Form **990**

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

OMB No. 1545-0047

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

Open to Public Inspection

Depa	rtment o	f the Treasury nue Service	201	gar security numbers on this gov/Form990 for instructio			Open to Public Inspection
_			lar year, or tax year beginning	s.gov/rormeso for metructio	and ending	i illiorillation.	A STATE OF THE PROPERTY OF THE
B 0	heck if	C Name o	f organization		and onding	D Employer identific	ation number
_				Lance pers			
-	Addres change Name		aordinary Famili	Les		05 444006	
	_change _Initial		usiness as			95-444022	20
	_return ∏Final		and street (or P.O. box if mail is nn N. Ardmore Avenu		Room/suite		2000
	return/ termin- ated	_				(213)365-	4,151,912.
	Amend		own, state or province, country, Angeles, CA 900		ie .	G Gross receipts \$	
	⊒return ∏Applica		nd address of principal officer:			H(a) Is this a group ret	Yes X No
	⊥tiòn pendin		as C above	Jarraby Harri		H(b) Are all subordinates ind	
17	ax-exe		X 501(c)(3) 501(c)()◀ (insert no.) 4947	7(a)(1) or 527		ist. See instructions
			extraordinaryfar		(-)(-)	H(c) Group exemption	
			X Corporation Trust	Association Other	L Year		State of legal domicile: CA
Pa	rt I	Summary					
Φ	1	Briefly describ	e the organization's mission or	most significant activities: H	elping ch	ildren in fo	ster care
Activities & Governance		and for	mer foster youth	n as they trans	ition int	o adulthood.	
ern			x 🕨 📖 if the organization o				
Š			ting members of the governing I				17
જ			lependent voting members of th				16
ies			of individuals employed in caler				36
tivit	6	Total number	of volunteers (estimate if neces	sary)		6	45
Ac			d business revenue from Part V				0.
_	b	Net unrelated	business taxable income from I	-orm 990-1, Part I, line 11	T		0.
	8 (Contributions	and grants (Part VIII line 1h)			Prior Year 3,648,043.	Current Year 3,887,940.
Revenue						4,680.	3,650.
ever		•	come (Part VIII, column (A), lines	: 3 4 and 7d)		40,386.	71,695.
Ä			e (Part VIII, column (A), lines 5, 6			4,936.	4,352.
			- add lines 8 through 11 (must e			3,698,045.	3,967,637.
-			milar amounts paid (Part IX, colu			1,071,438.	1,239,811.
			to or for members (Part IX, colu			0.	0.
S	15 5	Salaries, othe	r compensation, employee bene	fits (Part IX, column (A), lines		1,671,779.	1,701,839.
Expenses	16a F	Professional f	undraising fees (Part IX, column	(A), line 11e)		0.	0.
xbe	b ¯	Total fundrais	ing expenses (Part IX, column ([o), line 25) 23	0,094.		
ш			es (Part IX, column (A), lines 11a			530,283.	612,352.
			s. Add lines 13-17 (must equal f			3,273,500.	3,554,002.
- (0	19 F	Revenue less	expenses. Subtract line 18 from	line 12		424,545.	413,635.
ts or nces					Ве	ginning of Current Year	End of Year
Net Assets Fund Balanc						2,660,810.	3,080,582.
let A			(Part X, line 26)			202,997.	181,510.
F	22 1	Signature	fund balances. Subtract line 21	from line 20		4,457,013.	2,899,072.
Weekley-			I declare that I have examined this re	aturn including accompanying so	hadulas and statem	ante and to the heet of my	knowledge and helief it is
			Declaration of preparer (other than				Knowledge and Dellel, it is
1100,	1	i, and domploto	Docination of property (out of the	omoor) is based on an informatio	TO WITTON Property	Thus arry knowledge.	20/2077
Sigr	.	Signature	e of officer			Date	40/0000
Her	- 1		aby Murff, CEO				
1101			rint name and title				
		Print/Type prep	parer's name	Preparer's signature	1	Date Check	PTIN
Paid	k		D. Torres			if self-employed	P02465082
Prep		Firm's name	▶ Harrington Gro				5-4557617
Use	Only	Firm's address	2698 Mataro St				
			Pasadena, CA 9	1107		Phone no. (6 2	6) 403-6801
May	the IR	S discuss this	s return with the preparer showr	above? See instructions			X Yes No

