See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
**Short Form Return of Organization Exempt From Income Tax**

**Form 990-EZ**

**Department of the Treasury Internal Revenue Service**

**2012**

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**

**B Check if applicable**
- Address change  
- Name change  
- Initial return  
- Terminated  
- Amended return  
- Application pending

**C Name of organization**  
Family Forward Education Fund

**D Employer identification number**  
80-0436735

**E Telephone number**  
(503) 928-6789

**F Group Exemption Number**

**G Accounting Method:**  
- Cash  
- Accrual  
- Other (specify)  

**H Check if the organization is not required to attach Schedule B**
- (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status (check one):**
- 501(c)(3)  
- 501(c)(4)  
- 501(c)(6)  
- 501(c)(7)  
- 501(c)(8)  
- 501(c)(9)  
- 501(c)(10)  
- 501(c)(11)  
- 501(c)(12)  
- 501(c)(13)  
- Other (specify)  

**K** Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts**
- If gross receipts are $200,000 or more, or if total assets (Part II), line 25, column (B) below are $500,000 or more, file Form 990 instead of Form 990-EZ.

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

**Revenue**

| 1 Contributions, gifts, grants, and similar amounts received | $180,876 |
| 2 Program service revenue including government fees and contracts | 2 |
| 3 Membership dues and assessments | 3 |
| 4 Investment income | 4 |
| 5a Gross amount from sale of assets other than inventory | 5a |
| 5b Less: cost or other basis and sales expenses | 5b |
| 6a Gross income from gaming (attach Schedule G if greater than $15,000) | 6a |
| 6b Gross income from fundraising events (not including $6,000 of contributions from fundraising events reported on line 1) | 6b |
| 6c Less: direct expenses from gaming and fundraising events | 6c |
| 7 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, and 7a | 7 |

**Expenses**

| 10 Grants and similar amounts paid (list in Schedule O) | 10 |
| 11 Benefits paid to or for members | 11 |
| 12 Salaries, other compensation, and employee benefits | 12 |
| 13 Professional fees and other payments to independent contractors | 13 |
| 14 Occupancy, rent, utilities, and maintenance | 14 |
| 15 Printing, publications, postage, and shipping | 15 |
| 16 Other expenses (describe in Schedule O) | 16 |
| 17 Total expenses. Add lines 10 through 16 | 17 |

**Net Assets or Fund Balances**

| 18 Excess (or deficit) for the year (Subtract line 17 from line 9) | 18 |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10842I  
Form 990-EZ (2012)
### Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

| 22 Cash, savings, and investments | 11,298 | 33,769 |
| 23 Land and buildings              |        | 23     |
| 24 Other assets (describe in Schedule O) | 24     |
| 25 Total assets                    | 11,298 | 33,769 |
| 26 Total liabilities (describe in Schedule O) | 26     |
| 27 Net assets or fund balances (line 27 of column (E) must agree with line 21) | 11,298 | 33,769 |

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization’s primary exempt purpose? Education

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 The organization's 2012 activities included grassroots organizing, public education, coalition leadership, research, maternal development, and business outreach. It managed a broad coalition effort to pass a paid sick days law in Portland, OR that will directly impact 260,000 people and their families. (Grants $20,500) If this amount includes foreign grants, check here ▶ □ 28a 117,100

29 Family Friendly Workplaces

Support of employers in building family-friendly workplaces. It did outreach and education with 300 employers in Oregon. (Grants $0) If this amount includes foreign grants, check here ▶ □ 29a 20,100

30 Parent Outreach and Engagement

Education of parents about work/family issues and engagement in policy solutions. Through presentations, workshops, discussion groups, speaker events, and education emails it reached 1,700 people. (Grants $0) If this amount includes foreign grants, check here ▶ □ 30a 7,000

