Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	ne 2020 caien	dar year, or tax year begii	nning //U⊥	, 2020,	and ending	6/3	30	,	20 2021	
В	Check	if applicable:	С					D Employ	er identi	fication number	
	A	ddress change	CASA of San Mate	eo County				04-	38493	393	
	N.	ame change	(formerly "Advoc	cates for Child	dren")			E Telepho			
	In	itial return	330 Twin Dolphir	n Drive #139				650	517	.5840	
	_	nal return/terminated	Redwood City, CA	4 94065			ŀ	030	. 517	.5040	
								G Gross r	6	2 100	076
	-	mended return	F N	- <i>m</i>		Tu	(a) le this s	a group retur		1	,876.
	A _l	pplication pending		al officer:			• •				
			Same As C Above		T T	'''	If "No,"	subordinates attach a list	. See inst	I? Yes tructions	No
<u> </u>		exempt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527					
J	We	bsite: ► ww	w.casaofsanmateo	o.org		н	(c) Group 6	exemption nu	umber ►	•	
K	Forn	n of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	n: 2006	6 M s	State of le	egal domicile: $f CI$	A
Pa	art I	Summar	'n								
	1	Briefly descri	ibe the organization's miss	sion or most significant	activities:To	provide	advo	cacy s	ervi	ces for	
d)		abused a	and neglected chi	ldren. Specif	ically, CA	ASA recr	ruits,	trair	ns, a	and suppo	rts
ž		caring c	community volunte	ers (Advocates) who are	partner	ed wi	th chi	ildre	en, ages	0 to
E		21. Ple	ease refer to Sch	edule O for mo	re details	S.					
š	2		ox ► if the organization				e than 2!	5% of its	net ass	sets.	
ၓ	3		oting members of the gove						3		10
-ბ თ	4		dependent voting member						4		10
<u>ë</u>	5		r of individuals employed i						5		15
Activities & Governance	6		r of volunteers (estimate if						6		275
Ac			ed business revenue from						7a		0.
	b	Net unrelated	d business taxable income	from Form 990-T, Par	t I, line 11				7b		0.
							Pi	rior Year		Current Y	'ear
ø	8		s and grants (Part VIII, line				1	,704,5	63.	1,535	,219.
Ž	9	Program serv	vice revenue (Part VIII, lin	e 2g)							
Revenue	10		ncome (Part VIII, column (2,6	527.		,170.
ď	11		ie (Part VIII, column (A), li								,782.
	12		e – add lines 8 through 11				1	,707,1	90.	2,148	3,171.
	13	Grants and s	imilar amounts paid (Part	IX, column (A), lines 1	-3)						
	14	Benefits paid	to or for members (Part I	IX, column (A), line 4).							
	15	Salaries, other	er compensation, employe	ee benefits (Part IX, co	lumn (A), lines	5-10)		950,2	238.	1,049	,146.
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e).				· · · · · ·		,	
ĕ	h		sing expenses (Part IX, co								
X						7,163.					
	17		ses (Part IX, column (A), I					219,1			<u>,760.</u>
	18		es. Add lines 13-17 (must				1	,169,3			906.
	19	Revenue less	s expenses. Subtract line	18 from line 12				537,8	309.	915	,265.
. o								g of Currer		End of Y	
sets alan	20		(Part X, line 16)				1	,797,3	386.	2,544	,630.
Aŝ	21	Total liabilitie	es (Part X, line 26)					232,2	289.	64	,268.
Net Assets Fund Balanc	22	Net assets or	r fund balances. Subtract	line 21 from line 20			1	,565,0)97.	2,480	,362.
Pa	art II	Signatur	re Block					, , -		,	
				turn, including accompanying	schedules and statem	nents, and to the	e best of m	v knowledae	and belie	ef. it is true. correc	t. and
com	plete. D	eclaration of prepa	eclare that I have examined this retainer (other than officer) is based or	all information of which prepare	arer has any knowled	lge.		, ,			•
Sig	nr	Signatu	ure of officer				Dat	te			
He	re	Nki	a Richardson				Execu	itive I	Dir.		
			r print name and title				писс	ICIVO I	<u> </u>		
		Print/Type p	preparer's name	Preparer's signature		Date		Check	if I	PTIN	
D٠	: പ	Ted Mi	itchell	Ted Mitchell				self-employ		P01351960)
Pa					r IID	I		ocu -cuihinà	ou .	101331300	<u>'</u>
	epare e On			tchell & Linde				Firmly FIX:	~ 0.4	2041704	
US	UI	Firm's addre		ery Street, Sui	te 1050					-2941784	0.0
N. C.			San Francisc					Phone no.	(415	', , , 	
Ma	y the	IKS discuss th	nis return with the prepare	r snown above? See in	nstructions					. X Yes	No

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

4e Total program service expenses ► 856, 952.

BAA

TEEA0102L 10/07/20

Form 990 (2020)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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.	3		Х
4	Section 501(c)(3) organizations. 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	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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 as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	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.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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		Х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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.	21		Х

Form 990 (2020) CASA of San Mateo County Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	o 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan	2020

Form 990 (2020) CASA of San Mateo County

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	,		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
١	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
- •	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 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..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Organization 330 Twin Dolphin Drive #139 Redwood City CA 94065 650-212-4423

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Form 990 (2020)	CASA	Οİ	San	Mateo	County

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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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional lighest compensated ormer (list any employee hours for organizations related organiza tions l trustee helow dotted (1) Nkia Richardson 40 Executive Dir. 0 Χ 0 0. 137,309 (2) Sherrie Friedman 2 0 Director Χ 0 0 0. (3) Dax Bermudez 2 0. Treasurer 0 Χ Χ 0 0 (4) David Mendell 2 Director 0 Χ 0 0 0. (5) Brian Suckow 2 President 0 Χ Χ 0 0. 0. 2 (6) Cristal Waldrop 0 Χ 0. 0. Director 0 2 (7) Dominique Quincy 0 Χ 0. Director 0. 0. 2 (8) Rosanne Foust 0 Director Χ 0 0 0. 2 (9) Sandy Nicolson Director 0 Χ 0 0 0. 2 (10) Rigo Rodriguez 0 Director Χ 0 0. 0 (11) Peter Steiner 2 0 Χ Director 0 0 0. (12) Stephanie Yonker 2 0 Χ Χ 0 Secretary 0 0. 4 (13) Heather Brien 0 Director Χ 0 0. 0. (14)

Part VII Sect	tion A. Officers, Directors, Tru	1	Key	En	ıplo	oye	es,	and	d Highest Com	pensated Emp	loyees	S (conti	inued)
		(B)			(0	•							
	(A) Name and title	Average hours per week	box	, unle	ess pe nd a c	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) ated am of other	
		(list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	the c	ensation organizat d related anization	tion d
		dotted line)	ee	stee			nsated						
(15)													
(16)													
(17)													
<u>(18)</u>													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Subtotal								>	137,309.	0.	Į.		0.
d Total (add li	continuation sheets to Part VII, Sectinines 1b and 1c)							>	0. 137,309.	0.			0.
	r of individuals (including but not limited ganization ► 1	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	oensatio	n	
3 0:111	-											Yes	No
on line 1a?	anization list any former officer, direct If 'Yes,' complete Schedule J for suc	h individu	ıaİ								. 3		Х
4 For any indi the organiza such individ	ividual listed on line 1a, is the sum of ation and related organizations greate dual	reportab r than \$1	le co 50,00	mpe 30?	ensa If 'Y	ition ∕ <i>es,</i> '	and com	oth <i>iple</i> 	er compensation te Schedule J for	from 	. 4		X
5 Did any per- for services	son listed on line 1a receive or accru rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	n fr	om : lule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	. 5		X
	lependent Contractors is table for your five highest compen	sated ind	enen	dent	t cor	ntrad	rtors	tha	t received more t	han \$100 000 of			
compensatio	n from the organization. Report compen	sation for	the ca	alen	dar <u>y</u>	year	endi	ng v	vith or within the or	ganization's tax year		•	
	(A) Name and business add	ress							Description (of services	Compe	ensatio	n
O T-1 '	n af independent out to the Color		34			:=1	1 = 1			Ale a ca			
	r of independent contractors (including before compensation from the organization		itea to	ว เทด	se I	isted	abo	ve)	wno received more	เทสท			

		Check if Schedule O contains a response	onse or note to any	y line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	536,115. 999,104.				
Son and	h	Total. Add lines 1a-1f	-	1,535,219.			
			Business Code	1,333,213.			
Program Service Revenue	2 a b c d e f						
Pr	g	Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, in other similar amounts)	bond proceeds	1,170.			1,170.
	6 a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7c	(ii) Other				
		Net gain or (loss)	•				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	644,487.				
₹	С	Net income or (loss) from fundraising e	vents	611,782.			611,782.
		Gross income from gaming activities. See Part IV, line 19					
		Net income or (loss) from gaming activ					
	10 a	Gross sales of inventory, less returns and allowances	a				
		Net income or (loss) from sales of inve	ntory				
S			Business Code				
ğ a	11 a						
	a						
Miscellaneous Revenue	11 a b c d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2.148.171.	0.	0.	612, 952

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

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		31,000	3************	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	137,309.	27,462.	41,193.	68,654.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	701,489.	533,132.	63,134.	105,223.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,058.	16,004.	1,895.	3,159.
9	Other employee benefits	121,969.	92,696.	10,977.	18,296.
10	Payroll taxes	67,321.	51,164.	6,059.	10,098.
11	Fees for services (nonemployees):	,	,	,	
a	Management				
ŀ	Legal				
(Accounting	8,000.		8,000.	
(1 Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	45,206.	34,357.	4,068.	6,781.
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	12,776.	9,710.	1,150.	1,916.
13	Office expenses	5,192.	3,946.	467.	779.
14	Information technology	3,132.	0,310.	107.	,,,,,
15	Royalties				
16	Occupancy	269.	204.	24.	41.
17	Travel	_ , , ,			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,693.	10,407.	1,232.	2,054.
23	Insurance	10,278.	7,811.	925.	1,542.
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 O.)				
ā	Human resource fees	25,473.	19,359.	2,293.	3,821.
	Recruitment and training	17,344.	17,344.		
	Dues and subscriptions	9,614.	7,307.	865.	1,442.
	Program expense	9,038.	9,038.		
	All other expenses	26,877.	17,011.	6,509.	3,357.
25	Total functional expenses. Add lines 1 through 24e	1,232,906.	856,952.	148,791.	227,163.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	o any line i	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,571,422.	1	2,473,049.
	2	Savings and temporary cash investments		L.		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			192,000.	4	50,000.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner officer, I contributo rsons	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		⊢			
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		L		8	
Assets	9	Prepaid expenses and deferred charges		-	8,410.	9	8,410.
As	_		1 1		0,410.		0,410.
٠	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	126,489.			
	b	Less: accumulated depreciation	10 b	113,318.	25,554.	10 c	13,171.
	11	Investments – publicly traded securities				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	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,797,386.	16	2,544,630.
	17	Accounts payable and accrued expenses			11,522.	17	10,466.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue	_		19		
٠,	20	Tax-exempt bond liabilities		<u> </u>		20	
ties	21	Escrow or custodial account liability. Complete Part		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or 359	%		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			220,767.	25	53,802.
	26	Total liabilities. Add lines 17 through 25			232,289.	26	64,268.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	y X				
ala	27	Net assets without donor restrictions			1,373,097.	27	2,430,362.
B	28	Net assets with donor restrictions			192,000.	28	50,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm			30		
SSI	31	Retained earnings, endowment, accumulated income	, or other f	unds		31	
it A	32	Total net assets or fund balances			1,565,097.	32	2,480,362.
×	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>	1,797,386.	33	2,544,630.
RΔ	Δ		TEEA0111L	10/07/20			Form 990 (2020)

Χ

3 a

3 b

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?.....

