

Short Form Return of Organization Exempt From Income Tax

2013

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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

C Name of organization: **CALIFORNIA FORWARD ACTION FUND**
 Number and street (or P.O. box, if mail is not delivered to street address): **1107 9TH STREET**
 Room/suite: **650**
 City or town, state or province, country, and ZIP or foreign postal code: **SACRAMENTO, CA 95814**

D Employer identification number: **26-0566442**

E Telephone number: **(916) 491-0022**

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).

I Website: **▶ CAFWD-ACTION.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

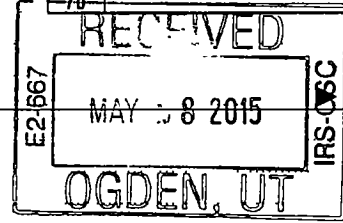
K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 0.**

Part I 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

	1 Contributions, gifts, grants, and similar amounts received			
	2 Program service revenue including government fees and contracts			
	3 Membership dues and assessments			
	4 Investment income			
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c Less: direct expenses from gaming and fundraising events	6c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8 Other revenue (describe in Schedule O)	8		
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		0.
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		2,448.
	13 Professional fees and other payments to independent contractors	13		19,228.
	14 Occupancy, rent, utilities, and maintenance	14		75.
	15 Printing, publications, postage, and shipping	15		111.
	16 Other expenses (describe in Schedule O)	16		3,685.
	17 Total expenses Add lines 10 through 16	17		25,547.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		<25,547.>
	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		46,049.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21		20,502.



SEE SCHEDULE O

SCANNED JUN 23 2015

NSP

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

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		62,769.	22	26,226.
23 Land and buildings			23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O		35.	24	35.
25 Total assets		62,804.	25	26,261.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O		16,755.	26	5,759.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		46,049.	27	20,502.

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? **SEE SCHEDULE O**

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O				
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a			5,468.
29				
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a			
30				
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a			
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a			
32 Total program service expenses (add lines 28a through 31a)	32			5,468.

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SUNNE MCPEAK				
BOARD MEMBER	1.00	0.	0.	0.
PETER WEBER				
BOARD MEMBER	1.00	0.	0.	0.
LINDA BEST				
BOARD MEMBER	1.00	0.	0.	0.
SHAUDI FALAMAKI FULP				
BOARD MEMBER	1.00	0.	0.	0.
JAMES FISHKIN				
BOARD MEMBER	1.00	0.	0.	0.
CARL GUARDINO				
BOARD MEMBER	1.00	0.	0.	0.
WILLIAM HAUCK (DECEASED)				
BOARD MEMBER	1.00	0.	0.	0.
JENNIFER HERNANDEZ				
BOARD MEMBER	1.00	0.	0.	0.
MICHAEL MARSTON (THRU 06/14/14)				
BOARD MEMBER	1.00	0.	0.	0.
LAURIE MADIGAN				
BOARD MEMBER	1.00	0.	0.	0.
THOMAS V. MCKERNAN				
BOARD MEMBER	1.00	0.	0.	0.
LENNY MENDONCA				
BOARD MEMBER	1.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V

		Yes	No
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		X
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)		X
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)?		X
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	N/A	
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
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		X
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		0.
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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		X
41	List the states with which a copy of this return is filed	CA	
42a	The organization's books are in care of	S. WILLIAMS & H. LEVENTHAL Telephone no. (510) 841-4017	
	Located at	127 UNIVERSITY AVENUE, BERKELEY, CA ZIP + 4 94710	
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)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____		X
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	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X

46 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

Table with 3 columns: Question number, Yes, No. Row 46: 46, Yes, X

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 Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question number, Yes, No. Rows 47-49b: 47, 48, 49a, 49b

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 with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: N/A

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." N/A

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

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 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.

Sign Here: Signature of officer: James P. Mayer, Treasurer. Type or print name and title: James P. Mayer, Treasurer

Paid Preparer Use Only: Print/Type preparer's name: DARLA A. COLSON; Preparer's signature: Darla A. Colson; Firm's name: GILBERT ASSOCIATES, INC; Firm's address: 2880 GATEWAY OAKS DR, SACRAMENTO, CA 95833

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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Name of the organization

CALIFORNIA FORWARD ACTION FUND

Employer identification number

26-0566442

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

INFORMATION TECHNOLOGY	315.
TAXES AND LICENSES	1,530.
BANK CHARGES	593.
TRAVEL	47.
PENALTIES	1,200.
TOTAL TO FORM 990-EZ, LINE 16	3,685.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	35.	35.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER LIABILITIES	16,755.	5,759.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROVE THE QUALITY OF LIFE FOR ALL CALIFORNIANS BY CREATING A MORE RESPONSIVE, REPRESENTATIVE, AND COST-EFFECTIVE GOVERNMENT.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING FY13-14, THE CALIFORNIA FORWARD ACTION FUND (CFAF)

TOOK SUPPORT POSITIONS ON LEGISLATION THAT ADVANCED

CALIFORNIA FORWARD'S (CA FWD) AND CFAF'S PRIORITIES

REGARDING ELECTION REFORMS, CAMPAIGN FINANCE, GOVERNMENT TRANSPARENCY,

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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LEGISLATIVE ETHICS, ECONOMIC DEVELOPMENT, AND WORKFORCE DEVELOPMENT.

THE CFAF PROVIDED TESTIMONY AND PUBLISHED BLOGS IN ENGLISH AND SPANISH

REGARDING THE BILLS THAT WERE SUPPORTED. TEN OF THE BILLS SUPPORTED BY

CFAF WENT ON TO BE ENACTED INTO LAW, MAKING IMPROVEMENTS ACROSS CFAF'S

PRIORITY AREAS. CFAF CHAMPIONED CA FWD'S PLATFORM FOR TRUST, WHICH

ADVOCATES FOR LEGISLATIVE ETHICS; SUPPORTED PROP. 42 ON THE JUNE 2014

BALLOT, WHICH ESTABLISHED OPEN GOVERNMENT AS A CONSTITUTIONAL

RESPONSIBILITY FOR LOCAL GOVERNMENTS; PARTNERED WITH OTHER

ORGANIZATIONS IN ADVOCATING FOR VOTES AND COAUTHORS FOR SB 1253

(STEINBERG), WHICH REFORMED THE BALLOT INITIATIVE PROCESS; AND,

ASSISTED THE ADMINISTRATION AND LEGISLATIVE LEADERS IN CRAFTING A

BUDGET RESERVE FRAMEWORK THAT WENT ON TO BE ENACTED INTO LAW IN

FY14-15.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