Form 990 (2021)

Form 990 (2021) Extraordinary Families Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		Λ
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			25
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	valente St.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,		16. 18.	
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		355	
а		44-	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		-27
u	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 185		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	ایا		x
	domestic government on Fart ix, column (x), intel (1) Tes, complete schedule i, Parts I and ii	21	000 /	

Form	1990 (2021) Extraordinary Families 95-	4440220) р	age 4
Pa	rt IV Checklist of Required Schedules (continued)	,		
	, and the second		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1	
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's currer			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	.		
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of t	be		
<u>a</u> Ta	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ile		
		04-		x
1.	Schedule K. If "No," go to line 25a	24a	-	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	-	ļ
	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d	ļ	Ь—
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	M. 2.	1400	12 je bry
	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1982941	r-scene	1997
a		28a		х
h	"Yes," complete Schedule L, Part IV	204	-	X
		28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			v
	"Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations.			
	If "Yes," complete Schedule R, Part V, line 2			х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and the life bounded are a contractible for feed and the contraction of the West II personal state College dutle D. Dout M.	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule H, Part VI		 	
55	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	38	1 47	
[Check if Schedule O contains a response or note to any line in this Part V			
	Chose in Contourie Contourie a respective of hote to dry into in this fact y			A1-
			Yes	OVI

			····	• • • • • • • • •		
		_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?	******		1c	X	

	1990 (2021) Excladitulary Families 95-444	± U Z Z (<u>, F</u>	age 🕻
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		т	Т
	STAIL OF STAIRS AND ST	Linds	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	36		
h	filed for the calendar year ending with or within the year covered by this return 2a		Х	1995
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		1 28.33	9 3,527 0
3a			y 174046	x
b			_	+
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	05	1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		x
b	If "Yes," enter the name of the foreign country		N. S.	1 3400
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		10000000	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo		<u> </u>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	╀	ـــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1		۱,,
	to file Form 8282?		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	480	4 2240	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		┿	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C		N/	
н 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1 年後	- X
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8	8 ASC 748	8 80,88
9	Sponsoring organizations maintaining donor advised funds.	1.000		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	1 (1-24)(6)	P MARKET
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations, Enter;	1.68	2 连续	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N HARMSTON	Cavecor
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	34.74	1 37.555	1000
a		13a	February S	10/250
h	Note: See the instructions for additional information the organization must report on Schedule O.			1 4
b				1
_	organization is licensed to Issue qualified health plans 13b Enter the amount of reserves on hand 13c	-		
14a	Did the consideration which the second section is a second section of the section of the section of the second section of the secti	14a	4,8160,859	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	+	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	 	+
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	·	5,49	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1.5504.98%	X
	If "Yes," complete Form 4720, Schedule O.	1000	27.75	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any		1	100 4650
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 49532	17	ı	1

If "Yes," complete Form 6069.

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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			•••••			LX.
Sec	tion A. Governing Body and Management						· · · · · · · · · · · · · · · · · · ·
			1	ا۔ ہ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
	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	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	n any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1400	NSA.	
а	The governing body?		_		8a	X	55.5.3.3
b	Each committee with authority to act on behalf of the governing body?		***************************************		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				<u> </u>		 -
	The state of the s	010170				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			-	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of				100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Den	ore ming the for	'''''	Section .	6800	900.00
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	(14 Mg)
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				120		
U	on Schedule O how this was done				12c	х	
13	Did the organization have a written whistleblower policy?	• • • • • • • • • • • • • • • • • • • •			13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve			•••••	14 (18, 83	38/44	19941.)
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ndependent				
_	The organization's CEO, Executive Director, or top management official				150	X	1100 C. C. C.
a h	Other officers or key employees of the organization				15a 15b	17	X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• • • • • • • • • • • • • • • • • • • •			เอม	PARTIAL	21 1001041
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont.	with a				
iva					A/600	\$18A15	X
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				16a	LTABOS.	- 17(s)
b			•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				401	Constitution of the second	690076
800	exempt status with respect to such arrangements?				16b		·
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA		"nt				
17			OT (14 (-) (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 99	o-i (section 50	r (c)(3):	s only	avalla	apie
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain	or C	obodula Ol				
40	, , ,				1.6		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict	or interest poli	icy, an	d finar	ncial	
00	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 bo	окѕ а	na records 🟲				
	Tammy Johnson (213) 365-2900 - (213) 239-3846						
	221 N. Ardmore Avenue, Los Angeles, CA 90004						

