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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	pprox 2022 calendar year, or tax year beginning $$ OC'I' $$ I $$, $$ $$ 2 $$ U $$ 2 $$ $$ and e	ending S	EP 30, 2023	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	CITIZEN ADVOCACY OF CHESTER COUNTY			
	Name change	Doing business as	23-21177	95	
	Initial return		Room/suite	E Telephone number	
	Final return/	239 CHURCH STREET		610-933-3	
	termin ated			G Gross receipts \$	270,664.
	Ameno return Applic	PHOENIXVILLE, PA 19400		H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: ALICIA WARNER DEMON	Т	for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or se: WWW.CITIZENADVOCACYCC.ORG	r 527	· ·	list. See instructions
	Websit	· 	I Vaan	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 19/9 N	1 State of legal domicile: PA
	1	Briefly describe the organization's mission or most significant activities: TO SU	PPORT	A VARIETY C)F
Governance	3	RELATIONSHIPS FOR ISOLATED PEOPLE LIVING V			
5	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
٥	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Ġ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
ď	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5_
įŧ	6	Total number of volunteers (estimate if necessary)			150
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	<u></u> b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		251,994.	268,544.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
á	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		492.	2,120.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		252,486.	270,664.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	270,004.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		198,369.	235,823.
90	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Fynancae	h	Total fundraising expenses (Part IX, column (D), line 25) 33, 88	3.	Ü.	<u> </u>
Ä	[17]	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		65,047.	80,212.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		263,416.	316,035.
	19	Revenue less expenses. Subtract line 18 from line 12		-10,930.	-45,371.
Net Assets or	Ses	·	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		341,729.	323,328.
Ass	ਸ਼੍ਰੂ 21	Total liabilities (Part X, line 26)		14,682.	41,652.
		Net assets or fund balances. Subtract line 21 from line 20		327,047.	281,676.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.	
		Signature of officer		l Date	
Sig				Date	
He	re	ALICIA WARNER DEMONT, EXECUTIVE DIRECTOR Type or print name and title			
			10	Date Check	PTIN
Pai	d	Print/Type preparer's name LINDA S HIMEBACK, CPA LINDA S HIMEBACK		2/12/24 of self-employe	
	parer	Firm's name HERBEIN + COMPANY, INC.	, CI U		3-2415973
	e Only	Firm's address 2763 CENTURY BOULEVARD		THIII S LIN 2	
	,	READING, PA 19610		Phone no. (6	10) 378-1175
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		1. Hono hor (C	X Yes No
_					

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Pai	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:
	TO INITIATE AND SUPPORT A VARIETY OF INTENTIONAL RELATIONSHIPS THAT
	PROVIDE ADVOCACY FOR OPPORTUNITY, PROTECTION FROM HARM, SPONSORSHIP
	INTO COMMUNITY LIFE, FRIENDSHIP, AND JUSTICE FOR ISOLATED PEOPLE
	LIVING WITH A DISABILITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$
	CITIZEN ADVOCACY INITIATES VOLUNTARY ONE-TO-ONE RELATIONSHIPS BETWEEN A
	PERSON WITH A DISABILITY AND SOMEONE ELSE FROM THEIR COMMUNITY WHO HAS
	CORRESPONDING QUALITIES AND RESOURCES. THIS RELATIONSHIP IS INITIATED
	BY A CITIZEN ADVOCACY COORDINATOR, AND ADVOCATES ARE GENERALLY ASKED TO
	BUILD A PERSONAL RELATIONSHIP WITH THEIR PARTNER, AND ALSO TO TAKE
	ACTION ON THEIR PARTNER'S BEHALF. THESE "MATCHES" ARE A MEANS TO
	PROMOTE, PROTECT AND DEFEND THE WELFARE AND INTEREST OF, AND JUSTICE
	FOR, PEOPLE WITH MENTAL, PHYSICAL AND/OR EMOTIONAL DISABILITIES WHO ARE
	IMPAIRED IN COMPETENCE AND EITHER DIMINISHED IN STATUS OR SERIOUSLY
	PHYSICALLY AND SOCIALLY ISOLATED.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	<u> </u>
4d	Other program services (Describe on Schedule O.)
- u	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 267,853.
	Form 990 (2022)

