

2020

for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021.

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

CASA DE LOS NIÑOS, INC

Name and title of officer or person subject to tax

LINDA RIORDAN

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	23,382,073
2a	Form 990-EZ check here	<input type="checkbox"/>	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	<input type="checkbox"/>	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	<input type="checkbox"/>	Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a	Form 999 check here	<input type="checkbox"/>	Balance due (Form 999, line 3c)	
6a	Form 990-T check here	<input type="checkbox"/>	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	<input type="checkbox"/>	Total tax (Form 4720, Part III, line 1)	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

I authorize REGIER CARR & MONROE, L.L.P., CPA's

ERO firm name

to enter my PIN

85705

do not enter all zeros

As my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III Certification and Authentication

Signature of officer or person subject to tax

Linda Riordan (LINDA RIORDAN) President Date 5/5/22

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96412585711

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (MeF) information for Authorized IRS e-file Providers for Business Returns.

ERO's signature REGIER CARR & MONROE, LLP

Date 04/28/22

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-file (Mef) Information for Authorized IRS e-file Providers for Business Returns.

Date 04/28/22

REGIER CARR & MORROE, LLP ERO's signature

Do not enter all zeros
86412585711

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Part III Certification and Authentication

Signature of officer or person subject to tax

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

As my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

ERO firm name

REGIER CARR & MORROE, L.L.P., CPA'S

to enter my PIN

85705

Enter five numbers, but do not enter all zeros

PIN: check one box only

I further declare that the amount in Part I above is the amount shown on the copy of the electronic return of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) (EIN) and that I have examined a copy

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Part I Type of Return and Return Information (Whole Dollars Only)

Name and title of officer or person subject to tax
LINDA RIORDAN
PRESIDENT
CASA DE LOS NINOS, INC

Name of exempt organization or person subject to tax
86-0314595
Taxpayer identification number

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

IRS e-file Signature Authorization for an Exempt Organization

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning on 01/01/2020 and ending on 12/31/2020

2020
Open to Public Inspection

Part I Summary

1 Tax-exempt status: 501(c)(3) 501(c)(1) 4947(a)(1) or 527

2 Website: CASADELOSNIÑOS.ORG

3 Form of organization: Corporation Trust Association Other

4 Year of formation: 1975

5 Size of legal domicile: AZ

6 Name of organization: CASA DE LOS NIÑOS, INC

7 Address: 1120 N. 5TH AVENUE, TUCSON, AZ 85705

8 City or town, state or province, country, and ZIP or foreign postal code: TUCSON, AZ 85705

9 F Name and address of principal officer: LINDA RIORDAN, TUCSON, AZ 85705

10 F Name and address of principal officer: LINDA RIORDAN, TUCSON, AZ 85705

11 Doing business as: CASA DE LOS NIÑOS, INC

12 Number and street (or P.O. box if mail is not delivered to street address): 1120 N. 5TH AVENUE

13 Room/suite: Room/suite

14 Telephone number: 520-624-5600

15 Gross receipts: 23,424,229

16 (H(a)) Is this a group return for subordinates? Yes No

17 (H(b)) Are all subordinates ministers? Yes No

18 (H(c)) Group exemption number: 06-0314595

19 D Employer identification number: 06-0314595

1 Briefly describe the organization's mission or most significant activities: WELL-BEING AND FAMILY STABILITY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a): 16

4 Number of independent voting members of the governing body (Part VI, line 1b): 16

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a): 381

6 Total number of volunteers (estimate if necessary): 16

7 a Total unrelated business revenue from Part VIII, column (C), line 12: 0

7 b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0

Activities & Governance		Revenue		Expenses		Part II Signature Block	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,249,081	22,166,943	0	0	0	0
9	Program service revenue (Part VIII, line 2g)	9,600,330	11,179,554	0	0	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,668	45,088	0	0	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,444	-9,512	0	0	0	0
12	Total revenue, add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,800,169	23,382,073	0	0	0	0
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	0	0	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	0	0	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,464,026	14,959,345	0	0	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	0	0	0	0
b	Total fundraising expenses (Part IX, column (D), line 25)	554,287	554,287	0	0	0	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,699,055	8,137,552	0	0	0	0
18	Total expenses, add lines 13-17 (must equal Part IX, column (A), line 25)	19,163,081	23,116,897	0	0	0	0
19	Revenue less expenses, Subtract line 18 from line 12	-1,362,912	265,176	0	0	0	0
20	Total assets (Part X, line 1b)	28,056,050	25,293,755	20,509,583	20,774,759	20,509,583	20,774,759
21	Total liabilities (Part X, line 2e)	7,546,467	4,518,596	7,546,467	4,518,596	7,546,467	4,518,596
22	Net assets or fund balances, Subtract line 21 from line 20	20,509,583	20,774,759	20,509,583	20,774,759	20,509,583	20,774,759

