

Form **8879-EQ**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning **JUL 1**, 2019, and ending **JUN 30**, 20

2019

Department of the Treasury
Internal Revenue Service



Go to www.irs.gov/Fonn8879EO for the latest information.

Name of exempt organization

Employer identification number

CHILD ADVOCATES OF PLACER COUNTY

77-0620948

Name and title of officer
DON KLEINFELDER
EXECUTIVE DIRECTOR

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>815,026.</u>
2a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here <input checked="" type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3	_____
4a Form 990-PF check here <input checked="" type="checkbox"/>	b based on investment income (Form 990-PF, Part VI, line 5)	4	_____
5a Form 8868 check here <input checked="" type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5	b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN, _____
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature Date **03/25/2019**

Part III Certification and Authentication

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

68601495678

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 **DANIEL C. BAKER** Date **03/25/2019**

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.

Form **8879-EO** (2019)

923051 10-03-19

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD ADVOCATES OF PLACER COUNTY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3715 ATHERTON ROAD, SUITE 1 City or town, state or province, country, and ZIP or foreign postalcode ROCKLIN, CA 95765 F Name and address of principal officer: DON KLEINFELDER 3715 ATHERTON ROAD, SUITE 1, ROCKLIN, CA 95	D Employer identification number 77-0620948 E Telephonenumber 530-887-1006 G Gross receipts \$ 815,026. H(a) Is this a group return for subordinates? ~ ~ Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() § (insert no.) 4947(a)(1) or 527		
J Website: WWW.CASAPLACER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2003 M State of legal domicile: CA

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities: WE ARE A BRIDGE BETWEEN THE MOST VULNERABLE IN OUR COMMUNITY AND VOLUNTEERS WHO MAKE A DIFFERENCE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) ~ ~ ~ ~ ~	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b) ~ ~ ~ ~ ~	4	12
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) ~ ~ ~ ~ ~	5	11
	6 Total number of volunteers (estimate if necessary) ~ ~ ~ ~ ~	6	250
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ~ ~ ~ ~ ~	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39 <input type="checkbox"/>	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h) ~ ~ ~ ~ ~	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) ~ ~ ~ ~ ~	831,900.	811,769.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ~ ~ ~ ~ ~	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ~ ~ ~ ~ ~	632.	3,257.
	12 Total revenue -add lines 8 through 11 (must equal Part VIII, column (A), line 12) <input type="checkbox"/>	832,532.	815,026.
Expense	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ~ ~ ~ ~ ~	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ~ ~ ~ ~ ~	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ~ ~ ~	550,208.	639,618.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ~ ~ ~ ~ ~	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 76,652.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ~ ~ ~ ~ ~	170,852.	158,626.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	721,060.	798,244.
	19 Revenue less expenses. Subtract line 18 from line 12 <input type="checkbox"/>	111,472.	16,782.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) ~ ~ ~ ~ ~	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) ~ ~ ~ ~ ~	636,883.	749,340.
	22 Net assets or fund balances. Subtract line 21 from line 20 <input type="checkbox"/>	36,612.	132,287.
		600,271.	617,053.

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 = DON KLEINFELDER, EXECUTIVE DIRECTOR Type or print name and title
	Date
Paid Preparer Use Only	Print/Type preparer's name DANIEL C. BAKER Preparer's signature DANIEL C. BAKER Date 03/25/21 Check if self-employed <input type="checkbox"/> PTIN P00113525 Firm's name 9 CLIFTONLARSONALLEN LLP Firm's EIN 9 41-0746749 Firm's address 9 915 HIGHLAND POINTE DR., SUITE 300 ROSEVILLE, CA 95678 Phone no. (916) 784-7800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO BE THE BRIDGE BETWEEN THE MOST VULNERABLE IN OUR COMMUNITY AND VOLUNTEERS WHO MAKE A DIFFERENCE.

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~ ~ ~ ~ ~ Yes No
If "Yes," describe these changes on Schedule O.

