris Foundation	11 Golden Shore, Suite 450 Long Beach, CA 90802	06/30/23	40,000.
Bert Levy	3913 Goodland Ave Studio City, CA 91604-2317	06/30/23	38,983.
Bolton & Company	3475 E. Foothill Blvd. Pasadena, CA 91107	06/30/23	37,500.
QueensCare Charitable Division	950 S. Grand Ave., 2nd Floor S. Los Angeles, CA 90015	06/30/23	37,500.
Kirchgessner Vision Foundation	1525 Aviation Blvd., Suite 168 Redondo Beach, CA 90278	06/30/23	35,000.
City National Bank	555 S Flower Street, 22nd Floor Los Angeles, CA 90071-2304	06/30/23	30,000.
Independent Financial Group	12671 High Bluff Dr., Suite 200 San Diego, CA 92130	06/30/23	30,000.
Robert E. Ronus	133 S. June St. Los Angeles, CA 90004-1043	06/30/23	30,000.
Annunziata Sanguinetti Foundation	One West Fourth St., 2nd Floor Winston-Salem, NC 27101	06/30/23	26,005.
Community Foundation of Sonoma County	120 Stony Point Rd., Suite 220 Santa Rosa, CA 95401	06/30/23	25,000.
John R. Bancroft	2145 Green Street, #401 San Francisco, CA 94123-4756	06/30/23	25,000.
The Donald G. Goodwin Family Foundation	16492 Somerset Lane Huntington Beach, CA 92649	06/30/23	25,000.
The Garland Foundation	P.O. Box 550 Pasadena, CA 91102-0550	06/30/23	25,000.
Thomas and Dorothy Leavey Foundation	10100 Santa Monica Blvd., Suite 610 Los Angeles, CA 90067	06/30/23	25,000.
Napa Valley Community Foundation	3299 Claremont Way Ste 4 Napa, CA 94558-3382	06/30/23	20,500.

<u>Wayfinder Family Services</u>			<u>95-1977659</u>
Brent Williams	940 N. Bundy Drive Los Angeles, CA 90049-1509	06/30/23	20,000.
Elizabeth G. Bishop Trust	P.O. Box 830269 Dallas, TX 75283	06/30/23	18,595.
Marcia Israel Foundation, Inc.	1925 Century Park E., 16th Floor Los Angeles, CA 90067	06/30/23	18,000.
Rod Dean	110 North Windsor Blvd. Los Angeles, CA 90004-3816	06/30/23	17,600.
Vistas for Children, Inc.	46-E Peninsula Center Dr. 295 Rolling Hills Estates, CA 90274-3506	06/30/23	16,500.
County of Sacramento	915 I St. Sacramento, CA 95814	06/30/23	15,929.
Ann Jackson Family Foundation	P.O. Box 5580 Santa Barbara, CA 93150-5580	06/30/23	15,000.
City of Napa	PO Box 660 Napa, CA 94559-0660	06/30/23	15,000.
Employees Community Fund of Boeing California	2201 Seal Beach Blvd., MC 110-SC-04 Seal Beach, CA 90740	06/30/23	15,000.
Meta & George Rosenberg Foundation	5900 Wilshire Blvd., Suite 2300 Los Angeles, CA 90036-3697	06/30/23	15,000.
Thatcher Foundation	5501 Keokuk Avenue Woodland Hills, CA 91367-5521	06/30/23	15,000.
Tara B. Voss	100 W. Broadway, Suite 610 Long Beach, CA 90802-4464	06/30/23	12,600.
Steve Hernandez/DLA Piper LLP	2000 Avenue of the Stars Suite 400, North Tower Los Angeles, CA 90067-4700	06/30/23	12,500.
Ticket to Dream Foundation	1400 Rocky Ridge Dr., Suite 280 Roseville, CA 95661	06/30/23	32,626.
Lucille Hirsch Trust	P.O. Box 95021 Henderson, NV 89009	06/30/23	11,040.
Grady D. Bruce	401 S. El Cielo Rd. Unit 139 Palm Springs, CA 92262-7911	06/30/23	10,550.
Rite Aid Healthy Futures	30 Hunter Ln Camp Hill, PA 17011-2499	06/30/23	10,292.
Albert Brooks	2260 E. Maple Ave. El Segundo, CA 90245	06/30/23	10,000.