Form 990 (2022) CITIZEN ADVOCACY OF CHESTER COUNTY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZU		
J	, .	12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

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	m 990 (2022) CITIZEN ADVOCACY OF CHESTER COUNTY 23-211	<u> 7795</u>	Р	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
(d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
k	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33.2		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		<u> </u>
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O art V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1:	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		.,,
		ŏ		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

					Yes	No	
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	į	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
За	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" to line 3b, provide an explanation on Schedule	0		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accol	ınt)?	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 Advanced in the Financi	ccou	nts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization 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 contributi	ons o	or gifts	.			
_	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).			_	v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X		
				7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					X	
لم	to file Form 8282?	7d	1	7c			
	If "Yes," indicate the number of Forms 8282 filed during the year			7e		Х	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		ct?	7 f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		800 as required?	7g			
_	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, air			7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
		•		8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the appropriate conscious realistics realistics to the distributions and a continuous 40000			9a			
b				9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10k	<u>, </u>				
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	112	1				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11k	_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12t	0	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	ا م	.1				
	organization is licensed to issue qualified health plans	13k	1	-			
	Enter the amount of reserves on hand	130	•	14a		Х	
						-	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b			
15	excess parachute payment(s) during the year?			15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			13			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х	
	If "Yes," complete Form 4720, Schedule O.	100	me:	10			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tiviti <i>e</i>	es				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

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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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register members as at person to regard a 2 vite morning members as		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	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			
	THE ORGANIZATION - 610-933-1299			
	239 CHURCH STREET, PHOENIXVILLE, PA 19460			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B)	(C) Position (do not check more than one				1		(D)	(E)	(F) Estimated
Name and title	Average hours per	box	not c , unle: cer ar	heck i ss per	more rson i	than is both	n an	Reportable compensation	Reportable compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MOIRA MUMMA EXECUTIVE DIRECTOR THRU JANUARY	20.00	-		х				34,530.	0.	2 015
(2) ALICIA WARNER DEMONT	40.00	-		^		┢		34,530.	0.	3,915.
EXECUTIVE DIRECTOR AS OF FEBRUARY	40.00	1		х				16,562.	0.	5,920.
(3) SARAH THOMPSON	1.00									
PRESIDENT		Х		х				0.	0.	0.
(4) BRIAN SLATER	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CINDY HAMMAKER	1.00									
SECRETARY		Х		Х		_		0.	0.	0.
(6) LORRAINE T. BARRON	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) BECKY BRADBEER	1.00									0
BOARD MEMBER (8) KERRY COOK	1.00	Х						0.	0.	0.
(8) KERRY COOK BOARD MEMBER AS OF JANUARY	1.00	X						0.	0.	0.
(9) ED COHLE	1.00	^				\vdash		0.	0.	<u></u>
BOARD MEMBER	1.00	X						0.	0.	0.
(10) MARY FOOTE	1.00	25				\vdash		•	•	<u>.</u>
BOARD MEMBER	1100	х						0.	0.	0.
(11) CARSON GALLAGHER	1.00								<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(12) ROGER LYNCH	1.00									
BOARD MEMBER AS OF MARCH		Х						0.	0.	0.
(13) VALARIE PEARSON	2.00									
BOARD MEMBER		Х						0.	0.	0.
						<u> </u>				
		-								
		1			-	\vdash				
		1								
		1								
-	1	<u> </u>		L				ı	l	- 000 (acce)