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 \$ 676,314. including grants of \$) (Revenue \$)
OUR MISSION IS TO BE THE BRIDGE BETWEEN THE MOST VULNERABLE IN OUR COMMUNITY AND VOLUNTEERS WHO MAKE A DIFFERENCE. WE SERVE OUR COMMUNITY THROUGH FOUR VOLUNTEER DRIVEN PROGRAMS: 1) PLACER CASA, WHICH PROVIDES COURT APPOINTED SPECIAL ADVOCATES (CASAS) TO YOUTH IN FOSTER CARE AND YOUTH IN THE JUVENILE DELINQUENCY/PROBATION SYSTEM, 2) PLACER MENTORS, WHICH PROVIDES ADULT MENTORS FOR YOUTH WHO ARE AT RISK OF EDUCATIONAL FAILURE, OR OF ENTERING THE JUVENILE JUSTICE OR CHILD WELFARE SYSTEMS, AS WELL AS FORMER FOSTER YOUTH WHO HAVE AGED OUT OF FOSTER CARE, 3) FAMILY MENTORS, WHICH ASSIGNS MENTORS TO PARENTS WHO ARE STRIVING TO REBUILD THEIR FAMILIES AND REUNIFY WITH THEIR CHILDREN WHO ARE IN THE CHILD WELFARE SYSTEM, AND 4) PROSPER PLACER, WHICH UTILIZES COMMUNITY VOLUNTEERS TO HELP FAMILIES MOVE OUT OF POVERTY BY SHARING KNOWLEDGE,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses | 676,314.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. The 'Yes' and 'No' columns contain 'X' marks indicating responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 cover various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 1a, 1b, and 1c cover tax compliance statements.

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

Form 990 (2019) table with columns for question number, question text, and Yes/No checkboxes. Includes sections 2a through 16 regarding employee reporting, tax shelter transactions, gross receipts, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Contains questions about governing body members, family relationships, and organizational management.