<u>Wayfinder Family Services</u>			<u>95-1977659</u>
Arthur J. Gallagher & Co.	505 N. Brand Ave., Suite 600 Glendale, CA 91203	06/30/23	10,000.
Bernard E. & Alba Witkin Charitable Foundation	P.O. Box 7190 Berkeley, CA 94707	06/30/23	10,000.
Christina H. Saylor	1307 Seabrook Plantation Way North Myrtle Beach, SC 29582-6182	06/30/23	10,000.
Comerica Bank	2321 Rosecrans Ave., 5th Floor MC-4684 El Segundo, AK 90245	06/30/23	10,000.
EcoLab	18383 E. Railroad St. City of Industry, CA 91748	06/30/23	10,000.
Estate of Lenore and Richard Wayne	1641 Gilcrest Drive Beverly Hills, CA 90210-2517	06/30/23	10,000.
Fox Family Foundation	12411 Ventura Blvd. Studio City, CA 91604	06/30/23	10,000.
Insperty	19001 Crescent Springs Dr Kingwood, TX 77339-3802	06/30/23	10,000.
Johnny Carson Foundation	16000 Ventura Blvd., Suite 900 Encino, CA 91436	06/30/23	10,000.
Kelly Foundation	2480 Natomas Park Dr Ste 150 Sacramento, CA 95833-2989	06/30/23	10,000.
Lawrence Livermore National Security	2300 First St., Suite 204 Livermore, CA 94550-3141	06/30/23	10,000.
Northrop Grumman Corporation	2980 Fairview Park Dr Falls Church, VA 22042-4511	06/30/23	10,000.
Pasadena Community Foundation	301 E. Colorado Blvd., Suite 810 Pasadena, CA 91101-1994	06/30/23	10,000.
Syar Foundation	P.O. Box 2540 Napa, CA 94558-0524	06/30/23	10,000.
The Campbell Blind Fund	1220 2nd St. Santa Monica, CA 90401-1109	06/30/23	10,000.
Elks of Los Angeles Foundation	2406 Claygate Ct. Bel Air, CA 90077	06/30/23	9,966.
Joseph Cereghino Trust	P.O. Box 95021 Henderson, NV 89009	06/30/23	9,800.
Estate of Abraham Goshgarian	4 Park Plaza, Suite 1050 Irvine, CA 92614	06/30/23	9,378.

Wayfinder Family Services95-1977659

Lillian C. Smith Trust	P.O. Box 95021 Henderson, NV 89009	06/30/23	9,000.
Kelly Charitable Remainder Annuity Trust	333 S. Hope St., 43rd Floor Los Angeles, CA 90071	06/30/23	8,500.
The Venable Foundation	750 E. Pratt St., Ste. 900 Baltimore, MD 21202-3157	06/30/23	8,500.
Callie D. McGrath Foundation	515 S. Flower St., 27th Floor Los Angeles, CA 90071	06/30/23	7,500.
Marian and Pink Happ Fund	Wells Fargo Wealth Management One West Fourth Street, 2nd Floor Winston-Sale	06/30/23	7,500.
RW Zant Company	1470 E. 4th St. Los Angeles, CA 90033	06/30/23	7,500.
The Wood-Claeyssens Foundation	P.O. Box 30586 Santa Barbara, CA 93130-0586	06/30/23	7,500.
Lester Arespacochaga	777 Candlewood Dr El Dorado Hills, CA 95762-9577	06/30/23	7,010.
The Bruce Ford Bundy and Anne Smith Bundy Foundation	445 S. Figueroa St., 2nd Floor Los Angeles, CA 90071-1602	06/30/23	7,000.
Miki Jordan	5300 Angeles Vista Blvd. Los Angeles, CA 90043	06/30/23	6,480.
Los Angeles Department of Water & Power Employees' Assoc.	111 N. Hope St., Suite A-17 Los Angeles, CA 90012-2694	06/30/23	6,293.
Constance W. Dunitz	118 Huntington Ave., Apt. 404 Boston, MA 02116-5761	06/30/23	6,133.
Scott M. Farkas	10334 Mississippi Ave. Los Angeles, CA 90025	06/30/23	6,100.
Associated Roofing Contractors of the Bay Area Counties, Inc	P.O. Box 5067 Concord, CA 94524-0067	06/30/23	6,000.
David Stearn	23945 Park Belmonte Calabasas, CA 91302-1610	06/30/23	6,000.
The William H. and Mattie Wattis Harris Foundation	6655 W. Sahara, Suite B-118 Las Vegas, NV 89146-0844	06/30/23	6,000.
Harold A. Davidson	1900 Avenue of the Stars, Suite 2400 Los Angeles, CA 90067	06/30/23	5,900.