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

Sign Here

Signature of officer: *Linda Riordan*
Date: 5/5/22

Signature of preparer's name: SUSAN M. VOS, CPA/CFE
Date: 04/28/22

Firm's name: REGIER CARL & MONROE, L.L.P., CPAs
Firm's address: 4801 E. BROADWAY BLVD., SUITE 501, TUCSON, AZ 85711

Phone no.: 520-624-8229

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2020 Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Part I Summary: C Name of organization, D Employer identification number, E Telephone number, F Name and address of principal officer, G Gross receipts, H(a) Is this a group return, H(b) Are all subsidiaries included?, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part II Signature Block: 1 Briefly describe the organization's mission or most significant activities: CASA DE LOS NINOS PROMOTES CHILD WELL-BEING AND FAMILY STABILITY. 2-7a Activities & Governance: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Activities & Governance: 3 Number of voting members of the governing body (Part VI, line 1a) 16, 4 Number of independent voting members of the governing body (Part VI, line 1b) 16, 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 381, 6 Total number of volunteers (estimate if necessary) 16, 7a Total unrelated business revenue from Part VIII, column (C), line 12 0, 7b Net unrelated business taxable income from Form 990-T, Part I, line 13 0.

Table with 3 main sections: Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22). Rows include Contributions and grants, Program service revenue, Other revenue, Total revenue, Total fundraising expenses, Salaries, Other expenses, Total assets, and Total liabilities.

Signature of officer: LINDA RIORDAN, PRESIDENT. Date: 04/28/22. Preparer's name: SUSAN M. VOS, CPA/CFE. Preparer's signature: SUSAN M. VOS, CPA/CFE. Date: 04/28/22. Firm's name: REIER CAR & MONROE, L.L.P., CPA'S. Firm's address: 4801 E. BROADWAY BLVD., SUITE 501, TUCSON, AZ 85711. Phone no. 520-624-8229.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TOGETHER, WE PROMOTE CHILD WELL-BEING AND FAMILY STABILITY IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (expenses \$ 2,193,337. including grants of \$) (Revenue \$) FOSTER CARE:

CASA DE LOS NINOS RECRUITS AND TRAINS INDIVIDUALS, FAMILIES AND THOSE SEEKING ADOPTION CERTIFICATION BY PROVIDING TIMELY INFORMATION, EMOTIONAL SUPPORT AND ENCOURAGEMENT. WE MONITOR AND SUPPORT THESE FAMILIES AFTER THEY HAVE CHILDREN PLACED WITH THEM. NINETY-TWO FAMILIES PROVIDED HOMES FOR 230 CHILDREN THIS FISCAL YEAR.

4b (Code:) (expenses \$ 2,330,759. including grants of \$) (Revenue \$) NURSE-FAMILY PARTNERSHIP:

NURSE-FAMILY PARTNERSHIP SUPPORTS FIRST TIME MOTHERS BY PROVIDING A FREE, PERSONAL NURSE THROUGHOUT THEIR PREGNANCY UNTIL THE BABY TURNS TWO. NURSES VISIT CLIENT HOMES AND PROVIDE NONJUDGMENTAL SUPPORT AND ASSISTANCE FOR THE WHOLE FAMILY AS THEY NAVIGATE THROUGH PREGNANCY AND THE FIRST TWO YEARS WITH CHILD. CASA DE LOS NINOS SERVED 555 FAMILIES INCLUDING 485 CHILDREN THIS YEAR.

4c (Code:) (expenses \$ 11,014,660. including grants of \$) (Revenue \$ 10,653,035.) BEHAVIORAL HEALTH SERVICES:

WE PROVIDE COMPREHENSIVE BEHAVIORAL HEALTH SERVICES TO CHILDREN AND THEIR FAMILIES FROM BIRTH TO AGE 21. SERVICES INCLUDE BUT ARE NOT LIMITED TO ASSESSMENT, CRISIS INTERVENTION, OUTPATIENT COUNSELING, AND PSYCHIATRIC EVALUATION AND TREATMENT. WE SERVED 4,311 CHILDREN IN 2020-2021.

4d Other program services (Describe on Schedule O) (expenses \$ 4,875,482. including grants of \$) (Revenue \$ 526,519.)

4e Total program service expenses 20,414,238.