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

Table with columns for line numbers (10a-16b), Yes, and No. Contains questions about local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J CA
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 for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(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 other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DON KLEINFELDER EXECUTIVE DIRECTOR	40.00			X				99,498.	0.	16,921.
(2) KIMBERLY MENZEL BOARD CHAIR	1.00	X		X				0.	0.	0.
(3) DON NOVEY BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(4) JOSH PRICE TREASURER	1.00	X		X				0.	0.	0.
(5) STEFANI HAYS SECRETARY	1.00	X		X				0.	0.	0.
(6) JAY RESENDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAVID BRADFORD BOARD MEMBER	1.00	X						0.	0.	0.
(8) MELISSA GARNER BOARD MEMBER	1.00	X						0.	0.	0.
(9) DENA KAUFER BOARD MEMBER	1.00	X						0.	0.	0.
(10) KEN KLEIN BOARD MEMBER	1.00	X						0.	0.	0.
(11) DOUG MACFARLANE BOARD MEMBER	1.00	X						0.	0.	0.
(12) YVONNE PIRE BOARD MEMBER	1.00	X						0.	0.	0.
(13) DOUGLAS VAN ORDER BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOHN GOHAGAN (TO 3/2020) BOARD CHAIR	1.00	X						0.	0.	0.
(15) DEB MORETTON (TO 2/2020) BOARD CHAIR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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 other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Subtotal ~ ~ ~ ~ ~								99,498.	0.	16,921.
c Total from continuation sheets to Part VII, Section A ~ ~ ~ ~ ~								0.	0.	0.
d Total (add lines 1b and 1c) []								99,498.	0.	16,921.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> ~ ~ ~ ~ ~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ~ ~ ~ ~ ~		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> []		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~	116,071.	98,660.	5,804.	11,607.
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 ~ ~ ~ ~ ~	523,547.	445,015.	26,177.	52,355.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~				
11 Fees for services (nonemployees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~				
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17 f				
g Investment management fees ~ ~ ~ ~ ~				
Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	14,053.	11,945.	2,108.	
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~	3,446.	2,580.	866.	
14 Information technology ~ ~ ~ ~ ~	11,887.	10,714.	1,173.	
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	54,070.	45,959.	8,111.	
17 Travel ~ ~ ~ ~ ~	22,266.	22,266.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~	1,275.	1,084.	191.	
23 Insurance ~ ~ ~ ~ ~	5,655.	4,807.	848.	
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. TRAINING AND DEVELOPMEN	25,999.	25,999.		
b. FUNDRAISING EXPENSES	12,690.			12,690.
c. COMMUNITY OUTREACH	7,285.	7,285.		
d. _____				
e. All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	798,244.	676,314.	45,278.	76,652.
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	391,464.	1	399,955.
	2	Savings and temporary cash investments ~ ~ ~ ~ ~		2	
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~		3	
	4	Accounts receivable, net ~ ~ ~ ~ ~	46,432.	4	89,306.
	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 ~ ~ ~ ~ ~		8	
	9	Prepaid expenses and deferred charges ~ ~ ~ ~ ~	8,477.	9	16,626.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~	10a 25,093.		
	b	Less: accumulated depreciation ~ ~ ~ ~ ~	10b 22,345.	10c	2,748.
	11	Investments - publicly traded securities ~ ~ ~ ~ ~		11	
	12	Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~	151,449.	12	203,059.
	13	Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~		13	
	14	Intangible assets ~ ~ ~ ~ ~		14	
	15	Other assets. See Part IV, line 11 ~ ~ ~ ~ ~	37,284.	15	37,646.
16	Total assets. Add lines 1 through 15 (must equal line 33) <input type="checkbox"/>	636,883.	16	749,340.	
Liabilities	17	Accounts payable and accrued expenses ~ ~ ~ ~ ~	30,612.	17	42,963.
	18	Grants payable ~ ~ ~ ~ ~		18	
	19	Deferred revenue ~ ~ ~ ~ ~	6,000.	19	8,000.
	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 ~ ~ ~ ~ ~		23	
	24	Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~		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 ~ ~ ~ ~ ~	0.	25	81,324.
	26	Total liabilities. Add lines 17 through 25 <input type="checkbox"/>	36,612.	26	132,287.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions ~ ~ ~ ~ ~	559,382.	27	607,382.
	28	Net assets with donor restrictions ~ ~ ~ ~ ~	40,889.	28	9,671.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.				
	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 ~ ~ ~ ~ ~	600,271.	32	617,053.
	33	Total liabilities and net assets/fund balances <input type="checkbox"/>	636,883.	33	749,340.

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 815,026. Line 2: Total expenses 798,244. Line 3: Revenue less expenses 16,782. Line 4: Net assets at beginning 600,271. Line 10: Net assets at end 617,053.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (Yes).

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
| Attach to Form 990 or Form 990-EZ.
| Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **CHILD ADVOCATES OF PLACER COUNTY** Employer identification number **77-0620948**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions -subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations ~ ~ ~ ~ ~

g. Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~ ~	542,327.	537,844.	659,291.	831,900.	811,769.	3383131.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~	542,327.	537,844.	659,291.	831,900.	811,769.	3383131.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~ ~ ~ ~ ~ ~ ~ ~ ~						431,993.
6 Public support. Subtract line 5 from line 4.						2951138.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 ~ ~ ~ ~ ~	542,327.	537,844.	659,291.	831,900.	811,769.	3383131.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~	503.					503.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~ ~ ~ ~	3,080.	3,326.	2,678.	4,395.	3,257.	16,736.
11 Total support. Add lines 7 through 10						3400370.

12 Gross receipts from related activities, etc. (see instructions) ~ ~ ~ ~ ~ 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) ~ ~ ~ ~ ~	14	86.79	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 ~ ~ ~ ~ ~	15	85.33	%

16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ X

b 33 1/3% support test - 2018. 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 and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here _____

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 _____	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ~ ~ ~ ~ ~	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 ~ ~ ~ ~ ~	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c. Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b. Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b. A family member of a person described in (a) above?		
11b		
c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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 (2), 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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.		
2a		
b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.		
3a		
b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? 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

1 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	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income(see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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).		