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, 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										
(A)	(B)		(C) Position (do not check more than one					(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	i, unie cer an	ss pe ıd a d	rson irecto	is bot or/trus	tee)	compensation from	compensation from related	amount of
	(list any	ē	Γ	l			<u> </u>	the	organizations	other compensation
	hours for	direc				ļ,		organization	(W-2/1099-MISC/	from the
	related	50 00	stee			usate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Trus	naf tri		oyee	omp		1099-NEC)	·	and related
	below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Barnaby Murff	40.00									
CEO		Х		X				136,793.	0.	11,392.
(2) Elizabethh Lazar	40.00					-				
Director of Philanthropy						X		103,175.	0.	7,251.
(3) Angela Bromstad	2.00							,		
Board Chair		X		Х				0.	0.	0.
(4) Leonardo Bolanos	2.00									
Board Vice Chair		X		X		<u>L</u>		0.	0.	0.
(5) Dawn Bridges	2.00								_	
Treasurer		X		X		_		0.	0.	0.
(6) Brooke Kaufman Halsband	2.00					l .		_	_	_
Secretary		X		X				0.	0.	0.
(7) Fenton Bailey	2.00									_
Director		X			L.		<u> </u>	0.	0.	0.
(8) Sarah Boone Perez, LCSW	2.00							_		
Director		X						0.	0.	0.
(9) Jeffrey Bowyer-Chapman	2.00									_
Director		X						0.	0.	0.
(10) Karmel Graham	2.00	٦,						_		•
Director (Start 12/21)	1 2 00	X				<u> </u>		0.	0.	0.
(11) Jessica Kastner	2.00	37						_	0	_
Director (10) Wind I do not not not not not not not not not no	2.00	X	_					0.	0.	0.
(12) Miguel Sanchez Lascurain Director	4.00	х						0.	0.	0
(13) Nigel Lifsey	2.00	^						U •	0.	0.
Director (Start 8/21)	2.00	х						0.	0.	0
(14) Francesca Orsi	2.00			_				V •	<u> </u>	0.
Director	2.00	x						0.	0.	0.
(15) Jocelyn Tetel	2.00	-22						0.	0.	0.
Director		x						0.	0.	0.
(16) Steve Vai	2.00							V.	<u> </u>	
Director		x		- 1				0.	0.	0.
(17) Michelle Visage	2.00					H				
Director		х						0.	0.	0.

(A) Name and title	(B) Average hours per	box	not c , unle	Posi heck ss pe	c) ition more than one rson is both an lirector/trustee)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimate amount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)		e :lon :ed
(18) Tiffany White Stanton Director	2.00	х						0.	-	0.	0.
- Control of the Cont											
							-				
						_					

1b Subtotal	I. Section A						<u> </u>	239,968.		0. 18,6	43.
d Total (add lines 1b and 1c)							<u> </u>	239,968.		0. 18,6	43.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	ed at	oove	e) wr	no r	eceived more than \$100	,000 of reportable)	2
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										Yes 3	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	le co	mpe	ensa	ition	anc	otl	her compensation from	the organization		X
5 Did any person listed on line 1a receive or a	ccrue comper	nsat	ion f	rom	any	unr/	elat	ed organization or Indiv	idual for services		
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaule	9 <i>J T</i>	or st	icn į	oers	son ,				5	<u> </u>
 Complete this table for your five highest co the organization. Report compensation for 										ensation from	
(A)					/1411	OI W	10111	(B)		(C)	
Name and business	address	NC	ONE	<u>. </u>			-	Description of s	ervices	Compensatio	n
									-		
									• .		
											
2 Total number of independent contractors (in		ot lir	nite	d to	tho	se lis	sted	l above) who received m	nore than		
\$100,000 of compensation from the organiz	ation 🕨				(J					NIE.