Part IV Checklist of Required Schedules

Table with 2 columns: Question/Requirement (1-21) and Yes/No response. Questions cover topics like 501(c)(3) status, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 22 rows (22-38) and 2 columns (Yes/No). Contains questions regarding Form 990 requirements, such as '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?' and '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?'.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2020) header and Part V questions. Includes questions like '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?' and '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?'.

2a		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	381
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation on Schedule O	3b	
4a		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)?	4a	X
b		If "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).				
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c		If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	5c	
6a		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?	6a	X
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d		If "Yes," indicate the number of Forms 8282 filed during the year	7d	1
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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	
9		Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4967?	9a	
a		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10		Section 501(c)(7) organizations. Enter:		
a		Initiation fees and capital contributions included on Part VIII, line 12	10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11		Section 501(c)(12) organizations. Enter:		
a		Gross income from members or shareholders	11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13		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	
b		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	13b	
c		Enter the amount of reserves on hand	13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15		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	X
16		Is the organization an educational institution subject to the section 4988 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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

1120 N. 5TH AVENUE, TUCSON, AZ 85705

KRISTINA THORSBY - 520-624-5600

20 State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)

18 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

17 List the states with which a copy of this Form 990 is required to be filed

NONE

Section C. Disclosure

10a Did the organization have local chapters, branches, or affiliates?

10a Yes No X

10b 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?

10b Yes No

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11a X

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

11b X

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

12a X

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b X

12c In Schedule O how this was done

12c X

13 Did the organization have a written whistleblower policy?

13 X

14 Did the organization have a written document retention and destruction policy?

14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15 X

15a The organization's CEO, Executive Director, or top management official

15a X

15b Other officers or key employees of the organization

15b X

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?

16a X

16b 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 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

1a Enter the number of voting members of the governing body at the end of the tax year

1a 16

1b 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.

1b 16

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4 X

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5 X

6 Did the organization have members or stockholders?

6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7a X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

8 X

a The governing body?

8a X

b Each committee with authority to act on behalf of the governing body?

8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

9 X

Section A. Governing Body and Management

Check if Schedule O contains a response or note to any line in this Part VI

X

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.

Part VI Governance, Management, and Disclosure

Form 990 (2020) CASA DE LOS NINOS, INC

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) SUTAPA DUBE MEDICAL PROFESSIONAL	32.00				X		266,921	0.	17,076.
(2) HOWARD LIN MEDICAL PROFESSIONAL	32.00				X		271,421	0.	16,337.
(3) AURA LEE A. MOTUS MEDICAL PROFESSIONAL	32.00				X		258,608.	0.	11,110.
(4) SUSIE HUHN CHIEF EXECUTIVE OFFICER	40.00			X			223,020.	0.	13,685.
(5) KATHRYN C. TUSCANAY CHIEF FINANCIAL OFFICER	40.00			X			140,723.	0.	10,951.
(6) SEAN LOVITZ CHIEF HEALTH SERVICES AND OUTCOMES O	40.00				X		138,898.	0.	3,462.
(7) JOANNE KAROLZAK CHIEF PROGRAM OFFICER	40.00				X		130,831.	0.	10,638.
(8) MICHAEL ABLIN DIRECTOR	1.00				X		0.	0.	0.
(9) GUSTAVO CORTE DIRECTOR	1.00				X		0.	0.	0.
(10) JAN HUTCHINSON DIRECTOR	1.00				X		0.	0.	0.
(11) CICELY PARSEGHIAN DIRECTOR	1.00				X		0.	0.	0.
(12) MOIRA RICHARDS DIRECTOR	1.00				X		0.	0.	0.
(13) ARIANNA SHOLES-DOUGLAS DIRECTOR	1.00				X		0.	0.	0.
(14) HEIDI YRIBAR DIRECTOR	1.00				X		0.	0.	0.
(15) WILLIAM ESTES DIRECTOR	1.00				X		0.	0.	0.
(16) SISTER MICHELLE HUMKE DIRECTOR	1.00				X		0.	0.	0.
(17) GARY FLETCHER FOUNDATION REPRESENTATIVE	2.00				X		0.	0.	0.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List all of the organization's 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.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check if Schedule O contains a response or note to any line in this Part VII