SCHEDULE A (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name	of the	e organization	CASA OI Sa	n Mateo County	7			Employer identific	ation number		
			(formerly	"Advocates for	Children")			04-384939			
Par				<u> </u>	rganizations must			1 /	ctions.		
	orga	1	•	`	For lines 1 through 12,		•	•			
1	L	· · · · · · · · · · · · · · · · · · ·		*	nurches described in sec	•		i).			
2	L				Schedule E (Form 990 or						
3	L		•		ization described in sec			• • •			
4		1	-	ation operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's		
	_	1	/, and state:								
5	L	An organize section 17	zation operated for 70(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in		
6		A federal,	state, or local gov	vernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A commur	nity trust described	d in section 170(b)(1)(A)(vi). (Complete Part	II.)					
9	F	An agricult	ural research organ	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege		
		or university:	-	nt college of agriculture	e (see instructions). Enter	r the nan	ne, city,	and state of the college	or		
10	Χ	An organiz	zation that normal	ly receives (1) more the	nan 33-1/3% of its sunr	ort from	n contrib	outions, membership fe	es, and gross receipts		
		investmen	nt income and unre	exempt functions, substanted business taxables 509(a)(2). (Complete	nan 33-1/3% of its suppoject to certain exception e income (less section Part III.)	ns; and 511 tax)	(2) no i	more than 33-1/3% of usinesses acquired by	its support from gross the organization after		
11				* * * * * * * * * * * * * * * * * * * *	ely to test for public safe	ety. See	section	n 509(a)(4).			
12		An organiz	zation organized a	nd operated exclusive	ely for the benefit of, to	perform	the fur	ictions of, or to carry o	out the purposes of one		
	_	or more pullines 12a t	ublicly supported o through 12d that d	organizations describe escribes the type of s	ed in section 509(a)(1) outporting organization	or sectio and con	n 509(a nplete lii)(2). See section 509(a nes 12e, 12f, and 12g.	a)(3). Check the box in		
а		organizatio	upporting organization(s) the power to re Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganizat stees of	ion(s), typically by giving the supporting organizat	g the supported ion. You must		
b		manageme	supporting organizent of the supporting	ı organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	having control or tion(s). You		
c		Type III fun	· nctionally integrated	I. A supporting organizat	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported		
d		Type III no	n-functionally integ	rated. A supporting ord	anization operated in cor	nection	with its	supported organization(s	s) that is not		
_		instruction	ns). You must com	plete Part IV, Section	must satisfy a distribute A and D, and Part V.						
e	<u> </u>	integrated	, or Type III non-fu	unctionally integrated	en determination from supporting organization	١.					
f			• • •	organizations on about the supported							
-			ed organization		(iii) Type of organization	6.0	s the	(v) Amount of monetary	(vi) Amount of other		
	(1)	arrie of Supporte	ou organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	organizat	ion listed overning nent?	support (see instructions)	support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
Tota											

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.)

Sec	tion A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization'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						
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, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in:	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by I	ine 11, column (f))		%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2020. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the l blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box ►
b	33-1/3% support test—2019. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this b	pox and stop here	e. Explain in Part V	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

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	tion A. Public Support			·			
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,132,826.	1.132.893.	1.321.257.	1,704,563.	1.535.219.	6,826,758.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,102,020.	1,132,033.	1,321,237.	1,704,303.	1,333,213.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	1,132,826.	1,132,893.	1,321,257.	1,704,563.	1,535,219.	6,826,758.
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons	144,000.	215,000.	75,000.	266,860.	607,741.	1,308,601.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.		0.		0	0
_	Add lines 7a and 7b	144,000.	0. 215,000.	75,000.	266,860.	0. 607,741.	1,308,601.
	Public support. (Subtract line	144,000.	213,000.	75,000.	200,000.	007,741.	1,300,601.
	7c from line 6.)tion B. Total Support						5,518,157.
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1,132,826.	1,132,893.	1,321,257.		1,535,219.	6,826,758.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,231.	2,181.	3,128.	2,627.	1,170.	10,337.
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	1,231.	2,181.	3,128.	2,627.	1,170.	10,337.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)				1,707,190.		6,837,095.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu					, ,	
	Public support percentage for 20	•	***		•		80.71 %
	Public support percentage from					16	85.55 %
	tion D. Computation of Inv				(6)	1 1	2 1 - 0
	Investment income percentage f	•		-			0.15 %
	Investment income percentage f						0.16 %
	33-1/3% support tests—2020. If is not more than 33-1/3%, check 23.1/3% support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	1 ► <u>X</u>
	33-1/3% support tests—2019. If the 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization -
20	Private foundation. If the organia	zation did not che	ck a box on line		check this box and	see instructions.	▶ []

Page 4

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 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	NI.
			res	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b			
	and 3c below.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4 c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in 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.	9с		
l0a	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.	10a		
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.).	10b		

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
I	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1	
1	Did the governing hady members of the governing hady officers acting in their official conscitu or membership of one		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
,	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
		г	1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2-		
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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 .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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10 Line 8 amount divided by line 9 amount

04-3849393

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details				
	in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9			

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
RΛΛ		Cabadula A (Fa	rm 990 or 990-F7) 202

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization CASA of San Mateo County

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2020

	(former	ly "Advocates	for Childr	en")		04-3849393	
Organiza	ation type (check one)	:					
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3)	(enter numbe	er) organization			
		4947(a)(1) non	exempt charitable	trust not treated as	a private foundation	on	
		527 political or	ganization				
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) non	exempt charitable	trust treated as a pr	ivate foundation		
		501(c)(3) taxab	ole private foundati	on			
-	our organization is cove	•	•	xes for both the Gen	neral Rule and a S	pecial Rule. See instructions.	
General	eneral Rule						
						ng \$5,000 or more (in money ator's total contributions.	
Special	Rules						
X	under sections 509(a)	(1) and 170(b)(1)(A)(vi) ne contributor, during), that checked School the year, total cor	edule A (Form 990 or s ntributions of the gre	990-EZ), Part II, line ater of (1) \$5,000;	support test of the regulations are 13, 16a, or 16b, and that; or (2) 2% of the amount on (i)	
	during the year, total purposes, or for the	I contributions of mor	e than \$1,000 <i>exc</i> to children or anin	lusively for religious,	, charitable, scient	eived from any one contributor, tific, literary, or educational in column (b) instead of the	
	during the year, cont \$1,000. If this box is	ributions <i>exclusively</i> checked, enter here lose. Don't complete	for religious, chari the total contributi any of the parts ur	table, etc., purposes ions that were receiv nless the General Ru	s, but no such cont yed during the year ule applies to this	eived from any one contributor, tributions totaled more than ir for an exclusively religious, organization because he year . •\$	
Caution	Δn organization that	isn't covered by the C	Sanaral Bula and/c	or the Special Dulce	doesn't file School	ula B (Form 990, 990,F7, or	

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form	990,	990-EZ,	or 990-PF)	(2020)
Name of organization				

CASA of San Mateo County

Employer identification number

04-3849393

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rhonda Larson & Anand Iyengar		Person X
	330 Twin Dolphin Dr. Ste 139	\$ <u>119,016.</u>	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sequoia Healthcare District		Person X
	330 Twin Dolphin Dr. Ste 139	\$50,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sand Hill Foundation		Person X Payroll
	330 Twin Dolphin Dr, Suite 139	\$40,000.	Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
	/h)	(-)	4.15
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person X
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	(c) Total contributions	Type of contribution
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	\$41,675.	Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139	\$41,675.	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation	\$ 41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139	\$ 41,675.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll
(a) No. 5 (a)	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Violet M Johnson Family Foundation	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CASA of San Mateo County

Employer identification number

04-3849393

Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Krane, Laura & David		Person X Payroll
	330 Twin Dolphin Dr. Ste. 139	\$ <u>50,000.</u>	
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Walsh, Beth		Person X
	330 Twin Dolphin Dr. Ste. 139	\$ <u>50,050.</u>	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Chung, Betsy & Peter		Person X
	330 Twin Dolphin Dr. Ste. 139	\$35,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	Mendelsohn Family Foundation		Person X
	330 Twin Dolphin Dr. Ste. 139	\$50,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
_ _		\$	Payroll
			(Complete Part II for noncash contributions.)

1

Employer identification number

CASA of San Mateo County

Name of organization

BAA

04-3849393

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional sp	oac	e is needed.	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A				
			\$		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			ŝ		
	<u> </u>			. – – – – – – –	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			Ś		
	<u> </u>		۲_	. – – – – – – –	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$	·	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$		
			۲		

Name of organization
CASA of San Mateo County

Employer identification number 04-3849393

	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee
		(e) Transfer of gift	I
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held
	Transferee's name, addres	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
		(e) Transfer of gift	
No. from Part I			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
		(e) Transfer of gift	
	N/A		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i	f <i>exclusively</i> religious, charitable, etc., instructions.)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization CASA of San Mateo County (formerly "Advocates for Children") 04-3849393 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection letters (check all that apply): a Public exhibition d Loon or exchange program b Scholarly research c Preservation for future generations e Other Preservation for future generations Fertil No. Part IVI Excora and Custodial and particular than 10 be maintained as part of the organization answered "Yes" on Form 990, Part IVI. Part IVI Excora and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IVI. In e 9, or reported an amount on Form 990, Part X, line 21. 1s the conganization an agent, inside, custodian or other intermediary for contributions or other assets not included Yes No. bif "Yes," explain the arrangement in Part XIII and complete the following table: C Amount	Part III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contir	nued)				
b Scholarly research c Other	3 Using the organization's acquisition, accession items (check all that apply):	, and other records, check a	ny of the following that m	nake significant use of its	collection					
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part XIII. S During the year, did the organization solicit for receive donations of art, historical treasures, or other similar assets Yes No Part XIII S During the year, did the organization and spent. It rustee, custodian or other intermediary for contributions or other assets not included Yes No No No No No No No N	a Public exhibition	a □ Public exhibition								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seed for draise furths rather than to be maintained as part of the organization's collection?	b Scholarly research	e Other								
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization? sollection?. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account lability? 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: 1c Beginning balance. 1c Beginning of year balance. 1d Beginning of year balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? 2b Indowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment *	c Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?		4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in								
Initial Programment Initial Programment	to be sold to raise funds rather than to be n	naintained as part of the c	organization's collection	1?						
on Form 990, Part X?.	Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ements. Complete if t on Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, P	art IV,				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1 a Is the organization an agent, trustee, custoo on Form 990, Part X?	dian or other intermediary	for contributions or oth	er assets not included	Yes	No				
c Beginning balance. d Additions during the year. 1 c										
d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?. yes bif 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. a Beginning of year balance. b Contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >					Amount					
e Distributions during the year. f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c Beginning balance			1с						
f Ending balance. 11	d Additions during the year			1 d						
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year			1 e						
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance	•									
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance	2 a Did the organization include an amount on	Form 990, Part X, line 21,	for escrow or custodial	I account liability?	Yes	No				
Table Beginning of year balance	b If 'Yes,' explain the arrangement in Part XII	I. Check here if the explai	nation has been provide	ed on Part XIII						
Table Beginning of year balance										
1 a Beginning of year balance										
b Contributions		ent year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four ye	ears back				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses gEnd of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶										
and losses	b Contributions									
d Grants or scholarships										
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \rightharpoonup \frac{8}{5} b Permanent endowment \rightharpoonup \frac{8}{5} c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investment) (b) Buildings. c Leasehold improvements. 91, 935. 82, 727. 9, 208. d Equipment. 20, 40 Book value depreciation 1 a Land. 1 b Buildings. 2 c Leasehold improvements. 3 c Leasehold improvements. 4 d Equipment. 2 c J, 419. 3 c J, 747. 3 d, 962. 6 Other. 3 13, 134. 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1 13, 171.										
and programs f Administrative expenses for the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the programment for the organization year and the programment for the organization year. (i) Unrelated organizations fisted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land. b Buildings. c Leasehold improvements. 91, 935. 82, 727. 9, 208. d Equipment. 21, 419. 17, 457. 3, 962. e Other. 13, 135. 13, 134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	·									
g End of year balance	and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·									
a Board designated or quasi-endowment be remainded by Permanent endowment by Remainded Free Endowment by Remainded Free Endowment by Remainded Free Endowment by Remainded Free Endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Bit Part XIII the intended uses of the organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other depreciation (d) Book value depreciation 1 a Land. b Buildings. c Leasehold improvements. d Equipment. c Leasehold improvements. d Equipment. 2 1, 419. 1 7, 457. 3, 962. e Other. 1 3, 135. 1 3, 134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 1 3, 171.	3									
b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	, -	rent year end balance (lir	ne 1g, column (a)) held	as:						
the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Pres VI Unrelated organizations (ii	_	<u> </u>								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		্ -								
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. 91, 935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 3 (ii) Yes No Yes No No Sa(ii) Sa(iii) Sa(iii) Sa(iii) Sa(iii)		1 1000/								
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(ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. c Leasehold improvements. d Equipment 21, 419. 13, 135. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 3a(ii) 3b 3d(ii) 3b 4 Description of sa(iii) 3b 4 Description of property (c) Accumulated (c) Accumulated depreciation (d) Book value (1)		on of the organization that a	are held and administered	d for the	Yes	No				
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment e Other 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	(i) Unrelated organizations				3a(i)					
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. 13, 135. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 13. 171.	• • • • • • • • • • • • • • • • • • • •				. 3a(ii)					
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 a Land. 1 a Land. 1 a Land. 2 a Land. 5 b Buildings. 2 a Land. 1 a Land. 1 a Land. 2 a Land. 3 a Land. 4 b Buildings. 5 a Land. 6 a Land. 1 a Land. 1 a Land. 1 a Land. 2 a Land. 3 a Land. 4 a Land. 5 a Land. 5 a Land. 6 a Land. 6 a Land. 7 a Land. 8 a Land. 9 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a Land. 1 a					. 3b					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). (c) Accumulated depreciation (d) Book value 1a, 127. 9, 208. 13, 134. 1. 13, 171.	4 Describe in Part XIII the intended uses of the	ne organization's endowme	ent funds.							
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. d Equipment e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). (c) Accumulated depreciation (d) Book value 13, 134. 14, 157. 13, 134. 13, 1371.										
1a Land. b Buildings. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment 21,419. 17,457. 3,962. e Other 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171.	Complete if the organization ar	nswered 'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	0, Part X,	line 10.				
b Buildings. 91,935. 82,727. 9,208. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 13,171.	Description of property			(c) Accumulated depreciation	(d) Book	value				
c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171.	1 a Land									
d Equipment 21,419 17,457 3,962 e Other 13,135 13,134 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171 13,171	b Buildings									
e Other	c Leasehold improvements		91,935.	82,727.		9,208.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	d Equipment		21,419.	17,457.		3,962.				
						1.				
		equal Form 990, Part X,	column (B), line 10c.)			· / = · = ·				

