

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CASA FAMILIAR, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
119 WEST HALL AVENUE

City or town, state or province, country, and ZIP or foreign postal code
San Ysidro CA 92173-2514

F Name and address of principal officer:
Elizabeth Refugio Cuestas
119 West Hall Ave
San Ysidro CA 92173

D Employer identification number
23-7237898

E Telephone number
619-428-1115

G Gross receipts \$ **29,285,137**

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u** www.casafamiliar.org

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1973** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)		3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	83
	6 Total number of volunteers (estimate if necessary)		6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	1,943,897	Current Year 7,060,183
	9 Program service revenue (Part VIII, line 2g)		2,021,382	21,889,478
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		343,551	312,676
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-46,581	9,700
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,262,249	29,272,037
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		499,117	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			2,912,964
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,594,046	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 21,255			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,678,603	3,511,652
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,771,766	6,424,616	
19 Revenue less expenses. Subtract line 18 from line 12		490,483	22,847,421	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	19,342,093	End of Year 42,435,959
	21 Total liabilities (Part X, line 26)		9,731,353	9,289,334
	22 Net assets or fund balances. Subtract line 21 from line 20		9,610,740	33,146,625

Part II Signature Block

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

Sign Here

Signature of officer: **Elizabeth Refugio Cuestas** Date: _____
 Type or print name and title: **CEO/President**

Paid Preparer Use Only

Print/Type preparer's name: **Hayley Geier** Preparer's signature: **Hayley Geier** Date: **03/03/22** Check if self-employed if PTIN: **P02489333**

Firm's name: **Hayley Geier, CPA** Firm's EIN: **87-1603957**
 Firm's address: **23055 Sherman Way, #5002 West Hills, CA 91308** Phone no.: **412-638-9373**

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