Employees, and Independent Contractors

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Statement of Revenue

Part VIII

Check if Schedule O contains a response or note to any line in this Part VIII

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
12	12,166,943.	11,179,554.	0.
Contributions, Gifts, Grants and Other Similar Amounts			
1a	41,991.		
b			
c			
d			
e	10,382,213.		
f			
g	1,742,739.		
h			
Program Service Revenue			
2a	624100	10,653,035.	
b	900099	526,519.	
c			
d			
e			
f			
g		11,179,554.	
Other Revenue			
3		4,394.	
4			
5			
6a			
b			
c			
d			
7a			
b			
c			
d			
e			
f			
g			
h			
Miscellaneous Revenue			
11a	990099	2,248.	
b	525990	-11,760.	
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Part IX | Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A)	(B)	(C)	(D)
Total expenses		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16				
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	432,122.	386,978.	34,349.	10,795.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,253,326.	10,972,392.	975,071.	305,863.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,222,322.	1,095,916.	95,515.	30,891.
10	Payroll taxes	1,051,575.	941,646.	83,680.	26,249.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	21,863.		21,863.	
c	Accounting	55,490.		55,490.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	2,551,686.	2,092,018.	459,266.	402.
12	Advertising and promotion	97,820.		2,667.	95,153.
13	Office expenses	483,586.	449,999.	26,774.	6,813.
14	Information technology				
15	Royalties				
16	Occupancy	351,260.	323,637.	16,464.	11,159.
17	Travel	103,749.	102,503.	1,246.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	149,196.		149,196.	
21	Payments to affiliates	2,100,000.	2,100,000.		
22	Depreciation, depletion, and amortization	581,104.	497,581.	63,454.	20,069.
23	Insurance	172,091.	144,101.	26,362.	1,628.
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).				
a	BAD DEBT EXPENSES	825,000.	825,000.		
b	EQUIPMENT	529,643.	400,187.	102,036.	27,420.
c	STAFF AND BOARD DEVELOP	93,912.	63,403.	28,578.	1,931.
d	STAFF RECRUITMENT	22,326.	16,013.	6,313.	
e	All other expenses	18,826.	2,864.	48.	15,914.
25	Total functional expenses. Add lines 1 through 24e	23,116,897.	20,414,238.	2,148,372.	554,287.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

		Beginning of year (A)		End of year (B)	
1	Cash - non-interest-bearing	2,557,940	462,058	1	462,058
2	Savings and temporary cash investments	6,127,676	3,989,323	2	3,989,323
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	3,579,705	5,413,702	4	5,413,702
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use	51,000	108,576	8	108,576
9	Prepaid expenses and deferred charges	107,793	45,495	9	45,495
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,750,378		10a	
b	Less: accumulated depreciation	4,483,516		10b	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11	19,397	7,739	12	7,739
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	678	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 33)	28,056,050	25,293,755	16	25,293,755
17	Accounts payable and accrued expenses	1,641,629	1,471,213	17	1,471,213
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third parties	3,547,783	3,047,783	23	3,047,783
24	Unsecured notes and loans payable to unrelated third parties	2,337,000		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,055	0	25	0
26	Total liabilities. Add lines 17 through 25	7,546,467	4,518,996	26	4,518,996
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
27	Net assets without donor restrictions	20,379,244	20,633,840	27	20,633,840
28	Net assets with donor restrictions	130,339	140,919	28	140,919
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or equipment fund			30	
31	Retained earnings, endowment, accumulated income, or other funds			31	
32	Total net assets or fund balances	20,509,583	20,774,759	32	20,774,759
33	Total liabilities and net assets/fund balances	28,056,050	25,293,755	33	25,293,755

Check if Schedule O contains a response or note to any line in this Part X

1 Accounting method used to prepare the Form 990: Cash Accrual Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

2b Were the organization's financial statements audited by an independent accountant? Yes No

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

3b 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

3c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes No

4 Accounting method used to prepare the Form 990: Cash Accrual Other

5 Net unrealized gains (losses) on investments

6 Donated services and use of facilities

7 Investment expenses

8 Prior period adjustments

9 Other changes in net assets or fund balances (explain on Schedule O)

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))

Line	Description	Amount
1	Total revenue (must equal Part VIII, column (A), line 12)	23,382,073.
2	Total expenses (must equal Part IX, column (A), line 25)	23,116,897.
3	Revenue less expenses. Subtract line 2 from line 1	265,176.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	20,509,583.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	20,774,759.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

Schedule A (Form 990 or 990-EZ) 2020

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

14 Public support percentage for 2020 (line 5, column (f), divided by line 11, column (f)) 99.39 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 91.01 %