Schedule D (Form 990) 2020

Investments - Other Securities. Complete if the organization answere	d 'Ves' on Form 99(N/A N Part IV line 11b, See Form 9	00 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(B) Book value	(c) motion of variation. Cost of one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
<u>(B)</u>	-		
(C)	-		
(D)	-		
(E)	-		
(F)	-		
(G)	-		
 (H)			
 (l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	-		
Part VIII Investments - Program Related.		N/A	
Complete if the organization answere		0, Part IV, line 11c. See Form 99	30, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)	 		
(3)			
(4)			
(5)			
(6)	+		
(7)			
(8)			
(9) (10)	+		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	<u> </u>		
Part IX Other Assets.	N/A		
Complete if the organization answere	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 99	90, Part X, line 15
	escription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X Other Liabilities.	E 000 B 1 W 1: 1	1 11(0 F 000 D LV I' 0F	
Complete if the organization answered 'Yes' on		Te or 11f. See Form 990, Part X, line 25.	(In) Dealers less
1. (a) Description (1) Federal income taxes	cription of liability		(b) Book value
(2) PTO			53,802.
(3)			33,002.
(4)			
(5)			
(5) (6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) (10)			
(6) (7) (8) (9) (10) (11)			
(6) (7) (8) (9) (10)			53,802.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total revenue, gains, and other support per audited financial statements	1	2,291,811.				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a Net unrealized gains (losses) on investments						
b Donated services and use of facilities						
c Recoveries of prior year grants						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d.	2 e	143,640.				
3 Subtract line 2e from line 1	3	2,148,171.				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b						
b Other (Describe in Part XIII.)						
c Add lines 4a and 4b.	4 c					
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,148,171.				
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.						
1 Total expenses and losses per audited financial statements	1	1,376,546.				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a Donated services and use of facilities						
b Prior year adjustments						
c Other losses.						
d Other (Describe in Part XIII.)						
e Add lines 2a through 2d.	2 e	143,640.				
3 Subtract line 2e from line 1.	3	1,232,906.				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
4 Amounts included on Form 950, Fart 1A, line 25, but not on line 1.						
a Investment expenses not included on Form 990, Part VIII, line 7b						
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b						
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b.	4 c	1 200 533				
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	4 c	1,232,906.				

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

BAA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Name of the organization CASA of San Mateo County

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

"Advocates for Children") 04-3849393 (formerly Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	edule	G (Form 990 or 990-EZ) 2020 CASA of	San Mateo Cou	ntv	04-38	49393 Page 2		
Par			he organization ar event contributions	swered 'Yes' on Fo	orm 990, Part IV, li	ne 18, or reported		
-e			(a) Event #1 Connect to Pro (event type)	(b) Event #2 Auxiliary even (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))		
Revenue	1	Gross receipts	344,153.	300,334.		644,487.		
Œ	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)	344,153.	300,334.		644,487.		
	4	Cash prizes						
	5	Noncash prizes						
nses	6	Rent/facility costs						
Expe	7	Food and beverages						
Direct Expenses	8	Entertainment						
	9	Other direct expenses	31,868.	837.		32,705.		
Par	10 Direct expense summary. Add lines 4 through 9 in column (d)							
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
<u></u>	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	Ente	er the state(s) in which the organization co	nducts gaming activitie	es:				
		ne organization licensed to conduct gaming lo,' explain:	activities in each of th	nese states?		Yes No		

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

sche	edule G (Form 990 or 990-EZ) 2020 CASA of San Mateo County U	4-3849393	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13 a	%
k	An outside facility	13 b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name •		
	Address ►		
Ŀ	Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ for Yes,' enter name and address of the third party:	e? Yes ne amount	s No
	Name •		
	Address ►		i -
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	s
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	organization's own exempt activities during the tax year ► \$		
Par	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, color and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.		(v);

SCHEDULE 0 (Form 990 or 990-EZ)

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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CASA of San Mateo County (formerly "Advocates for Children")

Employer identification number 04-3849393

Form 990. Part III. Line 1 - Organization Mission

To Provide advocacy services for abused and neglected children. Specifically, CASA recruits, trains, and supports caring community volunteers (Advocates) who are partnered with children, ages 0 to 21, who are under the protection of the Juvenile Court because their parents can't or won't take care of them. Advocates support their children in many ways. They visit weekly; identify social, emotional, physical, developmental, and educational needs; ensure needs are met in a timely and appropriate manner; monitor well-being and safety in their home placements; oversee and support academic progress; engage their children in enrichment activities; facilitate information sharing among professionals; write reports to the Court to help quide the judges' decision making; and provide consistent support during traumatic events and transitions, such as changes in home placements, schools and foster families. Special Advocates are often the only consistent adults spending time with and advocating for these children durikng the entire time they are in the foster care system. Special Advocates focus on the needs, comfort, and happiness of the children, helping them to have as normal a life as possible under traumatic circumstances.

Form 990, Part VI, Line 11b - Form 990 Review Process

Prior to filing it, the Form 990 is distributed to the Board for their review. revisions suggested by the Board are incorporated in the final return.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board's conflict of interest policy was adopted on 6/7/2006, and it is distributed to all Board members. The conflict of interest policy is reviewed annually at a Board meeting and is also covered in the Board member orientations.

Name of the organization CASA of San Mateo County	Employer identification number
(formerly "Advocates for Children")	04-3849393

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board conducts an annual evaluation of the Executive Director's performance with the participation of all Board members and the Executive Director. Subsequently, the Board holds an executive session in which both compensation and performance are reviewed.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Compensation of other employees is reviewed by the Executive Director and ultimately approved as part of the budget process.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

All documents are available upon request.

2020

Page 1

Federal Supplemental Information

CASA of San Mateo County
(formerly "Advocates for Children")

04-3849393

Reference Form 990EZ, Part V, Question 34:							
During the fiscal year ended 6/30/2010, the Organization changed its name from "Advocates for Children" to "CASA of San Mateo County", and the Organization also revised and restated their bylaws.							

CACA1112L 12/22/20

2020 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 20	20 or fiscal year beginni	ng (mm/dd/yyyy) 7/	01/202	, and ending (mm/dd/yyyy) <u>6/30/</u>	202	<u>1_</u> ·	
Corporation/Or	rganizat	CASA OF	SAN MATEO COUNT					alifornia corporation nu	mber
(FORMERLY "ADVOCATES FOR CHILDREN") Additional information. See instructions.						2859807 FEIN			
Additional information. See instructions.						04-3849393			
Street address		rroom) OLPHIN DRIVE :					Р	MB no.	
City	TIN L	OHFIIIN DRIVE	<u>, 139</u>			State		ip code	
REDWOOI Foreign country		TY				CA Foreign province/state/county		04065 oreign postal code	
r oreigir country	y manne					Toreign province/state/county		oreign postar code	
B Amended C IRC Secti D Final info	I return ion 494 primation prissolve e: (mm. countin Cash eturn fi her 990 group f	Surrendered (Vidd/yyyy) • I) method: 2 [X] Accrual 3 [I] ed? 1 • [I] 990T 2 (I) series ling? See instructions			not reported to the state of the content of the con	cion have any changes to its gree FTB? See instructions R&TC Section 23701d, has the aged in political activities? On exempt under R&TC Section are gross receipts from ces On a limited liability company? Cion file Form 100 or Form 105 On under audit by the IRS or her year? 1023/1024 pending?	n 23701	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No X No No
Part I	1	Gross sales or receip	required to file this form	om Side 2	2, Part II, line 8		1 2	645	, 657.
Receipts		2 Gross dues and assessments from members and affiliates					3	1,535	. 219.
and Revenues	4							,,	
		This line must be completed. If the result is less than \$50,000, see General Information B ●					4	2,180	, 876.
	5								
	6						7		
	8		Subtract line 7 from line 4				8	2,180	.876.
	9		isbursements. From Side				9	1,265	
Expenses	10		er expenses and disburse				10		,265.
	11	Total payments				•	11		
	12		Information K			- 1	12		
	13	-, -, -, -, -, -, -, -, -, -, -, -, -, -					13		
Filing Fee	14	, , , , , , , , , , , , , , , , ,					15		
ree	15					_			
	16		and line 15. Then subtract line 1				16		0.
Sign Here		penalties of perjury, I declare, and complete. Declaration of the complete in the complete in the complete.		Title	TIVE DIR.	Date	- 1	knowledge and belief, i Telephone 550.517.584	
	Prepa	er's >			Date	Check if self-	7 [• PTIN	
Paid Preparer's	signature TED MITCHELL		<u> </u>	employed		P01351960 Firm's FEIN			
Use Only	Firm's name (or yours, if self-employed) and address Firm's name (or yours, if self-employed) and address DELAGNES, MITCHELL & LINDER 300 MONTGOMERY STREET, SUIT SAN FRANCISCO, CA 94104				\dashv	94-2941784			
			1000		- 1	Telephone			
								(415) 983-O	500
	May	the FTB discuss this	return with the preparer s	shown abo	ove? See instructi	ions	•	X Yes	No