Wayfinder Family Services95-1977659

David Haerle	PO Box 39439 Los Angeles, CA 90039-0439	06/30/23	5,750.
Beverly Francis Padway Living Trust	11100 Santa Monica Blvd., Suite 600 Santa Monica, CA 90025	06/30/23	5,575.
Joe Miller	1054 Snipe Court Carlsbad, CA 92011-1214	06/30/23	5,500.
Sharks Foundation	525 W. Santa Clara St. San Jose, CA 95113-1520	06/30/23	5,450.
John H. Nicolaus	4424 Briarwood Dr Sacramento, CA 95821-4104	06/30/23	5,380.
Jay Allen	5300 Angeles Vista Boulevard Los Angeles, CA 90043-1648	06/30/23	5,192.
Jonathan I. Macy	8635 W. 3rd St., Suite 360W Los Angeles, CA 90048-6112	06/30/23	5,100.
Philip Feinberg	19254 Lanark Street Reseda, CA 91335-1120	06/30/23	5,100.
Renee and Matt Baur	9760 La Ropa Way Elk Grove, CA 95757	06/30/23	5,090.
Bank of the Sierra - Porterville	1498 Olive Ave. Porterville, CA 93257	06/30/23	5,000.
City of Hope	1500 East Duarte Road Duarte, CA 91010-3000	06/30/23	5,000.
Frank Watters & Mary Anne Houx Children's Fund	P.O. Box 569 Chico, CA 95927	06/30/23	5,000.
Fraternal Order of Eagles	P.O. Box 20696 El Sobrante, CA 94820	06/30/23	5,000.
Golden State Foods Foundation	525 S. 7th Ave. City Of Industry, CA 91746-3121	06/30/23	5,000.
Jeffrey P. Wilson	2811 Wilshire Boulevard, Suite 700 Santa Monica, CA 90403-4804	06/30/23	5,000.
Leonard and Annette Shapiro	10800 Wilshire Blvd., 2102 Los Angeles, CA 90024-4250	06/30/23	5,000.
Lon V. Smith Foundation	9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210	06/30/23	5,000.