Check if Schedule O contains a response or note to any line in this Part VII.	1-5000		Check if S	chedule O c	onta	ins a respons	e or note to anv l	ne in this Part VIII			
Section Page Page			31.330.11	<u> </u>	3,,,,,			(A)	(B) Related or exempt	(C) Unrelated	Revenuè éxcluded from tax under
Section Page Page	Gifts, Grants lar Amounts		Membership dFundraising ev	ues ents		1b 1c 1d					
Section Page Page	ributions, Other Simi	l	All other contributions similar amounts	utlons, gifts, g not included	grants above	s, and 1 1					
Section Page Page	on the		-					3 227 240	Marie Marie		
2 a	0 0		n Total. Add line	s 1a-1t				3,007,940.			
Barrier Barr	40		. Home st	17 / CD	mir	nar foo		3 650	3 650	The first of the second	
Total, Add lines 2a-2!	Α̈́C	-	-	uay/be	111777	tar rec	011/10	3,030.	3,030.		
Total, Add lines 2a-2!	Ser	l									
Total, Add lines 2a-2!	ım Ver	l	-								1-1
Total, Add lines 2a-2!	Re	l				·		-			
3 650 3 Investment income (including dividends, interest, and other similar amounts) 5 5 5 5 5 5 5 5 5	Pro	ı		am convice r	'ovon	W.O.					
3		l						3.650.			
A									The state of the s	Francis Co. Me narawayan Asia	Charles of Signal Selegar (date: 1, 0
1				•	_	•	•	5,115.			5.115.
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10 10 10 10 10 10 10 10						•					
8 a Gross rents 6a 6b 6c 6c 6c 6c 6c 6c 6c			,]	П			48 15 7.65 15 15 15	\$10 Keep 1. vi 1881	老信奉 证明:2013年1月	green (Agriculture)
D		6	Gross rents		6a		· · · · · · · · · · · · · · · · · · ·	1	e Nief		
C Rental income or (loss) Go					_					31.50 m	
Table Tabl				' '''							
7 a Gross amount from sales of assets other than inventory 7 a 250 , 855 . b Less: cost or other basis and sales expenses 7 b 1.84 , 275 . c Gain or (loss) 7 c 66 , 580 . d Net gain or (loss) 7 c 66 , 580 . 8 a Gross income from fundralising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses 8 ab b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b Less: cost of goods sold c Net income or (loss) from gaming activities								2000 1000 1000 1000 1000 1000		Carrier and the state of the st	A STATE OF THE PROPERTY OF
assets other than inventory b Less: cost or other basis and sales expenses c Galin or (loss) 7b 184,275. c Galin or (loss) 7c 66,580. d Net gain or (loss) 66,580. 8 a Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				, 'r				CONSTANTANT	ANTE CHIEF A		Transferin e da
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and sales expenses 7b 184 , 275 . c Gain or (loss) 7c 66 , 580 . d Net gain or (loss) 66 , 580 . d Net gain or (loss) 66 , 580 . d Net gain or (loss) 66 , 580 . 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a				1		······································					
C Gain or (loss) 7c 66,580. d Net gain or (loss) 66,580. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	e e		and sales expens	ses	7b 1	184,275					
contributions reported on line 1c). See Part IV, line 18	le/	١,	Gain or (loss)		7c	66,580	•				
contributions reported on line 1c). See Part IV, line 18	Re		d Net gain or (los	ss)				66,580.	Ann the second	V V V V V V V V V V V V V V V V V V V	66,580.
Part IV, line 18	Other		Gross income fro including \$	om fundralsin	g eve	nts (not		Alt I			
b Less: direct expenses				•	line 1						
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Other income 900099 11 a Other income 4,352. 12 Total revenue. See instructions 13 a Gross sales of inventory 4,352. 3,967,637. 3,650. 0.76,047.											
9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 9 00099 4,352. 11 a Other income Other income All other revenue Total. Add lines 11a-11d A 352. 12 Total revenue. See instructions 9a 9a 9a 9a 9a 4,352. 9a 9b 4,352. 3,967,637. 3,650. 0.76,047.							<u> </u>			克斯 克拉克亚克克克利	
Part IV, line 19						_	······	George (Code), herogravers		AVE THE WALLEST AND COME E. A.	wicker features and distributions of the
b Less: direct expenses 9b Companies 10 a Gross sales of inventory, less returns and allowances 10 a Less: cost of goods sold 10 b Companies 11 a Other income 11 a Other income 12 All other revenue 12 Total. Add lines 11a-11d 12 Total revenue. See instructions 10 b Companies 12 All other revenue 2		9 8									
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory 11 a Other income Business Code 900099 4,352. 4,352.											
10 a Gross sales of inventory, less returns and allowances 10a						·····	<u> </u>	S. Carlotte S. Car			
and allowances 10a							······	12.13.0404.05.301.30		20 May 100 May	eristolisiire amatuutuska
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a Other income 900099 4,352. 4,352. 4,352. 11 a Other revenue 12 Total. Add lines 11a-11d 12 Total revenue. See instructions 3,967,637. 3,650. 0.76,047.		10 8		-		l l					
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11 a Other income 900099 4,352. 4,352. 4,352.			FINEL INCOME OF	(ioss) itom s	alts	or inventory .				Agga Enghands Shillian	
e Total. Add lines 11a-11d	Snc	44 -	Other in	acome				4 352	A. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		4 352
e Total. Add lines 11a-11d	ige a						20000	1,002			±,554.
e Total. Add lines 11a-11d	is el										
e Total. Add lines 11a-11d	SS.			10					·		
12 Total revenue. See instructions ▶ 3,967,637. 3,650. 0. 76,047.	Σ							4.352	5444 (\$25°4444 YESE)		TO SELVE PERSONAL I
								3,967,637	3.650.	n .	76.047
	13200		· · · · · · · · · · · · · · · · · · ·				·····	, , , , , , , , , , , ,	= 7 = 5 0 0		