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

			and the desired and the desire					-			
		1	Gross sales or receipts from all	business a	ctivities. See i	nstruc	tions		•	1	
		2	Interest						• 2	2	1,170.
_		3	Dividends						•	3	
Rece	ipts	4	Gross rents						•	4	
Othe	r	5	Gross royalties						• !	5	
Sour	ces	6	Gross amount received from sa	le of assets	(See Instructi	ions)			•	ŝ	
		7	Other income. Attach schedule.							7	644,487.
		8	Total gross sales or receipts from other							3	645,657.
		9	Contributions, gifts, grants, and similar							9	
	 10 Disbursements to or for members. 11 Compensation of officers, directors, and trustees. Attach schedule. SEE STMT 2 									0	
										1	137,309.
		12	Other salaries and wages							2	701,489.
Expe	nses	13	Interest								70271030
Disb	urse-	14	Taxes	• 1	4	67,321.					
ment		15	Rents								269.
		16	Depreciation and depletion (Sec								13,693.
		17	Other expenses and disbursem								345,530.
		18	Total expenses and disbursements. Add							8	1,265,611.
Sch	edule		Balance Sheet		Beginning of						ole year
Asse			Bulance Officer		(a)	tuxubi	(b)	(c)		I I	(d)
1					(-)		1,571,422.	(0)		•	2,473,049.
2			receivable			•	192,000.			•	50,000.
3			eivable							•	
4										•	
5	Federal	and s	tate government obligations							•	
6	Investm	ents i	n other bonds							•	
7	Investm	ents i	n stock							•	
8	Mortgag	je loar	18							•	
9	Other in	vestm	ients. Attach schedule							•	
10 a	Depreci	able a	ssets	1	25,179.			126,	489.		
b	Less ac	cumul	ated depreciation		99,625.		25,554.		318.		13,171.
11	Land									•	
12	Other a	ssets.	Attach schedule	4			8,410.			•	8,410.
13							1,797,386.				2,544,630.
Liabi	lities a	nd n	et worth								
14	Account	s paya	able				11,522.			•	10,466.
15	Contribu	utions,	gifts, or grants payable							•	
16	Bonds a	and no	tes payable							•	
17	Mortgag	jes pa	yable							•	
18	Other li	abilitie	es. Attach schedule	5			220,767.				53,802.
19			or principal fund				1,565,097.			•	2,480,362.
20			oital surplus. Attach reconciliation				•			•	
21	Retaine	d earn	ings or income fund							•	
22	Total li	abiliti	es and net worth			:	1 , 797 , 386.				2,544,630.
Sch	edule	M-1	Reconciliation of income per Do not complete this schedule					s less than \$50,0	00		
1	Net inco	ome pe	er books	•	915,265.	7	Income recorded on	books this year not	included		
2	Federal	incom	ıe tax	•				h schedule		•	
3	3 Excess of capital losses over capital gains										
4											
		ch schedule • Attach schedule							•		
5	-		orded on books this year not deducted			9	Total. Add line 7 ar				
_	in this return. Attach schedule								015 065		
6	rotal. A	ad line	e 1 through line 5		915,265.	1	Subtract line 9	nom me b		1	915,265.

Page 2 Form 199 2020 059 3652204 CACA1112L 12/22/20

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization CASA of	me of the organization CASA of San Mateo County (San Mateo County Character Mateo County Character Mateo County Character Mateo County Character Mateo County Character Mateo County Character Mateo County Character Mateo							
Organization type (check one)	<u> </u>	04-3849393						
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	ered by the General Rule or a Special Rule. 1, (8), or (10) organization can check boxes for both the General Rule and a S _l	pecial Rule. See instructions.						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution of the c							
Special Rules								
under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that						
during the year, tota purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece I contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' id address), II, and III.	ific, literary, or educational						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.								
<u> </u>	isn't covered by the General Rule and/or the Special Rules doesn't file Schedo	•						

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form	990,	990-EZ,	or 990-PF)	(2020)
Name of organization				

CASA of San Mateo County

Employer identification number

04-3849393

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rhonda Larson & Anand Iyengar		Person X
	330 Twin Dolphin Dr. Ste 139	\$ <u>119,016.</u>	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sequoia Healthcare District		Person X
	330 Twin Dolphin Dr. Ste 139	\$50,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sand Hill Foundation		Person X Payroll
	330 Twin Dolphin Dr, Suite 139	\$40,000.	Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
	/h)	(-)	4.15
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person X
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	(c) Total contributions	Type of contribution
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	\$41,675.	Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139	\$41,675.	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation	\$ 41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139	\$ 41,675.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll
(a) No. 5 (a)	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Violet M Johnson Family Foundation	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CASA of San Mateo County

Employer identification number

04-3849393

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Krane, Laura & David		Person X Payroll
	330 Twin Dolphin Dr. Ste. 139	\$ <u>50,000.</u>	
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Walsh, Beth		Person X
	330 Twin Dolphin Dr. Ste. 139	\$ <u>50,050.</u>	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Chung, Betsy & Peter		Person X
	330 Twin Dolphin Dr. Ste. 139	\$35,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	Mendelsohn Family Foundation		Person X
	330 Twin Dolphin Dr. Ste. 139	\$50,000.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
_ _		\$	Payroll
			(Complete Part II for noncash contributions.)

L

Employer identification number

CASA of San Mateo County

Name of organization

04-3849393

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sch	 edule B (Form 990, 990-E	 Z, or 990-PF) (2020 [°]

Name of organization
CASA of San Mateo County

Employer identification number 04-3849393

	Transferee's name, addres	Relationship of transferor to transferee						
		(e) Transfer of gift						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee					
	(e) Transfer of gift							
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held					
	Transferee's name, addres	Relationship of transferor to transferee						
		(e) Transfer of gift						
No. from Part I								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to tra							
		(e) Transfer of gift						
	N/A							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i	f <i>exclusively</i> religious, charitable, etc., instructions.)					

3885

	ch to Form 100 or For	m 100W. FORM	4 199									
Corpor	ration name CASA O	F SAN MATEO	COUNTY						Californ	nia corp	oratio	n number
	(FORME	RLY "ADVOCAT	TES FOR CHIL	DREN")					285	9807		
Parl		pense Certain Pro										
1	Maximum deduction	under IRC Section	179 for California.							1		\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service							2		
3	Threshold cost of IR		-							3		\$200 , 000
4	Reduction in limitation									4		
	Dollar limitation for t	-	act line 4 from line							5		
6	(a)	Description of property		(b) Cost	(business ı	use only)	(c)	Elected	cost			
7	Listed property (elec		•									
8	Total elected cost of									8		
9	Tentative deduction.									9		
10	Carryover of disallov								ŀ	10		
11	Business income lim									11		
12	IRC Section 179 exp			•		_				12		
13 Part	Carryover of disallov	ved deduction to 20						on 242	EC			
	•	l I					1	1			- 1	(1-)
14	(a) Description	(b) Date acquired	(c) Cost or	(d Depred		(e) Depreciation		f) e or	(g Deprecia	!) ation fo	or	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowe	ed or	method	ra		this			year
				allowa earlier								depreciation
CON	1PUTER	6/30/2006	1,889.		,889.	S/L		3				
_	CEPTION DESK	1/11/2008	506.		506.	S/L		5				
	AIRS - 50	1/29/2008	541.		541.	S/L		5				
	BLES - 14	1/25/2008	1,998.	1	,998.	S/L		5				
	ASEHOLD IMPRO	6/30/2012	90,692.		2,552.	S/L		10		9,06	a	
						•		10		, 00	۶.	
15	Add the amounts in \$2,000. See instruct							15	13	3,69	2	
Parl	t III Summary	ions for fine 14, co	iuiiiii (ii)					13		, 05	٠. ا	
	Total: If the corporat	tion is electing.										
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, c	olumn (g)	or or						
	Additional first year										6	
17	Depreciation (if no e Total depreciation cl	• •			•	107					_	
	Depreciation adjustn									···· -	,	
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the o	difference	here and	on Forr	n 100	or			
	Form 100W, Side 2, state adjustments or									1	Q	
Parl		11 01111 100 01 1 0111	1 100vv, 110 aujustii	Helli is He						<u>'</u>	O	
19	(a)	(b)	(c)			d)	(6	<i>3</i>	(f)			(g)
13	Description	Date acquire		r	Amorti		R&	TC	Period	or		Amortization
	of property	(mm/dd/yyyy	y) other bas	sis a		allowable	Sect		percenta	age		for this year
					in earlie	or years	(see i	11511)				
												_
20	T-1-1 A-1-1 !!	unto in only							1	20		
20	Total. Add the amou	(0)								20		
21	Total amortization cl		•		,					21		
22	Amortization adjustn Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the	difference	ce here and	d on Fo	rm 100	0 or			
	Form 100W, Side 1, Form 100W, Side 2,									22		

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		•	•						
	ch to Form 100 or For	m 100W. FORI	М 199						
Corpo		F SAN MATEO					Californ	nia corpor	ation number
			res for Chil				2859	807	
Par			perty Under IRC S				T		
1	Maximum deduction						 -	1	\$25,000
2	Total cost of IRC Se						_	2	
3	Threshold cost of IR		-				_	3	\$200,000
4	Reduction in limitation for the control of the cont							5	
<u>5</u>			act line 4 from line					3	
-	(a)	Description of property		(b) Cost (business	use only)	(c) Electe	eu cost		
7	Listed property (elec	tod IDC Section 17	79 cost)		7				
8	Total elected cost of		•			ine 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov						-	10	
11	Business income lim						_	11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	I0, but do not enter	more than	line 11		12	
13	· · · · · · · · · · · · · · · · · · ·								
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&T	C Section 24	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	_ (g) .	(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method	Life or rate	Deprecia this y		Additional first year
	o. p. spo. ty	(5 ti 101 2 do 10	allowable in	111001100	1410		00.	depreciation
		10/06/0011	500	earlier years	- /-				
	MPUTER	12/06/2011	582.	582.	S/L	3			
	SKS - 7	6/07/2012	5,305.	5,305.	S/L	5			
	MPUTER - 2	6/27/2012	1,077.	1,077.	S/L	3			
DES		7/01/2012	1,236.	1,236.	S/L	5		101	
LEA	ASEHOLD IMPRO	7/24/2012	1,243.	982.	S/L	10		124	•
	Add the amounts in \$2,000. See instruct								
Par									
16	Total: If the corporat IRC Section 179 exp		unt on line 12 and	lina 1E. aalumn (a	۱. ۵ ۳				
	Additional first year	depreciation under	R&TC Section 243	356, add the amoun	its on line 1	5, columns	(g) and (h)	or	
	Depreciation (if no e	•							
	Total depreciation cl							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 1 / is g line 6 If line 17 is	reater than line 16	, enter the difference enter the difference	ce here and here and o	l on Form 10 on Form 100)0 or) or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	nounts are used to	determine r	net income b	efore		
_	state adjustments or	n Form 100 or Forn	n 100W, no adjustn	nent is necessary.).				18	
Par		(h)	(2)		٠,	(-)	(6)		(=)
19	(a) Description	(b) Date acquire	ed (c) Cost o		d) ization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy	/) other bas		allowable	Section	percenta	ige	for this year
				in earlie	er years	(see instr)			
						-			
						+			
						+			
						-			
20	Total Add Haras	into in column ()					<u> </u>	20	
20	Total. Add the amou	107					-	20	
21	Total amortization cl		•				_	21	
22	Amortization adjustr Form 100W, Side 1,	nent. IT line 21 is g line 6. If line 21 is	reater than line 20 less than line 20.	, enter the difference enter the difference	ce nere and here and o	on Form 10 on Form 100	or or or		
	Form 100W, Side 2,	line 12				<u></u>		22	