	١	(B)			10	?)			ompensated Employee (D)	(E)		/6	:1
(A) Name ar		(B) (C) Average Position							Reportable	(E) Reportable		(F Estim	
name ar	id title	hours per (do not check more than one box, unless person is both an							compensation	compensation	,	amou	
		week					r/trus		from	from related	'	oth	
		(list any	ctor						the	organizations		comper	
		hours for	r dire				ted		organization	(W-2/1099-MIS	C/	from	the
		related	stee	ruste			bensa		(W-2/1099-MISC/	1099-NEC)		organi	
		organizations below	ıal tru	onal t		oloye	moo a		1099-NEC)			and re	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
			드	드	Ð	λ S	포늄	2			-		
											\dashv		
											_		
											-		
											\dashv		
			-										
											-		
1b Subtotal		<u> </u>		<u> </u>					51,092.		0.	9.	835.
c Total from continu	ation sheets to Part VI	I. Section A						•	0.		0.		0.
	and 1c)								51,092.		0.	9,	835.
2 Total number of ind	ividuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from	the organization											1	0
												Ye	s No
· ·	•	-	-	•	•	•		_	hest compensated empl	•			v
	•											3	<u> </u>
									er compensation from th			4	х
									or such individualed organization or individ		├	4	^_
• •	anization? <i>If</i> "Yes," com	•				•			•	idal loi selvices		5	х
Section B. Independent		ipiete Scrieduit	3	JI SU	CIT	JEIS	<i>OII</i> .						
1 Complete this table	for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	at received more than \$	100,000 of compe	ensatio	on from	
the organization. Re	port compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax ye	ear.			
	(A)				_				(B)		_	(C)	
	Name and business	address	N	ONE	<u>'</u>			_	Description of s	ervices	Co	mpensa	ition
								+					
								\dashv					
								\dashv					
								1					
2 Total number of indi	anondont contractors "	adudina but	o+ 15	nite -	1+~ 1	ther	0 1:-	to ci	abaya) wha reastired as	are then			
	ependent contractors (in		ot lin	nited	l to t	thos		ted	above) who received mo	ore than			

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Forderest and accompany of the state of the					
nts st		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, (Fundraising events 1c	20 642				
a gi	d	Related organizations 1d	38,643.				
is,	е	Government grants (contributions) 1e					
Š	f	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	229,901.				
ĘQ	g	Noncash contributions included in lines 1a-1f 1g \$					
an So	h	Total. Add lines 1a-1f		268,544.			
			Business Code				
o l	2 a						
Š	b						
je s	c						
E S							
gra Be	d						
Program Service Revenue	е						
ъ.		All other program service revenue					
\longrightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					0.100
		other similar amounts)		2,120.			2,120.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	,				
	h	Less: cost or other basis					
a)	b						
ğ	_	and sales expenses					
eve		Gain or (loss)					
ther Revenue		Net gain or (loss)					
the l	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\overline{}$		Thet income of (1033) from Sales of inventory	Business Code				
sn	44 -		Submissi Code				
eo ne	11 a						
Miscellaneous Revenue	b						
Se.	С						
ăis	d	All other revenue					
	е	Total. Add lines 11a-11d		000 554			0.100
	12	Total revenue. See instructions		270,664.	0.	0.	2,120.