<u>Wayfinder Family Services</u>			<u>95-1977659</u>
Lucille Ellis Simon Foundation	2811 Wilshire Blvd., Suite 700 Santa Monica, CA 90403-4804	06/30/23	5,000.
Moskowitz Family Foundation	9250 Wilshire Blvd., Suite 303 Los Angeles, CA 90212-3345	06/30/23	5,000.
Occidental Entertainment Group Holdings, Inc.	1149 N. McCadden Place Hollywood, CA 90038-1212	06/30/23	5,000.
Paul Stanford Bernhard Foundation	227 North Saltair Los Angeles, CA 90049-2912	06/30/23	5,000.
Paycom	1880 Century Park E Suite 810 Los Angeles, CA 90067-1627	06/30/23	5,000.
Placer Community Foundation	PO Box 9207 Auburn, CA 95604-9207	06/30/23	5,000.
Rita Johnson	P.O Box 877 Stanley, ND 58784-0877	06/30/23	5,000.
Sence Foundation	1020 East Mineral King Ave. Visalia, CA 93292-6916	06/30/23	5,000.
Sidney Stern Memorial Trust	P. O. Box 457 Pacific Palisades, CA 90272-0457	06/30/23	5,000.
Steven Fishman	16830 Ventura Blvd., Suite 400 Encino, CA 91436-1726	06/30/23	5,000.
Sue S. Dibble	710 Williamsburg Way Gilroy, CA 95020-6345	06/30/23	5,000.
The Brotman Foundation of California	1925 Century Park E., Suite 1600 Los Angeles, CA 90067	06/30/23	5,000.
The Jean B. Fields Charitable Fund	2470 S. 2010 East Saint George, UT 84790	06/30/23	5,000.
Union Bank Foundation	445 South Figueroa Street, Suite 401 Mail-Code G04-110 Los Angeles, CA 90071	06/30/23	5,000.
United Healthcare	PO Box 1459 MN008-W235 Minneapolis, MN 55440-1459	06/30/23	5,000.
Alameda County Health Services	1100 San Leandro Blvd. San Leandro, CA 94577	06/30/23	47,145.
California Department of Education	1360 W. Temple St. Los Angeles, CA 90026	06/30/23	1,213,011.
California Department of Social Services	425 Shatto Place Los Angeles, CA 90020	06/30/23	17,335,511.

<u>Wayfinder Family Services</u>			<u>95-1977659</u>
County of Butte	25 County Center Dr., Suite 200 Oroville, CA 95965	06/30/23	806,960.
County of Contra Costa	1025 Escobar St., 4th Floor Martinez, CA 94553	06/30/23	989,366.
County of El Dorado	330 Fair Lane Placerville, CA 95667	06/30/23	26,920.
County of Los Angeles Community Development Authority	700 W. Main St. Alhambra, CA 91803	06/30/23	3,528,386.
County of Marin	3501 Civic Center Dr., Suite 325 San Rafael, CA 94903	06/30/23	95,810.
County of Napa	955 School St. Napa, CA 94559	06/30/23	203,015.
County of Placer	2954 Richardson Dr. Auburn, CA 95603	06/30/23	531,252.
County of San Joaquin	21900 W. Colorado Ave. San Joaquin, CA 93660	06/30/23	518,167.
County of Santa Cruz	809 Center St. Santa Cruz, CA 95060	06/30/23	306,611.
County of Shasta	1650 Stanton Ave. Shasta Lake, CA 96019	06/30/23	864,714.
County of Sonoma	585 Fiscal Dr., Suite 103F Santa Rosa, CA 95403	06/30/23	354,247.
County of Tuolumne	2 S. Green St. Sonora, CA 95370	06/30/23	61,482.
County of Yolo	625 Court St. Woodland, CA 95695	06/30/23	990,905.
Department of Health and Human Services	313 N. Figueroa St. Los Angeles, CA 90012	06/30/23	601,686.
Department of Health Resource and Service Administration	5555 Ferguson Dr. Commerce, CA 90022	06/30/23	56,653.
Department of Mental Health Services, County of LA	550 S. Vermont Ave. Los Angeles, CA 90020	06/30/23	3,655,234.
Department of Public Health	2615 S. Grand Ave., Suite 500 Los Angeles, CA 90007	06/30/23	98,784.