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		-	-						
	ch to Form 100 or For	m 100W. FORI	1 199				0-197		an number
Corpo	ration name CASA O	F SAN MATEO	COUNTY				California	corporation	on number
	(FORME	RLY "ADVOCAT	TES FOR CHIL	DREN")			28598	07	
<u>Par</u>		cpense Certain Pro							
1	Maximum deduction	under IRC Section	179 for California.					1	\$25 , 000
2	Total cost of IRC Se	ction 179 property	placed in service				<u> </u>	2	
3	Threshold cost of IR	C Section 179 prop	erty before reducti	on in limitation				3	\$200 , 000
4	Reduction in limitation							4	
5	Dollar limitation for t	taxable year. Subtr	act line 4 from line	1. If zero or less,	enter -0			5	
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	d cost		
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of		•			ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov	ved deduction from	prior taxable year	S			10	0	
11	Business income lim	nitation. Enter the s	smaller of business	income (not less t	han zero) o	r line 5	1 ¹	1	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11	12	2	
13	Carryover of disallov								
Par	t II Depreciation a	nd Election of Additi	ional First Year Dep	reciation Deduction	Under R&TO	C Section 243	356		
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation allowed or	Depreciation method		Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowable in	metriou	rate	this yea	ai	year depreciation
				earlier years					
SOI	TTWARE	4/01/2013	2,250.	2,243.	S/L	5			
DES	SK	7/27/2016	458.	360.	S/L	5		92.	
CON	MPUTER	1/09/2018	948.	790.	S/L	3		158.	
CON	MPUTER	6/14/2018	3,710.	2,577.	S/L	3	1,	133.	
CON	MPUTER	9/11/2017	1,962.	1,853.	S/L	3		109.	
15	Add the amounts in	column (a) and col	umn (h) The total	of column (h) may	not exceed				
	\$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	line 15, column (g)) or Its on line 1	5 columns ((d) bne (b)		
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal p	ourposes from fede	ral Form 4562, line	22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16,	enter the difference	e here and c	on Form 100	or		
	state adjustments or							18	
Par			, ,	, , , , , , , , , , , , , , , , , , , ,				ı	
19	(a)	(b)	(c)	(6	d)	(e)	(f)		(g)
	Description	Date acquire	d Cost o	r Amorti	ization	R&TC	Period or		Amortization
	of property	(mm/dd/yyyy	y) other bas		allowable er years	Section (see instr)	percentage	9	for this year
				iii caine	or yours	(300 11311)			
20	Total Add #	unto in column (-)					2	n	_
20	Total. Add the amou	(0)						_	
21	Total amortization cl	·	•					ı	
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g	reater than line 20	, enter the difference	ce here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 12.					OI 22	2	

3885

	ch to Form 100 or For	m 100W. FORI	M 199				Califor	nia aarnaral	tion number
Corpo	CASA O	F SAN MATEO						•	tion number
			res for CHIL	•			285	9807	
Par			perty Under IRC S						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se		•					2	
3	Threshold cost of IR		-					3	\$200,000
4	Reduction in limitation							5	
<u>5</u>	Dollar limitation for t		act line 4 from line					3	
0	(a)	Description of property		(b) Cost (business	s use only)	(c) Electe	a cost		
7	Listed property (elec		•						
8	Total elected cost of							8	
9	Tentative deduction.							9	
10	Carryover of disallov		,					10	
11	Business income lim			•				11 12	
12	IRC Section 179 exp			·	_			12	
13 Par	Carryover of disallov		ional First Year Dep				256		
		1	•						41.5
14	(a) Description	(b) Date acquired	(c) Cost or	(d) Depreciation	(e) Depreciation	n Life or	Deprecia	3) ation for	(h) Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this		year
				allowable in earlier years					depreciation
CO1	4DIMED	11/00/2017	1 000	·	C /T	3		112	
	MPUTER	11/08/2017	1,020.	907				113.	
	RIGERATOR	1/19/2018	536.	259		5		107.	
	CEPTION DESK	2/27/2018	2,658.	1,241		5		532.	
	1PUTER	8/14/2018	1,184.	757		3		395.	
SEF	RVER & EQUIPM	10/09/2018	5,384.	1,970	. S/L	3		1,795.	
15	Add the amounts in \$2,000. See instruct								
Par	t III Summary								
16	Total: If the corporat								
	IRC Section 179 exp Additional first year	ense, add the amo	ount on line 12 and	l line 15, column (e	g) or nts on line i	15 columns	(a) and (h)) Or	
	Depreciation (if no e								
17	Total depreciation cl	aimed for federal p	ourposes from fede	eral Form 4562, lin	e 22			17	
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16	, enter the differer	nce here and	d on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,								
	state adjustments or							18	
Par	t IV Amortization		·		-				•
19	(a)	(b)	(c)		(d)	(e)	(f)		(g)
	Description	Date acquire			tization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	v) other bas		or allowable ier vears	Section (see instr)	percenta	age	for this year
					.0. 500.0	(66661.)			
						+			
						1		-	
]		00	
20	Total. Add the amou	107						20	
21	Total amortization cl							21	
22	Amortization adjustn	nent. If line 21 is g	reater than line 20	, enter the differer	nce here and	d on Form 10	00 or		
	Form 100W, Side 1, Form 100W, Side 2,							22	
	TOTTLE TOUVY, SINE Z,								

CALIFORNIA FORM

2020 Corporation Depreciation and Amortization

3885

		•	•								
	ch to Form 100 or For	m 100W. FORI	М 199								
Corpo	ration name CASA O	F SAN MATEO	COUNTY					Califor	nia corpo	oration number	
			res for Chil					285	9807		
Par			perty Under IRC S								
1	Maximum deduction								1	\$25,00	0(
2	Total cost of IRC Se		•						2		_
3	Threshold cost of IR		-						3	\$200,00	10
4	Reduction in limitation								5		
<u>5</u>	Dollar limitation for t		act line 4 from line	1			(c) Electe		3		
-	(a)	Description of property		(n) c	ost (business i	use only)	(C) Electe	eu cost			
7	Listed property (elec	ted IRC Section 17	79 cost)	1		7					
8	Total elected cost of		•				ine 7		8		
9	Tentative deduction.								9		
10	Carryover of disallov								10		_
11	Business income lim								11		_
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10, but c	lo not enter	more than	line 11		12		
13	- · · · · · · · · · · · · · · · · · · ·										
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation	n Deduction	Under R&T	C Section 24	356			
14	(a)	(b)	(c)	_	(d)	(e)	(f)	_ ((g) _	(h)	
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis		reciation wed or	Depreciation method	Life or rate	Deprecia this		or Additional first year	
	[]	(****** 2.2.))))			vable in				,	depreciation	
		4 /04 /0004	1 010	earii	er years	- /-	_				
SOI	FTWARE	4/01/2021	1,310.			S/L	5		60	0.	
				-							
				<u> </u>							
15	Add the amounts in										
Par	\$2,000. See instruct t III Summary	ions for line 14, co	iumn (n)				15				
	Total: If the corporat	tion is electing:									
10	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15	column (g)	or or					
	Additional first year									e	
17	Depreciation (if no e Total depreciation cl	•									
	Depreciation adjustn								· · · • ·		_
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16.	enter th	e difference	e here and o	on Form 100) or			
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation am n 100W no adjustr	10unts a nent is r	re used to (determine r	net income t	petore	18	8	
Par		11 01111 100 01 1 0111	11 100 11, 110 aajasti	iiciit is i	10003341 y .).				.	<u> </u>	
19	(a)	(b)	(c)		((d)	(e)	(f)		(g)	_
	Description	Date acquire	ed Cost o		Amorti	ization	R&TC	Period	-	Amortization	
	of property	(mm/dd/yyy)	/) other bas	SIS	allowed or in earlie		Section (see instr)	percent	age	for this year	
					50.71	, . 	(1111)				_
							1				
							1		- 		
							1				
							1				
20	Total. Add the amou	ınts in column (a)							20		
21	Total amortization cl	107							21		
22			•								
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter th	e difference	here and	on Form 100	or or			
	Form 100W, Side 2,	line 12							22		

2020

California Statements

Page 1

CASA of San Mateo County (formerly "Advocates for Children")

04-3849393

Statement 1 Form 199, Part II, Line 7 Other Income

Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- <u>sation</u>	Contri- bution to EBP & DC	Expense Account/ Other
Sherrie Friedman 330 Twin Dolphin Drive #139 Redwood City, CA 94065	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Dax Bermudez 330 Twin Dolphin Drive #139 Redwood City, CA 94065	Treasurer 2.00	0.	0.	0.
David Mendell 330 Twin Dolphin Drive #139 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Brian Suckow 330 Twin Dolphin Drive #139 Redwood City, CA 94065	President 2.00	0.	0.	0.
Cristal Waldrop 330 Twin Dolphin Drive #139 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Dominique Quincy 330Twin Dolphin Drive, Suite 1 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Rosanne Foust 330 Twin Dolphin Drive #139 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Sandy Nicolson 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Rigo Rodriguez 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Director 2.00	0.	0.	0.
Nkia Richardson 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Executive Dir. 40.00	137,309.	0.	0.

California Statements

Page 2

CASA of San Mateo County (formerly "Advocates for Children")

04-3849393

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Peter Steiner 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Director 2.00	\$ 0.	\$ 0.	\$ 0.
Stephanie Yonker 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Secretary 2.00	0.	0.	0.
Heather Brien 330 Twin Dolphin Dr, Suite 139 Redwood City, CA 94065	Director 4.00	0.	0.	0.
	Total	\$ 137,309.	\$ 0.	\$ 0.

Statement 3 Form 199, Part II, Line 17 Other Expenses

Accounting Fees	\$ 8,000.
Advertising and Promotion	12,776.
Bank & interest fees	4,495.
Dues and subscriptions	9,614.
Human resource fees	25,473.
Insurance	10,278.
Office Expenses	5,192.
Other Employee Benefit	121,969.
Other expenses.	5,705.
Other fees	45,206.
Pension Plan Contributions	21,058.
Postage and Shipping	1,174.
Printing and Publications	6,914.
Program expense	9,038.
Recruitment and training	17,344.
Special Event Expenses	32,705.
Telephone	8,589.
Total	\$ 345,530.

Statement 4 Form 199, Schedule L, Line 12 Other Assets

Prepaid Expenses	and Deferred	Charges	8,410.
		Total	\$ 8,410.

2020

California Statements

Page 3

CASA of San Mateo County (formerly "Advocates for Children")

04-3849393

Statement 5 Form 199, Schedule L, Line 18 Other Liabilities	
PTO	53,802.
Total	\$ 53,802.

STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS:

1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS:

S:

DEPARTMENT OF JUSTICE
PAGE 1 of 5
(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

www.oag.ca.gov/charities	23/0:	3; Government Code section 12	2586.1.1K5 6	extensions will be r	ionorea.			
CASA OF SAN MATEO CO (FORMERLY "ADVOCATES		DREN")		Check if: Change of	address			
Name of Organization		,		Amended				
List all DBAs and names the organization u	ses or has used							
330 TWIN DOLPHIN DRI Address (Number and Street)	VE #139			State Charity	Registration Num	ber <u>CT 0136512</u>	<u>?</u>	
REDWOOD CITY, CA 940 City or Town, State, and ZIP Code	65			Corporation o	r Organization No	o. <u>2859807</u>		
650.517.5840 Telephone Number	INFO@ E-mail Add	CASAOFSANMATEO dress	.ORG	Federal Empl	oyer ID No. 04	-3849393		
ANNUAL R	EGISTRATION F	RENEWAL FEE SCHEDU				11, and 312)		
Total Revenue	<u>Fee</u>	Total Revenue	<u> </u>	<u>Fee</u>	Total Revenue		F	ee
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$25 \$50 \$75	Between \$250,001 and Between \$1,000,001 and Between \$5,000,001 and	nd \$5 mill	ion \$200		0,001 and \$100 millio 00,001 and \$500 mill 0 million	ion \$1	
PART A – ACTIVITIES								
For your most recent full a	ccounting peri-	od (beginning 7	/01/20	ending	6/30/21) list:		
Total Revenue \$ (including noncash contributions)	2,148,17	1. Noncash Contribu	utions \$		0. Total A	ssets \$ 2,54	<u>4,63</u>	30.
Program Ex	penses \$	0.		Total Expense	s \$ 1,26	<u>5,611.</u>		
PART B – STATEMENTS								
Note: All questions must be an providing an explanation							Yes	No
1 During this reporting period, w officer, director or trustee thereof, e	vere there any o either directly or	contracts, loans, leases or oth r with an entity in which	ner financial n any such	transactions betv n officer, director o	veen the organiza or trustee had any f	ation and any inancial interest?		Χ
2 During this reporting period, w	as there any th	neft, embezzlement, div	ersion or	misuse of the	organization's charital	ole property or funds?		Χ
3 During this reporting period, w	vere any organi	zation funds used to pa	ny any per	nalty, fine or ju	dgment?			Χ
During this reporting period, w coventurer used?	vere the service	s of a commercial fundraise	er, fundrai	sing counsel fo	or charitable purposes	s, or commercial		Χ
5 During this reporting period, d	id the organiza	tion receive any govern	ımental fu	inding?	SEI	E STATEMENT 1	X	
6 During this reporting period, d	id the organiza	tion hold a raffle for cha	aritable p	urposes?				Χ
7 Does the organization conduct	t a vehicle dona	ation program?						Χ
Did the organization conduct a generally accepted accounting	an independent principles for	audit and prepare audi this reporting period?	ited financ	cial statements	in accordance w	rith	Χ	
9 At the end of this reporting pe	riod, did the or	ganization hold restricted	net assets,	while reporting	g negative unrest	ricted net assets?		Χ
I declare under penalty of perjuland belief, the content is true, c					documents, and	to the best of my kno	wled	ge
	NKT	A RICHARDSON		EXECUTIVE	DTR.			
Signature of Authorized Agent	Printed			Title		Date		

CASA of San Mateo County (formerly "Advocates for Children")

04-3849393

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

(650) 802-7982 | jlamadora@smcgov.org

California Department of Emergency Services -Victims of Crime Assistance program: Address 3650 Schiever Avenue Mather, CA 95655 Contact Person Nakisha Willis Program Specialist, Children's Unit Office of Grants Management California Governor's Office of Emergency Services (916) 845-8276 | Nakisha.Willis@caloes.ca.gov Judicial Council of CA -Center for Families, Children & the Courts - Operations and Programs Division Address 455 Golden Gate Avenue San Francisco, CA 94102-3688 Contact Arlene Negapatan Administrative Coordinator (415) 865-4564 arlene.negapatan@jud.ca.gov Other contacts Anthony Villanueva: Anthony. Villanueva@jud.ca.gov Penny Davis Penny.Davis@jud.ca.gov Vida Terry: Vida.Terry@jud.ca.gov County of San Mateo -Children and Family Services- Measure K Funds Address 1 Davis Drive Belmont, CA 94002 Contact Jazz Lamadora Management Analyst Children and Family Services San Mateo County

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subr	nit origin	al (no copies needed).			
	ions required to file an income tax return other th			ps, RE	MICs, and	trusts must
use Form /	004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	tax returns	S.	Тахра	yer identifica	tion number (TIN)
Type or print	CASA of San Mateo County (formerly "Advocates for Chilo Number, street, and room or suite number. If a P.O. box, see in	dren")		04-	384939	3
File by the due date for filing your return. See instructions.	330 Twin Dolphin Drive #139 City, town or post office, state, and ZIP code. For a foreign add		actions.			
	Redwood City, CA 94065					
Enter the R	eturn Code for the return that this application is for	or (file a se	parate application for each return)			01
Application Is For		Return Code	Application Is For			Return Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B		02	Form 1041-A			08
Form 4720	•	03	Form 4720 (other than individual)			09
Form 990-P		04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
If the orIf this is check the	The No. $ ho$ 650-212-4423 ganization does not have an office or place of but for a Group Return, enter the organization's four his box	siness in th digit Group	Exemption Number (GEN) I	f this is	s for the w	whole group,
1 I reque for the	est an automatic 6-month extension of time until e organization named above. The extension is for calendar year 20 or	the organiz	ng <u>6/30</u> , ²⁰ <u>21</u> .	ization		
3a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	1720, or 600	59, enter the tentative tax, less any	3 a	\$	0.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b	\$	0.
c Balan EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v	with this form, if required, by using	3 c	\$	0.
Caution: If payment ins	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 8	453-EC	and Forr	n 8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For t	ne 2020 caien	dar year, or tax year begii	nning //U⊥	, 2020,	and ending	6/3	30	,	20 2021	
В	Check	if applicable:	С					D Employ	er identi	fication number	
	A	ddress change	CASA of San Mate	eo County				04-	38493	393	
	N.	ame change	(formerly "Advoc	cates for Child	dren")			E Telepho			
	In	itial return	330 Twin Dolphir	n Drive #139				650	517	.5840	
	_	nal return/terminated	Redwood City, CA	4 94065			ŀ	030	. 517	.5040	
								G Gross r	6	2 100	076
	-	mended return	F N	- <i>m</i>		Tu	(a) le this s	a group retur		1 1	,876.
	A _l	pplication pending		al officer:			• •				
			Same As C Above		T T	'''	If "No,"	subordinates attach a list	. See inst	I? Yes tructions	No
<u> </u>		exempt status:	X 501(c)(3) 501(c) ()◀ (insert no.)	4947(a)(1) or	527					
J	We	bsite: ► ww	w.casaofsanmateo	o.org		н	(c) Group 6	exemption nu	umber ►	•	
K	Forn	n of organization:	X Corporation Trust	Association Other ►	LY	ear of formation	n: 2006	6 M s	State of le	egal domicile: $f CI$	A
Pa	art I	Summar	'n								
	1	Briefly descri	ibe the organization's miss	sion or most significant	activities:To	provide	advo	cacy s	ervi	ces for	
d)		abused a	and neglected chi	ldren. Specif	ically, CA	ASA recr	ruits,	trair	ns, a	and suppo	rts
ž		caring c	community volunte	ers (Advocates) who are	partner	ed wi	th chi	ildre	en, ages	0 to
E		21. Ple	ease refer to Sch	edule O for mo	re details	S.					
š	2		ox ► if the organization				e than 2!	5% of its	net ass	sets.	
ၓ	3		oting members of the gove						3		10
-ბ თ	4		dependent voting member						4		10
<u>ë</u>	5		r of individuals employed i						5		15
Activities & Governance	6		r of volunteers (estimate if						6		275
Ac			ed business revenue from						7a		0.
	b	Net unrelated	d business taxable income	from Form 990-T, Par	t I, line 11				7b		0.
							Pi	rior Year		Current Y	'ear
ø	8		s and grants (Part VIII, line				1	,704,5	63.	1,535	,219.
Ž	9	Program serv	vice revenue (Part VIII, lin	e 2g)							
Revenue	10		ncome (Part VIII, column (2,6	527.		,170.
ď	11		ie (Part VIII, column (A), li								,782.
	12		e – add lines 8 through 11				1	,707,1	90.	2,148	3,171.
	13	Grants and s	imilar amounts paid (Part	IX, column (A), lines 1	-3)						
	14	Benefits paid	to or for members (Part I	IX, column (A), line 4).							
	15	Salaries, other	er compensation, employe	ee benefits (Part IX, co	lumn (A), lines	5-10)		950,2	238.	1,049	,146.
Expenses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e).				· · · · · ·		,	
ĕ	h		sing expenses (Part IX, co								
X						7,163.					
	17		ses (Part IX, column (A), I					219,1			<u>,760.</u>
	18		es. Add lines 13-17 (must				1	,169,3			906.
	19	Revenue less	s expenses. Subtract line	18 from line 12				537,8	309.	915	,265.
. o								g of Currer		End of Y	
sets alan	20		(Part X, line 16)				1	,797,3	386.	2,544	,630.
Aŝ	21	Total liabilitie	es (Part X, line 26)					232,2	289.	64	,268.
Net Assets Fund Balanc	22	Net assets or	r fund balances. Subtract	line 21 from line 20			1	,565,0)97.	2,480	,362.
Pa	art II	Signatur	re Block					, , -		,	
				turn, including accompanying	schedules and statem	nents, and to the	e best of m	v knowledae	and belie	ef. it is true. correc	t. and
com	plete. D	eclaration of prepa	eclare that I have examined this retainer (other than officer) is based or	all information of which prepare	arer has any knowled	lge.		, ,			•
Sig	nr	Signatu	ure of officer				Dat	te			
He	re	Nki	a Richardson				Execu	itive I	Dir.		
			r print name and title				писс	ICIVO I	<u> </u>		
		Print/Type p	preparer's name	Preparer's signature		Date		Check	if I	PTIN	
D٠	: പ	Ted Mi	itchell	Ted Mitchell				self-employ		P01351960)
Pa					r IID	I		ocu -cuihinà	ou .	101331300	<u>'</u>
	epare e Or			tchell & Linde				Firmly FIX:	~ 0.4	2041704	
US	UI	Firm's addre		ery Street, Sui	te 1050					-2941784	0.0
N. C.			San Francisc					Phone no.	(415	', , , 	
Ma	y the	IKS discuss th	nis return with the prepare	r snown above? See in	nstructions					. X Yes	No

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

4e Total program service expenses ► 856, 952.

BAA

TEEA0102L 10/07/20

Form 990 (2020)

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
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.	3		Х
4	Section 501(c)(3) organizations. 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	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 similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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		Х
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 as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
k	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	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.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	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		Х
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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.	21		Х

Form 990 (2020) CASA of San Mateo County Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? 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 current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	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		Х
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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
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% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	o 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. No
1:	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
RΛΛ	(gambling) winnings to prize winners?	1 c	X gan	2020

Form 990 (2020) CASA of San Mateo County

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

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
ŀ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	,		
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
١	Note: See the instructions for additional information the organization must report on Schedule O.	154		
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
- •	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
_	If 'Yes,' complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 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..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12 c 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See .Schedule..Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16 a X b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Organization 330 Twin Dolphin Drive #139 Redwood City CA 94065 650-212-4423

- 000	(0000)	~~~	_	~		~ .
Form 990 (2020)	CASA	Οİ	San	Mateo	County

04-3849393

Page 7

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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (F) Name and title Reportable Reportable Average Estimated amount hours director/trustee) compensation from compensation from of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional lighest compensated ormer (list any employee hours for organizations related organiza tions l trustee helow dotted (1) Nkia Richardson 40 Executive Dir. 0 Χ 0 0. 137,309 (2) Sherrie Friedman 2 0 Director Χ 0 0 0. (3) Dax Bermudez 2 0. Treasurer 0 Χ Χ 0 0 (4) David Mendell 2 Director 0 Χ 0 0 0. (5) Brian Suckow 2 President 0 Χ Χ 0 0. 0. 2 (6) Cristal Waldrop 0 Χ 0. 0. Director 0 2 (7) Dominique Quincy 0 Χ 0. Director 0. 0. 2 (8) Rosanne Foust 0 Director Χ 0 0 0. 2 (9) Sandy Nicolson Director 0 Χ 0 0 0. 2 (10) Rigo Rodriguez 0 Director Χ 0 0. 0 (11) Peter Steiner 2 0 Χ Director 0 0 0. (12) Stephanie Yonker 2 0 Χ Χ 0 Secretary 0 0. 4 (13) Heather Brien 0 Director Χ 0 0. 0. (14)