Section C. Computation of Public Support Percentage

organization, check this box and stop here

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

12 Gross receipts from related activities, etc. (see instructions) 38,893,763

11 Total support. Add lines 7 through 10 57,291,688

10 Other income. Do not include gain or loss from the sale of capital assets (explain in Part VI) 54,809

9 Net income from unrelated business activities, whether or not the business is regularly carried on 295,050

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 33,560

7 Amounts from line 4 15,785,015

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
11	4,793	3,571	555	43,642	2,248	54,809
9	33,560	77,546	129,789	61,521	-7,366	295,050
7	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
12						38,893,763
11						57,291,688
10						54,809
9						295,050
8						33,560
7	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
6						56,941,829

Section B. Total Support

6 Public support. Subtract line 5 from line 4. column (f) amount shown on line 11, on line 1 that exceeds 2% of the supported organization) included by each person (other than a governmental unit or publicly supported organization) included

5 The portion of total contributions furnished by a governmental unit to the organization without charge

4 Total. Add lines 1 through 3 15,785,015

3 The value of services or facilities or expended on its behalf 12,166,943

2 Tax revenues levied for the organization's benefit and either paid to include any "unusual grants.") 12,166,943

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 15,785,015

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
6						56,941,829
5						12,166,943
4	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
3						12,166,943
2	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
1	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
4	15,785,015	11,382,237	9,363,553	8,244,081	12,166,943	56,941,829
5						12,166,943
6						56,941,829

Section A. Public Support

fails to qualify under the tests listed below, please complete Part III. If the organization (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

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations (continued)

11		Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
1a	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				
11b	A family member of a person described in line 11a above?			
11c	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.			

Section B, Type I Supporting Organizations

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		

Section D, All Type III Supporting Organizations

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		
---	--	--	---	--	--

Section E, Type III Functionally Integrated Supporting Organizations

1		Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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		

1		Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2		Activities Test. Answer lines 2a and 2b below.	Yes	No	
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 substantially all of its activities.			
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.			
3		Parent of Supported Organizations. Answer lines 3a and 3b below.			
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b					

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	1
2	Recoveries of prior-year distributions	2	2
3	Other gross income (see instructions)	3	3
4	Add lines 1 through 3	4	4
5	Depreciation and depletion	5	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	6
7	Other expenses (see instructions)	7	7
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	8

Section 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)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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	

Section C - Distributable Amount		(A) Prior Year	(B) 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 integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2020

Section D - Distributions		Excess Distributions (i)	Underdistributions Pre-2020 (ii)	Distributable Amount for 2020 (iii)
1	2			
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)				
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reason-able 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, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. 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				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, 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).

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 \$

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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Special Rules

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

General Rule

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. Check if your organization is covered by the General Rule or a Special Rule.

501(c)(3) taxable private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) exempt private foundation

527 political organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

501(c) 3 (enter number) organization

Filters of: Section:

Organization type (check one):

Table with 2 columns: Name of the organization (CASA DE LOS NINOS, INC) and Employer identification number (86-0314595)

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

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Schedule of Contributors

2020

OMB No. 1545-0047

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF TUCSON & SOUTHERN ARIZONA 330 N COMMERCE PARK LOOP STE 200 TUCSON, AZ 85745-2792	\$ 649,694.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
2	AZ EARLY CHILDHOOD DEVELOPMENT AND HEALTH 4800 N CENTRAL AVE, SUITE 800 PHOENIX, AZ 85012	\$ 2,239,514.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
3	AZ DEPARTMENT OF CHILD SAFETY PO BOX 6030, S/C C010-23 PHOENIX, AZ 85005	\$ 2,709,135.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
4	AZ DEPARTMENT OF ECONOMIC SECURITY 1789 W JEFFERSON, SUITE 940A PHOENIX, AZ 85007	\$ 1,394,713.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> Type of contribution

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

Name of organization: CASA DE LOS NIÑOS, INC
 Employer identification number: 86-0314595

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, 11g, 12a, or 12b. Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

SCHEDULE D
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Part I 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
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
 6 Did the organization inform all grantees, donors, and donor 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 impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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 open space

2 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.

	2a	2b	2c	2d
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
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			

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 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)? Yes No

9 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.

Part III 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

2 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

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

b Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			
1a Land	809,687.		
b Buildings	14,241,974.		
c Leasehold improvements	2,738,719.		
d Equipment	1,768,352.		
e Other	191,646.		
		118,690.	
		1,167,468.	
		457,149.	
		2,740,209.	
		11,501,765.	
		809,687.	
			15,266,862.

Complete if the organization answered "Yes" on Form 990, Part IV, line 1a. See Form 990, Part X, line 10.

Part VI Land, Buildings, and Equipment.