Form 990 (2021) Extraordinary Families 95
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 not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				24 TABLE 18 TABLE
_	individuals. See Part IV, line 22	1,239,811.	1,239,811.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		· · · · · · · · · · · · · · · · · · ·	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	200000000000000000000000000000000000000
	trustees, and key employees	148,185.	78,538.	54,828.	14,819
6	Compensation not included above to disqualified				· · · · · · · · · · · · · · · · · · ·
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,313,231.	1,104,359.	82,705.	126,167
8	Pension plan accruals and contributions (include				······································
	section 401(k) and 403(b) employer contributions)	9,760.	8,102.	644.	1,014
9	Other employee benefits	114,146.	8,102. 95,908.	9,543.	1,014 8,695
10	Payroll taxes	116,517.	94,191.	10,432.	11,894
11	Fees for services (nonemployees):				
а	Management				
b					
С		21,450.	19,218.	1,149.	1,083
	Lobbying				
е	- B - 6 2 1 6 4 - 2 - 2				
f	Investment management fees	9,432.	and the second s	9,432.	
g	11411 44 1 1 400/ 415 05				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	46,344.	19,098.	1,511.	25,735
12	Advertising and promotion	8,672.	· · · · · · · · · · · · · · · · · · ·		25,735 8,672
13	Office expenses	110,941.	80,939.	19,336.	10,666
14	Information technology	75,288.	57,185.	13,360.	4,743
15	Royalties	•	•		
16	Occupancy	180,459.	150,729.	20,986.	8,744
17	Travel	9,875.	9,720.	74.	81
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,803.	1,828.	615.	360
20	Interest		·		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,700.	3,293.	185.	222
23	Insurance	72,011.	62,815.	6,491.	2,705
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Other expenses	26,247.	19,574.	6,472.	201
b	Program fees	17,485.	17,485.	, , , , , , , , , , , , , , , , , , ,	
C	Memberships	17,268.	14,880.	1,710.	678
d	Bank charges	6,446.		2,831.	3,615
	All other expenses	3,931.	1,703.	2,228.	
25	Total functional expenses. Add lines 1 through 24e	3,554,002.	3,079,376.	244,532.	230,094
26	Joint costs. Complete this line only if the organization		,	,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	1	. 1	i		