31 Other program services (describe in Schedule O)

(Grants $0) If this amount includes foreign grants, check here ▶ □ 31a -0-

32 Total program service expenses (add lines 28a through 31a) ▶ □ 32 144,200

### Part IV List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary King, President of the Board of Directors</td>
<td>1 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Holly Brunk, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Nancy Davis, Treasurer of the Board of Directors</td>
<td>2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Julie Coppernoll, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Rujuta Gaonkar, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Veronica Lopez Erickson, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Kim Williams, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Juan Carlos Ordonez, Board Member</td>
<td>1/2 per week</td>
<td>-0-</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Sharon Bernstein, Deputy Director</td>
<td>13 per week</td>
<td>17,541</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Andrea Paluso, Executive Director</td>
<td>21 per week</td>
<td>24,878</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Lisa Frack, Communications Director</td>
<td>21 per week</td>
<td>20,537</td>
<td>5,104</td>
<td>-0-</td>
</tr>
</tbody>
</table>

Form 990-EZ (2012)
Part V  Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

33  Did the organization engage in any significant activity not previously reported to the IRS? If “Yes,” provide a detailed description of each activity in Schedule O.

34  Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conformed copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O (see instructions).

35a  Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35b  If “Yes,” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation in Schedule O.

35c  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If “Yes,” complete Schedule C, Part III.

36  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If “Yes,” complete applicable parts of Schedule N.

37a  Enter amount of political expenditures, direct or indirect, as described in the instructions.

37b  Did the organization file Form 1120-POL for this year?

38a  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

39  Section 501(c)(7) organizations. Enter:

40a  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If “Yes,” complete Schedule L, Part I.

40c  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

40d  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.

40e  All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If “Yes,” complete Form 8886-T.

41  List the states with which a copy of this return is filed. Oregon

42a  The organization’s books are in care of Sharon Bernstein. Telephone no. (503) 928-6789.

42b  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)?

42c  At any time during the calendar year, did the organization maintain an office outside the U.S.?

43  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

44a  Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

44b  Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

44c  Did the organization receive any payments for indoor tanning services during the year?

44d  If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

45a  Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b  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,” Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee paid more than $100,000</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
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</table>

f Total number of other employees paid over $100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None.</td>
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</table>

d Total number of other independent contractors each receiving over $100,000.

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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.

Signature of officer

Sharon Bernstein, Deputy Director

Type or print name and title

Date

7/15/13

Signature

Paid Preparer Use Only

Print/Type preparer's name

Rich Sotta

Preparer's signature

Rich Sotta, CPA

Date

7/5/13

Check ☐ if self-employed

PTIN

P10277969

Firm's name → Rich Sotta CPA, PC

Firm's EIN → 75-3093820

Firm's address → PO Box 25534, Portland, OR 97298

Phone no (503) 203-1595

May the IRS discuss this return with the preparer shown above? See instructions.

☐ Yes ☐ No

Form 990-EZ (2012)
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box □.
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I    Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only □. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print
Name of exempt organization or other filer, see instructions.
Family Forward Education Fund
Number, street, and room or suite no. If a P.O. box, see instructions.
PO Box 15146
City, town or post office, state, and ZIP code. For a foreign address, see instructions.
Portland, OR 97293

Enter the Return code for the return that this application is for (file a separate application for each return) ✗ 01

Application Is For
Return Code Application Is For Return Code
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07
Form 990-BL 02 Form 1041-A 08
Form 4720 (individual) 03 Form 4720 09
Form 990-PF 04 Form 5227 10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11
Form 990-T (trust other than above) 06 Form 8870 12

The books are in the care of Sharon Bernstein

Telephone No. (503) 928-6789
FAX No. □

• If the organization does not have an office or place of business in the United States, check this box □.
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) □. If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2012 or

► tax year beginning 2013 and ending 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return □ Final return □ Change in accounting period □

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
3a $ 3b

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
3b $ 3c

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.
3c $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Cat No 27916D Form 8868 (Rev 1-2013)