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,332. 7,387. 92,336. 4,617. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 120,248. 104,616. 6,012. 9,620. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,088. 7,037. 404. 647. Other employee benefits 9 15,151. 13,181. 758. 1,212 10 Payroll taxes Fees for services (nonemployees): Management Legal 10,294. 9,779. 515. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 14,313. 13,598. 715. Office expenses 13 4,566. 4,338. 228. Information technology 14 15 Royalties 12,276. 11,662. 614. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,208. 260. 4,948. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 255. 242. 13. Depreciation, depletion, and amortization 22 3,266. 3,103. 163. 23 Other expenses. Itemize expenses not covered 24 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.) 30,034. 15,017. 15,017. EVENT EXPENSES All other expenses 316,035. 267,853. 14,299. 33,883. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any l	ne in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			108,435.	1	152,758
2	Savings and temporary cash investments		213,166.	2	108,889	
3	Pledges and grants receivable, net		15,334.	3	38,321	
4	Accounts receivable, net			4		
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
	controlled entity or family member of any of thes	e person	s		5	
6	Loans and other receivables from other disqualit	ns (as defined				
	under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B) L		6	
<u>ဖ</u> 7	Notes and loans receivable, net				7	
Assets 6 8 4	Inventories for sale or use				8	
₹ 9	Prepaid expenses and deferred charges			4,023.	9	800
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		5,404.			
k	Less: accumulated depreciation	10b	4,888.	771.	10c	516
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			14		
15	Other assets. See Part IV, line 11	0.	15	22,044		
16	Total assets. Add lines 1 through 15 (must equa	al line 33)		341,729.		323,328
17	Accounts payable and accrued expenses		8,937.	17	8,174	
18	Grants payable	F 745	18	10 006		
19	Deferred revenue		5,745.	19	10,996	
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complete I				21	
တ 22	Loans and other payables to any current or form					
≣	trustee, key employee, creator or founder, subst					
Liabilities	controlled entity or family member of any of thes				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	,	·	0.	05	22,482
06	of Schedule D			14,682.		41,652
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		X	14,002.	26	41,032
ဖွ	and complete lines 27, 28, 32, and 33.	CK HEIE				
Ö 27	Net assets without donor restrictions			327,047.	27	253,354
B 28	Net assets with donor restrictions			327,047.	28	28,322
표 ²⁸	Organizations that do not follow FASB ASC 9				20	20,322
[]	and complete lines 29 through 33.	oo, crieci				
চ ১ ১	Capital stock or trust principal, or current funds				29	
8 30 30 Set	Paid-in or capital surplus, or land, building, or ed				30	
88 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 27 28 29 31 32 32	Total net assets or fund balances			327,047.	32	281,676
ž 33	Total liabilities and net assets/fund balances			341,729.	33	323,328
1 00	Total habilities and net assets/fully balafices			V-1,12J•	_ 55	Form 990 (202

Form **990** (2022)

Form	1 990 (2022) CITIZEN ADVOCACY OF CHESTER COUNTY	23-21	17795	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,66	
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 03	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,37	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	327	7,04	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	281	.,67	76.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CITIZEN ADVOCACY OF CHESTER COUNTY 23-2117795 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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	n A. Public Support						
Calendaı	year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gif	ts, grants, contributions, and						
me	embership fees received. (Do not						
inc	lude any "unusual grants.")	220,421.	244,686.	394,673.	251,994.	268,544.	1380318.
2 Tax	k revenues levied for the organ-						
iza	tion's benefit and either paid to						
or	expended on its behalf						
3 The	e value of services or facilities						
fur	nished by a governmental unit to						
the	organization without charge						
4 To	tal. Add lines 1 through 3	220,421.	244,686.	394,673.	251,994.	268,544.	1380318.
5 The	e portion of total contributions						
by	each person (other than a						
go	vernmental unit or publicly						
sup	oported organization) included						
on	line 1 that exceeds 2% of the						
am	ount shown on line 11,						
col	umn (f)						106,100.
6 Pu	blic support. Subtract line 5 from line 4.						1274218.
Section	n B. Total Support						
Calendaı	year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Am	nounts from line 4	220,421.	244,686.	394,673.	251,994.	268,544.	1380318.
	oss income from interest,						
div	idends, payments received on						
sec	curities loans, rents, royalties,						
and	d income from similar sources	60.	1,125.	192.	492.	2,120.	3,989.
9 Ne	t income from unrelated business						
act	ivities, whether or not the						
bu	siness is regularly carried on						
10 Oth	ner income. Do not include gain						
or	loss from the sale of capital						
ass	sets (Explain in Part VI.)						
	tal support. Add lines 7 through 10						1384307.
12 Gro	oss receipts from related activities,	etc. (see instructio	ns)			12	
13 Fir	st 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
org	ganization, check this box and stop	here					
Section	on C. Computation of Publi	c Support Per	centage				
14 Pu	blic support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	92.05 %
	blic support percentage from 2021					15	92.78 %
16a 33	1/3% support test - 2022. If the d	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
sto	pp here. The organization qualifies	as a publicly suppo	orted organization				X
	1/3% support test - 2021. If the d						
and	d stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a 10	% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
and	d if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation
me	ets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
	% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
b 10 ⁶	ore, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
b 10 9					-		