4 Describe in Part XIII the intended uses of the organization's endowment funds.

b	Unrelated organizations	3a(i)	X
(i)	Related organizations	3a(ii)	X
b	If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?	3b	
		Yes	No

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

The percentages on lines 2a, 2b, and 2c should equal 100%.

c Term endowment %

b Permanent endowment 100 %

a Board designated or quasi-endowment %

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	95,000.	95,000.	95,000.	95,000.	95,000.
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	95,000.	95,000.	95,000.	95,000.	95,000.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

	1c	1d	1e	1f
c Beginning balance				
d Additions during the year				
e Distributions during the year				
f Ending balance				

b If "Yes," explain the arrangement in Part XIII and complete the following table:

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

reported an amount on Form 990, Part X, line 21.

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets?

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

c Preservation for future generations

b Scholarly research

a Public exhibition

d Loan or exchange program

e Other

collection items (check all that apply):

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

1. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

NINOS IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION UNDER SECTION

INCOME TAX UNDER ARIZONA REVISED STATUTE SECTION 43-1201(A), CASA DE LOS

UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AND FROM ARIZONA

THE AGENCY IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX

PART X, LINE 2:

FUNDS WOULD BE USED TO SETTLE ANY FINAL COSTS.

A TIME ARISES THAT THE ORGANIZATION CEASES OPERATIONS, AT WHICH POINT THE

PRINCIPAL BALANCE WILL REMAIN AS PERMANENTLY RESTRICTED FUNDS UNLESS SUCH

FUNDS TO CARRY ON THE PRINCIPAL ACTIVITIES OF THE ORGANIZATION. THE

THE ORGANIZATION INTENDS TO USE ANY INVESTMENT EARNINGS FROM THE ENDOWMENT

PART V, LINE 4:

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information.

5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	23,116,897.
4	Amounts included on Form 990, Part IX, line 25, 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	0.
3	Subtract line 2e from line 1	23,116,897.
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	0.
1	Total expenses and losses per audited financial statements	23,116,897.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	23,382,073.
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	0.
3	Subtract line 2e from line 1	23,382,073.
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	0.
1	Total revenue, gains, and other support per audited financial statements	23,382,073.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

9		Regulations section 53.4958-6(c)?
9		If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
8	X	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
7	X	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
7		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
6b	X	Any related organization?
6a	X	The organization?
6		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
6b	X	Any related organization?
6a	X	The organization?
5		For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
5b	X	Any related organization?
5a	X	The organization?
4c	X	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
4b	X	Participate in or receive payment from a supplemental nonqualified retirement plan?
4a	X	Participate in or receive payment from an equity-based compensation arrangement?
3		Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee
2		Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
1b		If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
1a		Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)

Part I Questions Regarding Compensation

<p>Department of the Treasury Internal Revenue Service</p> <p>SCHEDULE J (Form 990)</p> <p>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.</p>	<p>Name of the organization CASA DE LOS NINOS, INC</p> <p>Employer identification number 86-0314595</p>
<p>OMB No. 1545-0047</p> <p>2020</p> <p>Open to Public Inspection</p>	<p>OMB No. 1545-0047</p> <p>2020</p> <p>Open to Public Inspection</p>

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YEAR:

PARENTS AS TEACHERS: VOLUNTEERS ASSIST PARENT EDUCATORS WITH ASSEMBLING ON-BOARDING PACKETS

VOLUNTEERS ASSIST ALL PROGRAM STAFF WITH ASSEMBLING ON-BOARDING

NURSE-FAMILY PARTNERSHIP:

AND HELPING ORGANIZE PARENT GROUPS ONCE A MONTH.

VOLUNTEERS ASSIST PARENT EDUCATORS WITH ASSEMBLING ON-BOARDING PACKETS

PARENTS AS TEACHERS:

NEEDED.

VOLUNTEERS ASSIST PARENT EDUCATORS WITH ASSEMBLING ON-BOARDING PACKETS

VOLUNTEERS PROVIDE EXCEPTIONAL CUSTOMER SERVICE, ASSIST WITH RECEIVING,

THRIFT STORE:

SUPERVISION OF CASA DE LOS NIOS STAFF MEMBERS AND PROGRAM SUPERVISORS.

COUNSELING AND COORDINATION OF CARE, STUDENTS ARE UNDER THE DIRECT

SERVICES THERAPIST. AN INTERN PROVIDES DIRECT SERVICES, SUPPORT

STUDENTS PURSUING A MASTER'S DEGREE ARE ASSIGNED TO A BEHAVIORAL HEALTH

INTERNS:

FAMILY PARTNERSHIP AND THE THRIFT STORE.