Form **990** (2021)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 232,025. 1,088,116. 126,254. Cash - non-interest-bearing 1,202,957. Savings and temporary cash investments 2 2 260,000. Pledges and grants receivable, net 3 3 406,749. 321,535. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net _____ 7 inventories for sale or use 8 67,387. 38,261. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 109,516. basis. Complete Part VI of Schedule D 10a 4,296. 108,920. 596 b Less: accumulated depreciation _______10b 10c 689,011. 959,748. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 164,156. 180,301. Other assets. See Part IV, line 11 15 15 2,660,810. 3,080,582. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 196,059. 174,418. 17 Accounts payable and accrued expenses _____ 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities _____ 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties ______ 23 23 Unsecured notes and loans payable to unrelated third parties _____ 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,938. 7,092. of Schedule D 25 202,997. 181,510. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,027,091 2,197,743. Net assets without donor restrictions 27 27 Net assets with donor restrictions 430,722. 701,329 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,457,813. 2,899,072. Total net assets or fund balances 32 32 2,660,810. 3,080,582. Total liabilities and net assets/fund balances

Form 990 (2021)

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 for instructions and the latest information.

OMB No. 1545-0047
2021

Open to Public Inspection

Name of the organization Employer identification number Extraordinary Families 95-4440220 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 g 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 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 📑 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. 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. 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. 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. 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). (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 Extraordinary Families 95-44402

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.)

Se	ction A. Public Support										
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not			İ							
	include any "unusual grants.")	2,825,989.	3,571,310.	3,311,318.	3,648,043.	3,887,940.	17,244,600.				
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·				
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	2,825,989.	3,571,310.	3,311,318.	3,648,043.	3,887,940.	17,244,600.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,		Sec.								
	column (f)			12.00	44 x 050 63		153,270.				
6	Public support, Subtract line 5 from line 4.			也是開業。其其實	Section 2019	支付 的复数	17,091,330.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	2,825,989.	3,571,310.	3,311,318.	3,648,043.	3,887,940.	17,244,600.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	25,132.	17,287.	31,454.	28,828.	71,695.	174,396.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	6,810.	2,992.	7,463.	4,936.	4,352.					
11	Total support. Add lines 7 through 10	3 4 4 4 4					17,445,549.				
	Gross receipts from related activities,		,			12	31,616.				
13	First 5 years. If the Form 990 is for the	_	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)					
_	organization, check this box and stor						>				
	ction C. Computation of Publ					I	07 07				
	Public support percentage for 2021 (I					14	97.97 %				
	Public support percentage from 2020					15	98.73 %				
16a	33 1/3% support test - 2021. If the c	-		,		•	. [77]				
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2020. If the c	_									
	and stop here. The organization qualifies as a publicly supported organization										
17a	7a 10% -facts-and-circumstances test - 2021. 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	b 10% -facts-and-circumstances test - 2020. 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		•		•						
	organization meets the facts-and-circu										
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	o, check this box a	ind see instruction:	<u>3</u>				

Schedule A (Form 990) 2021 Extraordinary Families 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-			1			
	iness under section 513	!					
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to	ı					
	an armandad an Na babali	ı					
5	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
						<u> </u>	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3 received						<u> </u>
N.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			**************************************			
	Add lines 7a and 7b	Paratoria (1917) et assetu			There was the second	4 (1863-1811) - 184 (1811) (2) E 1848-11	
	Public support. (Subtract line 7c from line 6.)		Contraction (Contraction)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		(.) 0017	1 1 1 1 1 1 1 1	() 0040	T (1) 0000	1 ()0004	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,				-	<u> </u>	
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		***************************************				
	Add lines 10a and 10b						
77	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is			·			
	regularly carried on			****			
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-		•	•	() ()	· -
	check this box and stop here						<u></u>
	tion C. Computation of Publi						
	Public support percentage for 2021 (li					15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 202					17	%
18	Investment income percentage from 2	. 020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	id stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 $1/3\%$, chec	ck this box and st e	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u>▶□</u>

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
[STATE OF		
	1		W.
	2		
	3a		
	3b	18	
	3c		
	4a		
	4 b		
·	40		
	5a		
	5b	200	1795
	5c		
	6		
	7		
	8		
	9a		
•	9b		
	9c	A.V. Tal	
	10a		
	1 0 b		\$ II
dule	A (Forn	n 990)	2021