Part VII Section A. Officers, Directors, Tru	1	Key	Εm	_	_	es,	and	Highest Com	pensated Empl	oyee	S (conti	nued)
	(B)			((-							
(A) Name and title	Average hours per week			(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) nated amo	ount				
	(list any hours for related organiza - tions below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compo the o ar	ensation organizati nd related panization	ion 1
	dotted line)	tee	ıstee			nsated						
(15)												
(16)												
(17)												
<u>(18)</u>												
<u>(19)</u>				 								
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal							>	137,309.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						▶	0.	0.			0.
d Total (add lines 1b and 1c)								137,309.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 1	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
3 Did the organization list any former officer, direct	tor truste	e ke	av ei	mple	ovee	or	hiat	nest compensated	employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	h individu	ıal								. 3		X
the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,	corr	ıple	te Schedule J for		. 4		X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If 'Yes</i>	e comper s,' comple	nsatio ete So	n fr chec	om i lule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	individual	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated ind	enen	den	COL	ntrad	tors	tha	t received more th	nan \$100 000 of			
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year		(C)	
Name and business address (B) Description of services Comper							eńsatio	n				
2 Total number of independent contractors (including the \$100,000 of compensation from the organization		ited to	o the	se I	isted	labo	ve)	L who received more	than			
Trou, out of compensation from the organization	U											

		Check if Schedule O contains a response	onse or note to any	y line in this Part VI	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	536,115. 999,104.				
Son and	h	Total. Add lines 1a-1f	-	1,535,219.			
			Business Code	1,333,213.			
Program Service Revenue	2 a b c d e f						
Pr	g	Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, in other similar amounts)	bond proceeds	1,170.			1,170.
	6 a b c	Gross rents	(ii) Personal				
	d	Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7c	(ii) Other				
		Net gain or (loss)	•				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	644,487.				
₹	С	Net income or (loss) from fundraising e	vents	611,782.			611,782.
		Gross income from gaming activities. See Part IV, line 19					
		Net income or (loss) from gaming activ					
	10 a	Gross sales of inventory, less returns and allowances	a				
		Net income or (loss) from sales of inve	ntory				
S			Business Code				
ğ a	11 a						
	a						
Miscellaneous Revenue	11 a b c d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2.148.171.	0.	0.	612, 952

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

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		31,000	3**************************************	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
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, trustees, and key employees	137,309.	27,462.	41,193.	68,654.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	701,489.	533,132.	63,134.	105,223.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,058.	16,004.	1,895.	3,159.
9	Other employee benefits	121,969.	92,696.	10,977.	18,296.
10	Payroll taxes	67,321.	51,164.	6,059.	10,098.
11	Fees for services (nonemployees):	,	,	,	
á	Management				
ŀ	Legal				
(Accounting	8,000.		8,000.	
(1 Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	45,206.	34,357.	4,068.	6,781.
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	12,776.	9,710.	1,150.	1,916.
13	Office expenses	5,192.	3,946.	467.	779.
14	Information technology	3,132.	0,310.	107.	,,,,,
15	Royalties				
16	Occupancy	269.	204.	24.	41.
17	Travel	_ , , ,			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,693.	10,407.	1,232.	2,054.
23	Insurance	10,278.	7,811.	925.	1,542.
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 O.)				
ā	Human resource fees	25,473.	19,359.	2,293.	3,821.
	Recruitment and training	17,344.	17,344.		
	Dues and subscriptions	9,614.	7,307.	865.	1,442.
	Program expense	9,038.	9,038.		
	All other expenses	26,877.	17,011.	6,509.	3,357.
25	Total functional expenses. Add lines 1 through 24e	1,232,906.	856,952.	148,791.	227,163.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	o any line i	in this Part X	<u></u>	<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,571,422.	1	2,473,049.
	2	Savings and temporary cash investments		L.		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			192,000.	4	50,000.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner officer, I contributo rsons	director, or, or 35%		5	
	6	Loans and other receivables from other disqualified p		⊢			
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		L		8	
Assets	9	Prepaid expenses and deferred charges		-	8,410.	9	8,410.
As	_		1 1		0,410.		0,410.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	126,489.			
	b	Less: accumulated depreciation	10 b	113,318.	25,554.	10 c	13,171.
	11	Investments – publicly traded securities				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			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,797,386.	16	2,544,630.
	17	Accounts payable and accrued expenses	11,522.	17	10,466.		
	18	Grants payable		18			
	19	Deferred revenue		19			
٠,	20	Tax-exempt bond liabilities		<u> </u>		20	
ties	21	Escrow or custodial account liability. Complete Part		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor. or 359	%		22	
	23	Secured mortgages and notes payable to unrelated th	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			220,767.	25	53,802.
	26	Total liabilities. Add lines 17 through 25			232,289.	26	64,268.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	y X				
ala	27	Net assets without donor restrictions			1,373,097.	27	2,430,362.
B	28	Net assets with donor restrictions			192,000.	28	50,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund			30	
SSI	31	Retained earnings, endowment, accumulated income	, or other f	unds		31	
it A	32	Total net assets or fund balances			1,565,097.	32	2,480,362.
×	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>	1,797,386.	33	2,544,630.
RΔ	Δ		TEEA0111L	10/07/20			Form 990 (2020)

Χ

3 a

3 b

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?.....

SCHEDULE A (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name	of the	e organization	CASA OI Sa	n Mateo County	7			Employer identific	ation number
			(formerly	"Advocates for	Children")			04-384939	
Par				<u> </u>	rganizations must			1 /	ctions.
	orga	1	•	`	For lines 1 through 12,		•	•	
1	L	· · · · · · · · · · · · · · · · · · ·		*	nurches described in sec	•		i).	
2	L				Schedule E (Form 990 or				
3	L		•		ization described in sec			• • •	
4		1	-	ation operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's
	_	1	/, and state:						
5	L	An organize section 17	zation operated for 70(b)(1)(A)(iv). (Co	r the benefit of a colle omplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in
6		A federal,	state, or local gov	vernment or governme	ental unit described in s	ection 1	70(b)(1))(A)(v).	
7	L	An organization	ation that normally 170(b)(1)(A)(vi).	receives a substantial p (Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8		A commur	nity trust described	d in section 170(b)(1)(A)(vi). (Complete Part	II.)			
9	F	An agricult	ural research organ	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege
		or university:	-	nt college of agriculture	e (see instructions). Enter	r the nan	ne, city,	and state of the college	or
10	Χ	An organiz	zation that normal	ly receives (1) more the	nan 33-1/3% of its sunr	ort from	n contrib	outions, membership fe	es, and gross receipts
		investmen	nt income and unre	exempt functions, substanted business taxables 509(a)(2). (Complete	nan 33-1/3% of its suppoject to certain exception e income (less section Part III.)	ns; and 511 tax)	(2) no i	more than 33-1/3% of usinesses acquired by	its support from gross the organization after
11				* * * * * * * * * * * * * * * * * * * *	ely to test for public safe	ety. See	section	n 509(a)(4).	
12		An organiz	zation organized a	nd operated exclusive	ely for the benefit of, to	perform	the fur	ictions of, or to carry o	out the purposes of one
	_	or more pu lines 12a t	ublicly supported o through 12d that d	organizations describe escribes the type of s	ed in section 509(a)(1) outporting organization	or sectio and con	n 509(a nplete lii)(2). See section 509(a nes 12e, 12f, and 12g.	a)(3). Check the box in
а		organizatio	upporting organization(s) the power to re Part IV, Sections A	egularly appoint or elect	d, or controlled by its sup a majority of the directo	ported or rs or trus	rganizat stees of	ion(s), typically by giving the supporting organizat	g the supported ion. You must
b		manageme	supporting organisent of the supporting	ı organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You
c		Type III fun	· nctionally integrated	I. A supporting organizat	tion operated in connection	n with, a	nd functi	onally integrated with, its	supported
d		Type III no	n-functionally integ	rated. A supporting ord	anization operated in cor	nection	with its	supported organization(s	s) that is not
_		instruction	ns). You must com	plete Part IV, Section	must satisfy a distribute A and D, and Part V.				
e	<u> </u>	integrated	, or Type III non-fu	unctionally integrated	en determination from supporting organization	١.			
f				organizations on about the supported					
-			ed organization		(iii) Type of organization	6.0	s the	(v) Amount of monetary	(vi) Amount of other
	(1)	arrie of Supporte	ou organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	organizat	ion listed overning nent?	support (see instructions)	support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

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.)

Sec	tion A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization'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						
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, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in:	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	20 (line 6, colum	n (f), divided by I	ine 11, column (f))		%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2020. If the and stop here. The organization	ne organization d qualifies as a pul	id not check the l blicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box ►
b	33-1/3% support test—2019. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstance	s test, check this b	pox and stop here	e. Explain in Part V	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions ►

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	tion A. Public Support			·			
	lar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,132,826.	1.132.893.	1.321.257.	1,704,563.	1.535.219.	6,826,758.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,102,020.	1,132,033.	1,321,237.	1,704,303.	1,333,213.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
-	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	1,132,826.	1,132,893.	1,321,257.	1,704,563.	1,535,219.	6,826,758.
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons	144,000.	215,000.	75,000.	266,860.	607,741.	1,308,601.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.		0.		0	0
_	Add lines 7a and 7b	144,000.	0. 215,000.	75,000.	266,860.	0. 607,741.	1,308,601.
	Public support. (Subtract line	144,000.	213,000.	75,000.	200,000.	007,741.	1,300,601.
	7c from line 6.)tion B. Total Support						5,518,157.
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	1,132,826.	1,132,893.	1,321,257.		1,535,219.	6,826,758.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,231.	2,181.	3,128.	2,627.	1,170.	10,337.
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	1,231.	2,181.	3,128.	2,627.	1,170.	10,337.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)				1,707,190.		6,837,095.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu					, ,	
	Public support percentage for 20	•	***		•		80.71 %
	Public support percentage from					16	85.55 %
	tion D. Computation of Inv				(6)	1 1	2 1 - 0
	Investment income percentage f	•		-			0.15 %
	Investment income percentage f						0.16 %
	33-1/3% support tests—2020. If is not more than 33-1/3%, check 23.1/3% support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the support tests— 2019. If the	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	1 ► <u>X</u>
	33-1/3% support tests—2019. If the 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization -
20	Private foundation. If the organia	zation did not che	ck a box on line		check this box and	see instructions.	▶ []

Page 4

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 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	NI.
			res	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b			
	and 3c below.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4 c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined in 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.	9с		
l0a	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.	10a		
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.).	10b		

Pa	art IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
I	b A family member of a person described in line 11a above?	11b		
	C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations		1	
1	Did the governing hady members of the governing hady officers acting in their official conscitu or membership of one		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
,	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
		г	1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2-		
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	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 .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

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10 Line 8 amount divided by line 9 amount

04-3849393

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details		
	in Part VI). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
RΛΛ		Cabadula A (Fa	rm 990 or 990-F7) 202

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization CASA of San Mateo County

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2020

	(former	ly "Advocates	<u>for Childr</u>	en")		04-3849393	
Organiza	ation type (check one)	:					
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)(3)	(enter numbe	er) organization			
		4947(a)(1) non	exempt charitable	trust not treated as	a private foundation	on	
		527 political or	ganization				
Form 99	0-PF	501(c)(3) exem	npt private foundat	ion			
		4947(a)(1) non	exempt charitable	trust treated as a pri	ivate foundation		
		501(c)(3) taxab	ole private foundati	on			
-	our organization is cove	•	•	xes for both the Gen	eral Rule and a S_{\parallel}	pecial Rule. See instructions.	
General	Rule						
						ng \$5,000 or more (in money tor's total contributions.	
Special	Rules						
X	under sections 509(a)	(1) and 170(b)(1)(A)(vi) ne contributor, during), that checked School the year, total cor	edule A (Form 990 or 9 ntributions of the grea	990-EZ), Part II, lind ater of (1) \$5,000;	support test of the regulations e 13, 16a, or 16b, and that ; or (2) 2% of the amount on (i)	
	during the year, total purposes, or for the	I contributions of mor	e than \$1,000 <i>exc</i> to children or anin	lusively for religious,	charitable, scient	eived from any one contributor, ific, literary, or educational in column (b) instead of the	
	during the year, cont \$1,000. If this box is	ributions <i>exclusively</i> checked, enter here lose. Don't complete	for religious, chari the total contributi any of the parts ur	table, etc., purposes ions that were receiv nless the General Ru	s, but no such cont red during the year rile applies to this	eived from any one contributor, tributions totaled more than r for an <i>exclusively</i> religious, organization because he year . •\$	
Caution	Δn organization that	isn't covered by the C	Sanaral Bula and/c	or the Special Pulos	doesn't file Schod	ula R (Form 990, 990.F7, or	