<u>Wayfinder Family Services</u>			<u>95-1977659</u>
State of Massachusetts	24 Beacon St. Boston, MA 02133	06/30/23	78,709.
HMC Architects	633 West 5th Street, 3rd Floor Los Angeles, CA 90071	06/30/23	10,636.
County of Sacramento	915 I St. Sacramento, CA 95814	06/30/23	738,659.
Center for Adoption Support & Education, Inc.	3919 National Drive, Suite 200 Burtonsville, MD 20866	06/30/23	122,500.
Total included on line 3			<u><u>42,658,686.</u></u>



CA 199	NonCash Contributions Included on Part I, Line 3	Statement	2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Baby2Baby	5830 W. Jefferson Blvd. Los Angeles, CA 90016		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Clothing	06/30/23	21,699.	21,699.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Daymaker	8666 Wilshire Blvd. Beverly Hills, CA 90211		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Collection of Toys	06/30/23	40,050.	40,050.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Hope in a Suitcase	1925 Century Park East, Suite 22 Los Angeles, CA 90067		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Clothing and Hygiene Kits	06/30/23	61,267.	61,267.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Coldwell Banker Realty	8525 Madison Ave Ste 150 Fair Oaks, CA 95628		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Clothing and household goods	06/30/23	5,000.	5,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jaswares Cares	1067 Shotgun Rd. Sunrise, FL 33326		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Clothing and household goods	06/30/23	5,382.	5,382.

Contributor's Name

Contributor's Address

Mattel Children's Foundation

333 Continental Boulevard El Segundo, CA  
90245

Property Description

Date of Gift

FMV of Gift

Total Amount

Educational supplies

06/30/23

5,494.

5,494.

Total included on line 3

138,892.

138,892.

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CA 199	Gross Amount from Sale of Assets	Statement	3
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Description	Date Acquired	Date Sold	Method Acquired	
Sale of securities			Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	6,480,226.	0.	0.	6,486,971.

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Description	Date Acquired	Date Sold	Method Acquired	
Sale of equipment			PURCHASED	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	0.	0.	0.	15,500.

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Total to Form 199, Page 2, ln 6	6,480,226.	0.	0.	6,502,471.
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CA 199	Other Income	Statement	4
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Description	Amount
Miscellaneous income	53,923.
Cell Tower income	114,557.
Total to Form 199, Part II, line 7	168,480.

CA 199	Compensation of Officers, Directors and Trustees	Statement	5
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
Miki Jordan 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Chief Executive Officer 40.00	612,214.	
Jay Allen 5300 Angeles Vista Boulevard Los Angeles, CA 90043	President/Chief Operating 40.00	359,471.	
Elworth A.E. Williams 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Chair of Board 1.00	0.	
Linda Myerson Dean 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Vice Chair of Board 1.00	0.	
Erica Fernandez 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Secretary 1.00	0.	
Glenn A. Sonnenberg 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Treasurer 1.00	0.	
Scott M. Farkas Esq. 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Immediate Past Chair 1.00	0.	
Harold A. Davidson DBA 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.	
Timothy E. Ford, Esq. 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.	
Robert D. Held 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.	
Steve L. Hernandez, Esq. 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.	

Wayfinder Family Services

95-1977659

Richard L. Kaplan 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.
Jonathan I. Macy, MD 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.
John Nicolaus 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.
Stevie Wonder 5300 Angeles Vista Boulevard Los Angeles, CA 90043	Board Member 1.00	0.
Total to Form 199, Part II, line 11		971,685.

CA 199	Other Expenses	Statement	6
Description		Amount	
Bad debt		1,144,483.	
Dues & subscriptions		495,984.	
Contract food services		297,008.	
In-kind materials		257,299.	
Pension plan contributions		43,138.	
Other employee benefits		3,974,219.	
Legal fees		782,219.	
Accounting fees		60,500.	
Lobbying fees		20,000.	
Investment management fees		98,263.	
Other professional fees		2,377,744.	
Advertising and promotion		291,998.	
Office expenses		1,903,083.	
Information technology		573,133.	
Travel		766,436.	
Insurance		534,862.	
All other expenses		446,702.	
Total to Form 199, Part II, line 17		14,067,071.	

CA 199	Other Investments	Statement	7
Description	Beg. of Year	End of Year	
Other publicly traded securities	28,772,895.	30,083,664.	
Total to Form 199, Schedule L, line 9	28,772,895.	30,083,664.	