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

	emen	gency temporary reduction (see instructions).		1966 977 1866	CONTRACTOR OF	1、 特別的關係	` I	
7		Check here if the current year is the organization's first as a non-functionally i	integra	ated Typ	e III supp	orting org	anization	(see
		instructions)						

3

4

5

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

Schedule A	(Form 990) 2021	Extraordinary	Families		95-4440220 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, lines 5, 6, and (See instructions.)	mation. Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a ines 2 and 3; Part IV, Secti 8; and Part V, Section E, lin	anations required by Pa , 9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3 es 2, 5, and 6. Also cor	art II, line 10; Part II, line 17a or 11c; Part IV, Section B, lines 1 a, and 3b; Part V, line 1; Part V nplete this part for any additlor	17b; Part III, line 12; and 2; Part IV, Section C, r, Section B, line 1e; Part V, nal information.
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		**************************************			MANAGE HOUSE PROPERTY AND A SECOND SE
					www.encores
					Total Market
					
		West 11 (1)			
	·				

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 Open to Public Inspection

Name of the organization

Extraordinary Families

Employer identification number 95-4440220

ra	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that ap <u>ply).</u>	
	Preservation of land for public use (for example, recreat	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the forr	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		•
5	Does the organization have a written policy regarding the peri	J	
_	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
_	Description of the control of the College		70 (L.) / 41 / D) / N
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9		•	
	balance sheet, and include, if applicable, the text of the footne organization's accounting for conservation easements.	ote to the organization's financial state	ments that describes the
Pai	t III Organizations Maintaining Collections of	Art Historical Treasures or (Other Similar Assets
1	Complete if the organization answered "Yes" on Form	•	ottioi ottiilai Aoooto.
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its finance		•
h	If the organization elected, as permitted under FASB ASC 958		
~	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	on more of the desired in the	anoralise of papies delivines,
	(i) Revenue included on Form 990, Part VIII, line 1		b \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	,	iai gairi, provido
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

		Collections of A				an Otla	olii		40220		ge 2
	t III Organizations Maintaining C									ied)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at make s	significant	use of its			
	collection items (check all that apply):		·								
а	Public exhibition	c	* <u> </u>	Loan or exc	change progr	am					
b	Scholarly research	e	• 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how t	hey further t	the organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	asures, or oth	ner similaı	r assets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, , , , , , , , , , , , , , , , , , , ,								Amount		
С	Beginning balance						1c				
								-			
f	Ending balance										
	Did the organization include an amount on Fe	orm 990 Part X line	21 for	escrow or c	ustodial acc	ount liabil	·· Litv2	<u>'</u>	Yes	Т	No
	If "Yes," explain the arrangement in Part XIII.									Ħ	140
	t V Endowment Funds. Complete i										
1.5	And the second s	(a) Current year		rior year	(c) Two year			vears back	(e) Four v	ears b	ack
40	Paginning of year balance	(a) Garrent your	(2)	nor your	(0) 1110) 00	- Duck	(4) 111100		(e) (cur)	oul o	uon
	Beginning of year balance		<u> </u>		 						
	Contributions		 								
-	Net investment earnings, gains, and losses										
d	Grants or scholarships				ļ						
е	Other expenditures for facilities					İ					
_	and programs										
	Administrative expenses				ļ						
	End of year balance				<u> </u>	<u>I</u> .					
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment >	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administ	ered for tl	he organi	zation	_		
	by:									es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations				***************************************				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	·				3b		
4	Describe in Part XIII the intended uses of the		owment	funds.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			****			
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	o, Part I	V, line 11a. 9	See Form 99	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)	der	ccumulate preciation		(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			10	9,516.	1	108,9	20.		59	6.
	Other	1					·				
	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B). line 1	10c.)		Description of the second	>		59	6.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Contract advances	7,092.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	 ▶ 7,092.