SERVICES, KELLY EARLY EDUCATION CENTER, PARENTS AS TEACHERS, NURSE

IN FY, 21 VOLUNTEERS WERE UTILIZED IN BEHAVIORAL AND MENTAL HEALTH

PART I, LINE 6 - VOLUNTEERS

Name of the organization

CASA DE LOS NIÑOS, INC

Employer identification number

86-0314595

Department of the Treasury
Internal Revenue Service

(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

2020

OMB No. 1545-0047

TIME-LIMITED SERVICES THAT ARE BASED ON THE NEEDS, CONCERNS AND

VARIOUS LEVELS RANGING FROM VOLUNTARY TO COURT ORDERED WITH SHORT-TERM,

FAMILIES WHO ARE INVOLVED WITH THE DEPARTMENT OF CHILD SAFETY (DCS) AT

PROTECTIVE FACTORS, AND STABILIZING FAMILIES, IN-HOME SERVICES SERVES

FOSTERING A SENSE OF SELF-RELIANCE, REDUCING RISK FACTORS, INCREASING

FAMILY FUNCTIONING, INCREASING COMPETENCE IN PARENTING ABILITIES,

IMPROVING THE SAFETY AND WELL-BEING OF CHILDREN AND FAMILIES, ENHANCING

ACCESSIBLE, AND CULTURALLY RESPONSIVE, IN-HOME SERVICES FOCUSES ON

FAMILY-CENTERED SERVICES THAT ARE COMPREHENSIVE, COORDINATED,

THE GOAL OF PRESERVING AND REUNITING THE FAMILY THROUGH

THE CASA DE LOS NIOS IN-HOME SERVICES PROGRAM SUPPORTS FAMILIES, WITH

IN-HOME SERVICE:

FOR THIS FISCAL YEAR.

RESPONSIBILITIES. CASA DE LOS NIOS SERVED 108 FAMILIES AND 170 CHILDREN

IMPROVE THEIR SKILLS AND ABILITY TO FULFILL PARENTING ROLES AND

SERVICES, INSTRUCTION, AND ASSISTANCE TO PARENTS OR CAREGIVERS TO

THE SUPERVISED VISITATION SERVICES PROGRAM PROVIDES A RANGE OF SUPPORT

SAFETY FOR FAMILIES WORKING TOWARDS THE ULTIMATE GOAL OF REUNIFICATION.

VISITATION AND TRANSPORTATION AS REQUESTED BY THE DEPARTMENT OF CHILD

THE SUPERVISED VISITATION SERVICES PROGRAM PROVIDES SUPERVISED

SUPERVISED VISITATION:

CLASSES TO 358 FAMILIES FOR THIS FISCAL YEAR.

SKILLS TO SAFELY RAISE HEALTHY CHILDREN. CASA DE LOS NIOS PROVIDED

PARENTS, CARE GIVERS AND PROFESSIONALS TO GAIN INFORMATION, TOOLS AND

THIS PROGRAM OFFERS FREE INTERACTIVE TRAINING AND EDUCATION FOR

COMMUNITY OUTREACH & EDUCATION:

CASA DE LOS NIOS, INC

Name of the organization

86-0314595

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B:

EXPENSES \$ 4,875,482. INCLUDING GRANTS OF \$ 0. REVENUE \$ 526,519.

2,034 CHILDREN WERE SCREENED IN THE PAST YEAR.

PROVIDE VITAL DEVELOPMENTAL AND HEALTH SCREENINGS FOR AT-RISK FAMILIES.

WELL-CHILD AND FAMILY CARE PARTNERS WITH EL RIO HEALTH CLINIC TO

WELL-CHILD AND FAMILY CARE:

EDUCATION THIS PAST YEAR.

COMING FROM LOW-INCOME FAMILIES. 113 CHILDREN WERE GIVEN HIGH-QUALITY

TO 100 PRE-SCHOOL AGED CHILDREN, WITH THE MAJORITY OF OUR STUDENTS

THE KELLY EARLY EDUCATION CENTER PROVIDES HIGH-QUALITY EARLY EDUCATION

EARLY CHILDHOOD EDUCATION:

FAMILIES AND 243 CHILDREN FROM JULY 2020 JUNE 2021.