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form	990,	990-EZ,	or 990-PF)	(2020)
Name of organization				

CASA of San Mateo County

Employer identification number

04-3849393

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Rhonda Larson & Anand Iyengar		Person X
	330 Twin Dolphin Dr. Ste 139	\$119 <u>,</u> 016.	Payroll Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sequoia Healthcare District	-	Person X
	330 Twin Dolphin Dr. Ste 139	\$50,000.	Payroll
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sand Hill Foundation		Person X Payroll
	330 Twin Dolphin Dr, Suite 139	\$40,000.	Noncash
	Redwood City, CA 94065		(Complete Part II for noncash contributions.)
	d.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution Person X
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	(c) Total contributions	Type of contribution
(a) No. 	Name, address, and ZIP + 4 Quest Foundaton	\$41,675.	Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139	\$41,675.	Person X Payroll Noncash (Complete Part II for
4	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation	\$41,675.	Type of contribution Person X Payroll
4 (a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139	\$41,675.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 (b)	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll
(a) No. 5 (a)	Name, address, and ZIP + 4 Quest Foundaton 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Sobrato Family Foundation 330 Twin Dolphin Dr. Ste 139 Redwood City, CA 94065 Name, address, and ZIP + 4 Violet M Johnson Family Foundation	\$41,675. (c) Total contributions \$72,000.	Type of contribution Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization CASA of San Mateo County

Employer identification number

04-3849393

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Krane, Laura & David	\$ 50,000.	Person X Payroll Noncash
	330 Twin Dolphin Dr. Ste. 139 Redwood City, CA 94065	\$ <u>50,000.</u>	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Walsh, Beth 330 Twin Dolphin Dr. Ste. 139 Redwood City, CA 94065	\$ <u>50,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Chung, Betsy & Peter 330 Twin Dolphin Dr. Ste. 139 Redwood City, CA 94065	\$ 35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	Mendelsohn Family Foundation 330 Twin Dolphin Dr. Ste. 139 Redwood City, CA 94065	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1

Employer identification number

CASA of San Mateo County

Name of organization

BAA

04-3849393

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional sp	oac	e is needed.	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A				
			\$		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			ŝ		
	<u> </u>				
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			Ś		
	<u> </u>		۲_		
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$_	. – – – – –	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			_		
			\$. – – – – – –	
(a) No. from Part I		(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$		

Name of organization
CASA of San Mateo County

Employer identification number 04-3849393

	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee
		(e) Transfer of gift	I
(a) No. from Part I	(b) Purpose of gift		(d) Description of how gift is held
	Transferee's name, addres	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
		(e) Transfer of gift	
No. from Part I			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
		(e) Transfer of gift	
	N/A		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	(Enter this information once. See i	f <i>exclusively</i> religious, charitable, etc., instructions.)

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization CASA of San Mateo County (formerly "Advocates for Children") 04-3849393 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection letters (check all that apply): a Public exhibition d Loon or exchange program b Scholarly research c Preservation for future generations Pert VIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets Yes No Part VIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets Yes No Part VIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets Yes No Part VIII. 5 During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets Yes No Part VIII. 5 During the year, did the organization solicit or receive denations of art instruction of the received in the part VIII. 5 During the year, did the organization and or other intermediary for contributions or other assets not included Yes No 16 If Yes, 'explain the arrangement in Part XIII and complete the following table: 6 Beginning balance. 6 Beginning balance. 10 C Administration during the year. 11 D C Administration during the year. 12 D D D D D D D D D D D D D D D D D D D	Part III Organizations Maintaining Co	llections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contir	nued)
b Scholarly research c Other	3 Using the organization's acquisition, accession items (check all that apply):	, and other records, check a	ny of the following that m	nake significant use of its	collection	
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's evempt purpose in Part XIII. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Yes No Part XIII. S During the year, did the organization solicit for receive donations of art, historical treasures, or other similar assets Yes No Part XIII S During the year, did the organization and spent. It rustee, custodian or other intermediary for contributions or other assets not included Yes No No No No No No No N	a Public exhibition	d Loan	or exchange program			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be seed for draise furths rather than to be maintained as part of the organization's collection?	b Scholarly research	e Other				
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization? sollection?. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account lability? 2 Beginning balance 1 Beginning of year balance. 1 Beginning of year balance. 2 Provide the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2 Beginning of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) Their years back (e) Four years back. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >	c Preservation for future generations					
to be sold to raise funds rather than to be maintained as part of the organization's collection?		ections and explain how they	further the organization	's exempt purpose in		
Initial Programment Initial Programment	to be sold to raise funds rather than to be n	naintained as part of the c	organization's collection	1?		
on Form 990, Part X?.	Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ements. Complete if t on Form 990, Part X,	the organization an line 21.	swered 'Yes' on Fo	orm 990, P	art IV,
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1 a Is the organization an agent, trustee, custoo on Form 990, Part X?	dian or other intermediary	for contributions or oth	er assets not included	Yes	No
c Beginning balance. d Additions during the year. 1 c						
d Additions during the year. e Distributions during the year. f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?. yes bif 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. a Beginning of year balance. b Contributions. c Net investment earnings, gains, and losses. d Grants or scholarships. e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >					Amount	
e Distributions during the year. f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	c Beginning balance			1с		
f Ending balance. 11	d Additions during the year			1 d		
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year			1 e		
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance	•					
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance	2 a Did the organization include an amount on	Form 990, Part X, line 21,	for escrow or custodial	I account liability?	Yes	No
Table Beginning of year balance	b If 'Yes,' explain the arrangement in Part XII	I. Check here if the explai	nation has been provide	ed on Part XIII		
Table Beginning of year balance						
1 a Beginning of year balance						
b Contributions		ent year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four ye	ears back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses gEnd of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶						
and losses	b Contributions					
d Grants or scholarships						
e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \rightharpoonup \frac{8}{5} b Permanent endowment \rightharpoonup \frac{8}{5} c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investment) (b) Buildings. c Leasehold improvements. 91, 935. 82, 727. 9, 208. d Equipment. 20, 40 Book value depreciation 1 a Land. 1 b Buildings. 2 c Leasehold improvements. 3 c Leasehold improvements. 4 d Equipment. 2 c J, 419. 3 c J, 747. 3 d, 962. 6 Other. 3 13, 134. 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1 13, 171.						
and programs f Administrative expenses for the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the corrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment for the programment for the organization year and the programment for the organization year. (i) Unrelated organizations fisted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1a Land. b Buildings. c Leasehold improvements. 91, 935. 82, 727. 9, 208. d Equipment. 21, 419. 17, 457. 3, 962. e Other. 13, 135. 13, 134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	·					
g End of year balance	and programs					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·					
a Board designated or quasi-endowment be remainded by Permanent endowment by Remainded Free Endowment by Remainded Free Endowment by Remainded Free Endowment by Remainded Free Endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations Bit Part XIII the intended uses of the organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other depreciation (d) Book value depreciation 1 a Land. b Buildings. c Leasehold improvements. d Equipment. c Leasehold improvements. d Equipment. 2 1, 419. 1 7, 457. 3, 962. e Other. 1 3, 135. 1 3, 134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 1 3, 171.	3					
b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	, -	rent year end balance (lir	ne 1g, column (a)) held	as:		
the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Pres VI Unrelated organizations (ii	_	<u> </u>				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		্ -				
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. 91, 935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 3 a(ii) 3a(i) 3a(ii) 3a(ii) 3b Calcin No. 94,01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1000/				
organization by: (i) Unrelated organizations (ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land. b Buildings. c Leasehold improvements. 91, 935. 82, 727. 9, 208. d Equipment 90, Part X, column (B), line 10c.) 13, 131.	The percentages on lines 2a, 2b, and 2c should	d equal 100%.				
(ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. c Leasehold improvements. d Equipment 21, 419. 13, 135. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 3a(ii) 3b 3d(ii) 3b 4 Description of sa(iii) 3b 4 Description of property (c) Accumulated (c) Accumulated depreciation (d) Book value (1)		on of the organization that a	are held and administered	d for the	Yes	No
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment e Other 1 3b Ab 1 3b Ab 1 3b Ab Ab Accumulated (c) Accumulated depreciation Accumulat	(i) Unrelated organizations				3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. 13, 135. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 13. 171.	• • • • • • • • • • • • • • • • • • • •				. 3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) 1 a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 1 a Land. 1 a Land. 1 a Land. 2 a Land. 5 b Buildings. 2 a Land. 1 a Land. 1 a Land. 2 a Land. 3 a Land. 4 b Buildings. 5 a Land. 6 a Land. 9 a Land. 1 a					. 3b	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings. c Leasehold improvements. d Equipment. e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). (c) Accumulated depreciation (d) Book value 1a, 127. 9, 208. 13, 134. 1. 13, 171.	4 Describe in Part XIII the intended uses of the	ne organization's endowme	ent funds.			
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1 a Land. b Buildings. c Leasehold improvements. d Equipment e Other. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). (c) Accumulated depreciation (d) Book value 13, 134. 14, 157. 13, 134. 13, 1371.						
1a Land. b Buildings. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171.	Complete if the organization ar	nswered 'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	0, Part X,	line 10.
b Buildings. 91,935. 82,727. 9,208. c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). 13,171.	Description of property			(c) Accumulated depreciation	(d) Book	value
c Leasehold improvements. 91,935. 82,727. 9,208. d Equipment. 21,419. 17,457. 3,962. e Other. 13,135. 13,134. 1. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171.	1 a Land					
d Equipment 21,419 17,457 3,962 e Other 13,135 13,134 1 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,171 13,171	b Buildings					
e Other	c Leasehold improvements		91,935.	82,727.		9,208.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	d Equipment		21,419.	17,457.		3,962.
						1.
		equal Form 990, Part X,	column (B), line 10c.)			· / = · = ·

Schedule D (Form 990) 2020

Investments - Other Securities. Complete if the organization answere	d 'Ves' on Form 99(N/A N Part IV line 11b, See Form 9	00 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives	(B) Book value	(c) motion of variation. Cost of one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
<u>(B)</u>	-		
(C)	-		
(D)	-		
(E)	-		
(F)	-		
(G)	-		
 (H)			
 (l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	-		
Part VIII Investments - Program Related.		N/A	
Complete if the organization answere		0, Part IV, line 11c. See Form 99	30, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)	+		
(3)			
(4)			
(5)			
(6)	+		
(7)			
(8)			
(9) (10)	+		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	<u> </u>		
Part IX Other Assets.	N/A		
Complete if the organization answere	d 'Yes' on Form 990	0, Part IV, line 11d. See Form 99	90, Part X, line 15
	escription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		
Part X Other Liabilities.	E 000 B 1 W 1: 1	1 11(0 F 000 D LV I' 0F	
Complete if the organization answered 'Yes' on		Te or 11f. See Form 990, Part X, line 25.	(In) Dealers less
1. (a) Description (1) Federal income taxes	cription of liability		(b) Book value
(2) PTO			53,802.
(3)			33,002.
(4)			
(5)			
(5) (6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9)			
(6) (7) (8) (9) (10)			
(6) (7) (8) (9) (10) (11)			
(6) (7) (8) (9) (10)			53,802.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,291,811.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	143,640.
3 Subtract line 2e from line 1	3	2,148,171.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,148,171.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,376,546.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	143,640.
3 Subtract line 2e from line 1.	3	1,232,906.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
4 Amounts included on Form 950, Fart 1A, line 25, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b.	4 c	1 200 533
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a b Other (Describe in Part XIII.) 4b	4 c	1,232,906.

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

BAA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CASA of San Mateo County Employer identification number "Advocates for Children") 04-3849393 (formerly Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.