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...

respectfully are subject to examination by federal and state taxing

132054 10-28-21

authorities, generally for three and four years, respectively, after they

Schedule D (Form 990) 2021

are filed. Part XI, Line 2d - Other Adjustments: Unrealized loss on beneficial interest -9,033. Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Schedule D (Form 990) 2021 Extraordinary Families	95-4440220 Page 5
Part XI, Line 2d - Other Adjustments: Unrealized loss on beneficial interest -9,033. Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Part XIII Supplemental Information (continued)	
Unrealized loss on beneficial interest -9,033. Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	are filed.	
Unrealized loss on beneficial interest -9,033. Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.		
Unrealized loss on beneficial interest -9,033. Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Part XI. Line 2d - Other Adjustments:	
Part XI, Line 4b - Other Adjustments: Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.		0.022
Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Unrealized loss on beneficial interest	-9,033.
Special event expenses 1,140. Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.		
Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Part XI, Line 4b - Other Adjustments:	
Part XII, Line 4b - Other Adjustments: Special event expenses 1,140.	Special event expenses	1,140.
Special event expenses 1,140.		
Special event expenses 1,140.		
	Part XII, Line 4b - Other Adjustments:	
	Special event expenses	1,140.

SCHEDULE I (Form 990)

Internal Revenue Service Department of the Treasury

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.

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

> OMB No. 1545-0047 2021

Open to Public Inspection

Z

Name of the organization ων Part I 1 (a) Name and address of organization Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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 Enter total number of other organizations listed in the line 1 table Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? General Information on Grants and Assistance 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. or government Extraordinary Families (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance Employer identification number (h) Purpose of grant or assistance X Yes 95-4440220

HA

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

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 Extraordinary Families

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.

rar in can de duplicated il 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, emergency shelter care payments and clothing allowance	167	1,239,811.	0.		
				·	
Supplementa	Jired in Part I, line	2; Part III, column	(b); and any other ac	dditional information.	
Part I, Line 2: Extraordinary Families' funds are	received	from LA Co	County Depa	Department of	
Children and Family Services (DCFS),), a total	amount	per child	w h.	
predetermined by the County. Clothing	- 1	allowances are	issued by	DCFS	
annually in advance of the start of	the	school year	and are in	intended to	
offset costs for purchase of children's	ren's new	clothing.	. Assistance	ce is	
delivered during family visits. Ex	Extraordinary	ry Families	staff	reconciles	
all payments received against amounts	nts billed.	d. In the	event of	over- or	
under-payment, DCFS is notified and	d corrections	are	made.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on

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 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Extraordinary Families

Employer identification number 95-4440220

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

The Form 990 in draft is reviewed by the CEO, Director of Operations, and Staff Accountant and then distributed to all members of the Board of Directors for their review.

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

Each Director and principal officer of the organization and each member of a committee with board-delegated powers shall annually sign the Conflict of Interest Statement and Disclosure. If anyone discloses a possible conflict, the CEO is notified, as well as the Chair, and it is disclosed to the Board for review of potential conflict.

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

Process of determination for Officers' salary:

- 1. The Director of Operations collects data from the Nonprofit Times' NPO Salary & Benefits Survey, Charity Navigator's CEO Compensation Study, and Guidestar's Compensation Review. Component information is selected from "operating budgets between \$3 million and \$5 million," "Field of Work: Social Benefit," and "Region: Southwest U.S."
- 2. The Forms 990 from various nonprofit organizations are also obtained, including Alliance for Children's Rights, Center for Environmental Health, National Center for Youth Law, Public Counsel, St. Anne's Maternity Home, Los Angeles Center for Law and Justice, United Friends of the Children, and Youth Policy Institute.

Schedule O (Form 990) 2021	Page 2
Name of the organization Extraordinary Families	Employer identification number 95-4440220
The Director of Operations also researches articles from	various business
journals, employment law websites, and policy institution	s for the current
leadership compensation benchmarks.	
3. The Director of Operations then prepares a memorandum	(without review by
the CEO/Executive Director or other C-level management st	aff) and submits
to the Board Chair [along with the collected data]. The B	oard Chair reviews
the information, discusses it with the Governance Committ	ee, and then
presents an appropriate compensation package to the full	Board.
Line 15(b) was answered "No" as there are no other office	rs or key
employees as defined in the Form 990 instructions who rec	eived
compensation.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict	of interest
policy, and financial statements available to the public	upon request.
Form 990, Part XI, line 9, Changes in Net Assets:	
Unrealized loss on beneficial interest	-9,033.