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

Section D - Distributions		Current Year
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)	
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 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019		
a	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
e	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2015		
b	Excess from 2016		
c	Excess from 2017		
d	Excess from 2018		
e	Excess from 2019		

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

Horizontal lines for supplemental information input.

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

CHILD ADVOCATES OF PLACER COUNTY

Employer identification number

77-0620948

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special 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.

General Rule

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.

Special Rules

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)(vi), 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.

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, II, and III.

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

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).

Name of organization

Employer identification number

CHILD ADVOCATES OF PLACER COUNTY

77-0620948

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

(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
1	MOURIER FAMILY FOUNDATION 1430 BLUE OAKS BLVD, SUITE 190 ROSEVILLE, CA 95747	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	FIRST 5 PLACER CHILDREN AND FAMILIES COMMISSION 360 NEVADA STREET AUBURN, CA 95603	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	IN AND OUT BURGER FOUNDATION 4199 CAMPUS DRIVE, 9TH FLOOR IRVINE, CA 92612	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	SACRAMENTO COMMUNITY FOUNDATION 955 UNIVERSITY AVE #A SACRAMENTO, CA 95825	\$ 16,247.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	PLACER COUNTY HHS FISCAL 3091 COUNTY CENTER DRIVE AUBURN, CA 95603	\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	CALIFORNIA OFFICE OF EMERGENCY SERVICES 3650 SCHRIEVER AVENUE MATHER, CA 95655	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization CHILD ADVOCATES OF PLACER COUNTY	Employer identification number 77-0620948
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
7	PROJECT GO, INC. 801 VERNON STREET ROSEVILLE, CA 95678	\$ 43,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	US BANK 621 CAPITOL MALL STE 800 SACRAMENTO, CA 95814	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	CENTER FOR FAMILIES, CHILDREN & COURTS 455 GOLDEN GATE AVE, 6TH FLOOR SAN FRANCISCO, CA 94102	\$ 74,642.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	ROBERT SMITH 2215 HERMOSA AVE HERMOSA BEACH, CA 90254	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization CHILD ADVOCATES OF PLACER COUNTY Employer identification number 77-0620948

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a . Public exhibition
 - b . Scholarly research
 - c . Preservation for future generations
 - d . Loan or exchange program
 - e . Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ~~~~~ Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance ~~~~~ | 1c |
| d Additions during the year ~~~~~ | 1d |
| e Distributions during the year ~~~~~ | 1e |
| f Ending balance ~~~~~ | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ~~~~~ Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance ~~~~~	37,284.	35,722.	28,044.	25,176.	
b Contributions ~~~~~	74.		6,355.	2,868.	25,176.
c Net investment earnings, gains, and losses	849.	2,100.	1,825.		
d Grants or scholarships ~~~~~					
e Other expenditures for facilities and programs ~~~~~					
f Administrative expenses ~~~~~	561.	538.	502.		
g End of year balance ~~~~~	37,646.	37,284.	35,722.	28,044.	25,176.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | _____%
 - b. Permanent endowment | 100.00%
 - c. Term endowment | _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) Unrelated organizations ~~~~~ | <input type="checkbox"/> | X |
| (ii) Related organizations ~~~~~ | <input type="checkbox"/> | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ~~~~~ | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land ~~~~~				
b Buildings ~~~~~				
c Leasehold improvements ~~~~~				
d Equipment ~~~~~		25,093.	22,345.	2,748.
e Other <input type="checkbox"/>				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <input type="checkbox"/>				2,748.

Part VII Investments - Other Securities.

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) AMERICAN RIVER		
(B) CERTIFICATE OF DEPOSIT #1	76,216.	END-OF-YEAR MARKET VALUE
(C) AMERICAN RIVER		
(D) CERTIFICATE OF DEPOSIT #2	76,531.	END-OF-YEAR MARKET VALUE
(E) AMERICAN RIVER		
(F) CERTIFICATE OF DEPOSIT #3	50,312.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	203,059.	

Part VIII Investments - Program Related.

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 IX Other Assets.