ACTIVITIES. CASA DE LOS NIOS PROVIDED HOME VISITATION SERVICES TO 195

SCREENINGS. DURING VISITS, PARENTS ARE INTRODUCED TO SCHOOL READINESS

READINESS. THEY PROVIDE HEALTH, HEARING, VISION AND DEVELOPMENTAL

PROVIDES ACTIVITIES TO PROMOTE PARENT-CHILD INTERACTION AND SCHOOL

DURING THE CRUCIAL EARLY YEARS OF LIFE. A CERTIFIED PARENT EDUCATOR

ENCOURAGEMENT PARENTS NEED TO HELP THEIR CHILDREN DEVELOP OPTIMALLY

5. THE PARENTS AS TEACHERS PROGRAM PROVIDES INFORMATION, SUPPORT AND

VISITATION SERVICES TO TUCSON FAMILIES WITH CHILDREN UNDER THE AGE OF

PARENTS AS TEACHERS IS AN EVIDENCED BASED PROGRAM PROVIDING HOME

PARENTS AS TEACHERS:

RECEIVED SERVICES FROM THIS PROGRAM THIS YEAR.

STRESSORS OF THE CHILD(REN) AND FAMILIES. 211 FAMILIES AND 432 CHILDREN

CASA DE LOS NIOS, INC

Name of the organization

86-0314595

Employer identification number

FUNDRAISING EXPENSES 402.

MANAGEMENT AND GENERAL EXPENSES 459,266.

PROGRAM SERVICE EXPENSES 2,092,018.

OTHER PROFESSIONAL FEES:

FORM 990, PART IX, LINE 11G, OTHER FEES:

WWW.CASADELOSNIOS.ORG, AND UPON REQUEST.

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

WWW.CASADELOSNIOS.ORG, AND UPON REQUEST.

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 18:

WWW.CASADELOSNIOS.ORG, AND UPON REQUEST.

EXPERTISE, EXPERIENCE AND EDUCATION.

THE EXECUTIVE STAFF. RANGES INCLUDE LOW, MID AND MAXIMUM LEVELS BASED ON

OF LABOR. SALARY RANGES ARE DESIGNED FOR ALL SALARIED EMPLOYEES, INCLUDING

RELEVANT LOCAL, STATE AND NATIONAL SALARY INFORMATION FROM THE DEPARTMENT

BIANNUALLY, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS

FORM 990, PART VI, SECTION B, LINE 15:

INTEREST WITH THEIR ROLE AS A BOARD MEMBER OF CASA DE LOS NIÑOS.

RELATIONSHIPS AND INDICATE ANY THAT COULD POSE A POTENTIAL CONFLICT OF

BOARD MEMBERS ARE ANNUALLY ASKED TO UPDATE THEIR STATEMENT OF BUSINESS

FORM 990, PART VI, SECTION B, LINE 12C:

PRELIMINARY FORM 990 PRIOR TO FILING WITH TAXING AUTHORITIES.

THE AUDIT COMMITTEE OR THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

CASA DE LOS NINOS, INC

Employer identification number
86-0314595

OMB No. 1545-0047
2020
 Open to Public Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
301 E. SPEEDWAY BLVD., LLC 1120 N. 5TH AVENUE TUCSON, AZ 85705	REAL ESTATE HOLDING	ARIZONA		156,574.	
307 E. SPEEDWAY BLVD., LLC 1120 N. 5TH AVENUE TUCSON, AZ 85705	REAL ESTATE HOLDING	ARIZONA		294,067.	
315 E. SPEEDWAY BLVD., LLC 1120 N. 5TH AVENUE TUCSON, AZ 85705	REAL ESTATE HOLDING	ARIZONA		73,184.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CASA DE LOS NINOS FOUNDATION - 86-0609655 1120 N. 5TH AVENUE TUCSON, AZ 85705	SUPPORT FOR CASA DE LOS NINOS	ARIZONA	501(C)(3)	LINE 12B, II			X

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

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)

	Yes	No
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CASA DE LOS NINOS FOUNDATION	B	2,100,000. CASH VALUE	
(2)				
(3)				
(4)				
(5)				
(6)				

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

1 I request an automatic 6-month extension of time until MAY 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or tax year beginning JUL 1, 2020 and ending JUN 30, 2021.

• The books are in the care of 1120 N. 5TH AVENUE - TUCSON, AZ 85705
 Telephone No. 520-624-5600 Fax No.
 • If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and TINs of all members the extension is for.

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

Enter the Return Code for the return that this application is for (file a separate application for each return)

Return Code	0	1
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Name of exempt organization or other filer, see instructions. CASA DE LOS NINOS, INC
 Number, street, and room or suite no. If a P.O. box, see instructions. 1120 N. 5TH AVENUE
 City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85705
 File by the due date for filing your return. See instructions.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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.

Department of the Treasury Internal Revenue Service
 Form 8868 (Rev. January 2020)

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