CA 199	Other Assets	Statement	8
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	438,698.	437,275.	
Prepaid Expenses and Deferred Charges	437,523.	290,178.	
Other assets	1,101,647.	1,316,508.	
Deposits	5,044.	372,433.	
Employee Retention Credit receivable	2,148,846.	7,067,754.	
Right-of-use assets	0.	804,349.	
Total to Form 199, Schedule L, line 12	4,131,758.	10,288,497.	

CA 199	Other Liabilities	Statement	9
Description	Beg. of Year	End of Year	
Right-of-use liabilities	0.	812,279.	
Total to Form 199, Schedule L, line 18	0.	812,279.	

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	10
Description		Amount	
Unrealized gain on investments		2,512,707.	
Total to Form 199, Schedule M-1, line 7		2,512,707.	

CA 199	Fund Balances	Statement	11
Description	Beg. of Year	End of Year	
Net assets without donor restrictions	50,807,294.	52,636,685.	
Net assets with donor restrictions	753,758.	632,153.	
Total to Form 199, Schedule L, line 21	51,561,052.	53,268,838.	

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

<p><b>WAYFINDER FAMILY SERVICES</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>5300 ANGELES VISTA BOULEVARD</b> Address (Number and Street)</p> <p><b>LOS ANGELES, CA 90043</b> City or Town, State, and ZIP Code</p> <p><b>(323) 295-4555</b>      <b>FALMODOVAR@WAYFINDERFAMILY.ORG</b> Telephone Number      E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT2878</b></p> <p>Corporation or Organization No. <b>0272680</b></p> <p>Federal Employer ID No. <b>95-1977659</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2022 ending 06/30/2023) list:

Total Revenue (including noncash contributions) \$ 47,315,306 Noncash Contributions \$ 260,811 Total Assets \$ 60,686,743  
 Program Expenses \$ 40,394,823 Total Expenses \$ 48,120,227

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 12</b></span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

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

**JAY ALLEN**      **CEO**  
Signature of Authorized Agent      Printed Name      Title      Date





150 S. Lena Road  
San Bernardino, CA 92415-0515  
Email: Kerry.McLoughlin@hss.sbcounty.gov

Department of Health Services, State of California  
County of Alameda Health Services  
Administration & Indigent Health Department  
1000 San Leandro Blvd., Suite 300  
San Leandro, CA 94577  
Phone: 510-667-7999  
Barbara Zendejas, School Nutrition Program Specialist

Southern School Nutrition Programs Unit  
Nutrition Services Division  
California Department of Education  
1430 N St., Suite 4503  
Sacramento, CA 95814  
Phone: (916) 445-7359

Alameda Unified School District  
Special Education  
2060 Challenger Dr.  
Alameda, CA 94501  
Myra Santome-Elias  
melias@alamedaunified.org  
Phone: 510-337-7075

Antioch Unified School District  
510 G St.  
Antioch, CA 94509  
Christy Hunt, AP Assistant  
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4400 Alma Ave.  
Castro Valley, CA 94546  
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1936 Carlotta Dr., Wing D  
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Frank Monaghan, Sr. Account Clerk  
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Humboldt County Office of Education  
901 Myrtle Ave.  
Robin Huffman, Senior Office Clerk

rwickham@hcoe.org  
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Lake Tahoe Unified School District  
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1021 Al Tahoe Blvd.  
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1111 Las Gallinas Ave.  
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3045 Santiago St.  
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Norma Leiva-Fernandez, Division Support Assistant  
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5860 Labath Ave.  
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Pleasant Valley School District  
600 Temple Ave.  
Camarillo, CA 93010  
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Centinela Valley USD  
Special Education Department  
14901 S. Inglewood Ave.  
Lawndale, CA 90250  
Leticia Lopez  
(310)263-3185

Redondo Beach USD  
1401 Inglewood Ave.  
Redondo Beach, CA 90278  
Nadine Cuen  
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Susie Flores  
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(310)842-4220 x 4249

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Pasadena Unified School District  
351 S. Hudson Ave.  
Pasadena, CA 91101  
Siboney Cardenas  
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