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) PLACER COMMUNITY FOUNDATION ENDOWMENT	37,646.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	37,646.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	81,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	81,324.

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 X

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

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

1	Total revenue, gains, and other support per audited financial statements ~ ~ ~ ~ ~		1	815,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	2a		
b	Donated services and use of facilities ~ ~ ~ ~ ~	2b		
c	Recoveries of prior year grants ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e		0.
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3		815,026.
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 ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		815,026.

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

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

1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~		1	798,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities ~ ~ ~ ~ ~	2a		
b	Prior year adjustments ~ ~ ~ ~ ~	2b		
c	Other losses ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e		0.
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3		798,244.
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 ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		798,244.

Part XIII Supplemental Information.

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 V, LINE 4:
 THE PERMANENTLY RESTRICTED NET ASSETS CONSISTED OF AN ENDOWMENT INVESTMENT HELD BY THE PLACER COMMUNITY FOUNDATION (PCF). THE ORIGINAL PRINCIPAL OF \$25,000 WAS CONTRIBUTED BY THE ORGANIZATION AND IS HELD IN PERPETUITY BY THE PCF. INCOME IS DISBURSED AT THE DISCRETION OF THE PCF ANNUALLY. THE ENDOWMENT IS CARRIED AT FAIR MARKET VALUE ON THE STATEMENT OF FINANCIAL POSITION. AT JUNE 30, 2020 THERE WAS \$4,633 AVAILABLE FOR DISTRIBUTION.

PART X, LINE 2:
 THE ORGANIZATION HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX

Part XIII Supplemental Information (continued)

BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE AND STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2020.

Supplemental Information to Form 990 or 990-EZ

2019

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHILD ADVOCATES OF PLACER COUNTY

Employer identification number
77-0620948

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONNECTIONS AND FRIENDSHIP. IN 2019-20 WE PROVIDED CASAS TO 236 FOSTER CHILDREN AND 44 PROBATION YOUTH. OF THESE, 18 WERE INVOLVED IN SEX TRAFFICKING. OUR COUNTY ALSO REFERRED TO US 11 YOUTH WHO WERE AT-RISK OF BEING INVOLVED IN SEX TRAFFICKING, AND WE PROVIDED THEM WITH MENTORS (CASAS WITHOUT A COURT ORDER, SINCE THE GIRLS WERE NOT OFFICIALLY IN THE COURT SYSTEM). DURING THAT TIME PERIOD WE ALSO PROVIDED FAMILY MENTORS TO 51 PARENTS AND PROSPER PLACER ALLIES TO 26 FAMILIES. ALTOGETHER WE DIRECTLY IMPACTED 370 INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS MAY, BY RESOLUTION ADOPTED BY A MAJORITY OF DIRECTORS THEN IN OFFICE, ESTABLISH AN EXECUTIVE COMMITTEE, THE MEMBERS OF WHICH SHALL BE THE OFFICERS SERVING AS OFFICERS OF THIS CORPORATION. THE EXECUTIVE COMMITTEE IS AUTHORIZED TO MAKE EMERGENCY EXPENDITURES NECESSARY FOR THE CORPORATION WHEN CONSULTATION WITH THE BOARD IS IMPRACTICABLE, INCLUDING DRAWING ON ANY CREDIT LINE AVAILABLE; HIRE COUNSEL FOR ITSELF OR THE BOARD; SPEND FUNDS ALLOCATED TO ITS DISCRETION BY THE BOARD AS PART OF THE ANNUAL BUDGET; AND MAKE ANY EMPLOYMENT DECISIONS AND EVALUATIONS ON A REGULAR OR EXTRAORDINARY BASIS, PROVIDED IT INFORMS AND REQUESTS APPROVAL FROM THE BOARD. THE EXECUTIVE COMMITTEE IS NOT AUTHORIZED TO ACT WITH RESPECT TO:
(A) THE APPROVAL OF ANY ACTION, WHICH, UNDER LAW OR THE PROVISIONS OF THESE BYLAWS, REQUIRES THE APPROVAL OF THE DIRECTORS OR OF A MAJORITY OF ALL OF THE DIRECTORS.(B) THE FILLING OF VACANCIES ON THE BOARD OF DIRECTORS OR ON ANY COMMITTEE, WHICH HAS THE AUTHORITY OF THE BOARD.(C) THE FIXING OF

