

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAMILY FOCUS, INC., Doing business as			D Employer identification number 36-2884042		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 310 SOUTH PEORIA STREET 301		E Telephone number (312) 421-5200			
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60607-3534			G Gross receipts \$ 15,366,217.		
	F Name and address of principal officer: DENNIS ABOUD 310 SOUTH PEORIA ST., STE 301, CHICAGO, IL 60607-353			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: ▶ WWW.FAMILY-FOCUS.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
L Year of formation: 1975				M State of legal domicile: IL		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE WELL-BEING OF CHILDREN FROM BIRTH BY SUPPORTING AND STRENGTHENING THEIR FAMILIES.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	411.
	6	Total number of volunteers (estimate if necessary)	6	185.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,526,226.	14,948,448.
	9	Program service revenue (Part VIII, line 2g)	687,551.	201,718.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	534.	413.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-173,853.	-149,512.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,040,458.	15,001,067.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,872,365.	11,143,769.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,082.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,076,638.	3,889,188.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,949,003.	15,032,957.
19	Revenue less expenses. Subtract line 18 from line 12	91,455.	-31,890.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 4,683,997.	End of Year 5,943,008.
	21	Total liabilities (Part X, line 26)	1,529,560.	2,820,461.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,154,437.	3,122,547.

Part II Signature Block

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

Sign Here	Signature of officer DENNIS ABOUD	Date 02/28/2021
	Type or print name and title BOARD CHAIR	

Paid Preparer Use Only	Print/Type preparer's name BERNADETTE D ZITA	Preparer's signature _____	Date 02/28/2021	Check <input type="checkbox"/> if self-employed	PTIN P00089845	
	Firm's name ▶ BKD, LLP			Firm's EIN ▶ 44-0160260		
	Firm's address ▶ 1901 S. MEYERS ROAD, SUITE 500 OAKBROOK TERRACE, IL 60181-5209			Phone no. 630-282-9500		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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