Name of the organization CHILD ADVOCATES OF PLACER COUNTY	Employer identification number 77-0620948
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COMPENSATION OF THE DIRECTORS FOR SERVING ON THE BOARD OF DIRECTORS OR ON ANY COMMITTEE.(D) THE AMENDMENT OR REPEAL OF THE BYLAWS OR THE ADOPTION OF NEW BYLAWS.(E) THE AMENDMENT OR REPEAL OF ANY RESOLUTION OF THE BOARD OF DIRECTORS, WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE.

(F) THE APPOINTMENT OF COMMITTEES OF THE BOARD OR THE MEMBERS THEREOF.

(G)THE APPROVAL OF ANY TRANSACTION TO WHICH THIS CORPORATION IS A PARTY AND IN WHICH ONE OR MORE OF THE DIRECTORS HAS A MATERIAL FINANCIAL INTEREST, EXCEPT AS EXPRESSLY PROVIDED IN SECTION 5233(D)(3) OF THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW. BY A MAJORITY VOTE OF ITS MEMBERS THEN IN OFFICE, THE BOARD OF DIRECTORS MAY AT ANY TIME REVOKE OR MODIFY ANY OR ALL OF THE AUTHORITY SO DELEGATED, INCREASE OR DECREASE, BUT NOT REDUCE BELOW THREE (3) THE NUMBER OF MEMBERS OF THE COMMITTEE, AND REQUIRE VACANCIES THEREIN BE FILLED FROM THE DIRECTORS. THE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS, CAUSE THEM TO BE FILED WITH THE CORPORATE RECORDS, AND REPORT THE SAME TO THE BOARD FROM TIME TO TIME AS THE BOARD MAY REQUIRE.

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS INITIALLY REVIEWED BY THE ORGANIZATIONS EXECUTIVE DIRECTOR, ONCE APPROVED BY THE EXECUTIVE DIRECTOR A DRAFT OF FORM 990 IS PROVIDED TO THE GOVERNING BOARD FOR REVIEW AND COMMENT PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE MISSION'S EMPLOYEE HANDBOOK CONTAINS A CONFLICT OF INTEREST POLICY WHICH INCLUDES PROVISIONS FOR DISCLOSURE ANNUALLY, BY OFFICERS, DIRECTORS, AND KEY EMPLOYEES, OF INTERESTS THAT COULD CONSTITUTE A CONFLICT. IN THE EVENT A CONFLICT SHOULD BE DETERMINED FOLLOWING REVIEW BY THE EXECUTIVE DIRECTOR, BOARD PRESIDENT OR FULL BOARD MEMBERSHIP, THE CONFLICT WOULD BE

Name of the organization CHILD ADVOCATES OF PLACER COUNTY	Employer identification number 77-0620948
--	--

RESOLVED WITH THE OFFENDING PARTY.

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

THE BOARD OF DIRECTORS REVIEWS ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR CONSIDERING HISTORICAL SALARIES OF OTHER NONPROFIT ORGANIZATIONS OF A SIMILAR SIZE.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

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

Department of the Treasury
Internal Revenue Service

| File a separate application for each return.
| Go to www.irs.gov/Form8868 for the latest information.

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.

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.

Type or print	Name of exempt organization or other filer, see instructions. CHILD ADVOCATES OF PLACER COUNTY	Taxpayer identification number (TIN) 77-0620948
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3715 ATHERTON ROAD, SUITE 1	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROCKLIN, CA 95765	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	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

DON KLEINFELDER

- The books are in the care of | 3715 ATHERTON ROAD, SUITE 1 - ROCKLIN, CA 95765
Telephone No. | 530-887-1006 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 | _____. If it is for part of the group, check this box | _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, 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, 2019, and ending JUN 30, 2020.

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

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.

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.