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
,		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	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		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		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 on 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			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	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.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				1
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 in	ntegra	ted Type III supporting organ	nization (see

<u>5</u>

7

8

Schedule A (Form 990) 2022

Current Year

6

7

Multiply line 5 by 0.035.

Section C - Distributable Amount

instructions).

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
_	_,				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

Name of the organization **Employer identification number**

CITIZEN ADVOCACY OF CHESTER COUNTY

23-2117795

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., uplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

CITIZEN ADVOCACY OF CHESTER COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZiF + 4	\$38,643.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

CITIZEN ADVOCACY OF CHESTER COUNTY

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CITIZEN ADVOCACY OF CHESTER COUNTY

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PLEDGE RECEIVABLE		
2			
		\$ 19,322.	09/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PLEDGE RECEIVABLE		
3		\$8,000.	09/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	GRANT RECEIVABLE		
4			
		\$\$	09/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· · · \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1.22	\$	Schadula R (Form 990) (2022)

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** CITIZEN ADVOCACY OF CHESTER COUNTY 23-2117795 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CITIZEN ADVOCACY OF CHESTER COUNTY

Employer identification number 23-2117795

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection flows (check all that apply): a Public exhibition b Scholarly research c 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? Part IV Exorow 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, 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, 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, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included an Amount or Form 990, Part X, line 21, for escrew or custodial account liability? Yes No 14 Additions during the year 1e		rt III Organizations Maintaining C	ollections of Ar				ther S		∠ 3 − ∠ ⊥ · Assets			ige Z
a Public exhibition d Loan or exchange program	3	<u> </u>								COITIII	ueu)	
a Public exhibition d Loan or exchange program	Ū		ori, aria otrior rocora	o, onoon	arry or tho	onowing that ma	ino oigii	mount c	.00 01 110			
b Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Scrow and Custodial Arrangements. Complete if the organization is collection?	а		d	ı	_oan or exc	hange program						
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization answered "ves" 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, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c	b	Scholarly research	е									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be ministrained as part of the organization's collection? 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 IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX is 16 to 9, and 16 to 9,	С											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be ministrained as part of the organization's collection? 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 IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX, line 9, or reported an amount on Form 990, Part IX is 16 to 9, and 16 to 9,	4	Provide a description of the organization's co	llections and explain	n how the	ey further th	ne organization's	exempt	purpos	se in Part	XIII.		
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C	5											
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? Ves No		to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes		No
1	Par			ete if the	organizatio	n answered "Yes	s" on Fo	rm 990	, Part IV, I	ine 9, or		
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount												
B F Yes, explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a									7	_	1
Amount Additions during the year 1d									L	⊻ Yes		No
d Additions during the year	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:					A		
d Additions during the year E Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses of Grants or scholarships d Grants or scholarships g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Term endowment Imies 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: (ii) Unrelated organizations (iii) Related organizations Description of property Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Land Buildings c Leasehold improvements Description of property B Buildings c Leasehold improvements Description of property B Buildings C Leasehold improvements (d) Book value basis (investment) B Buildings C Leasehold improvements Description of property B Buildings C Leasehold improvements C Leasehold improvements D S J 404 4 4,888 516.										Amount		
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? 2b 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. 1a Beginning of year balance 5b Contributions 6c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 9c Term endowment 9c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ives ine 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment tunds. 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) 1a Land Description of property (a) Ecsperation of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land Description of property (a) Ecsperation of Property (b) Cost or other basis (investment) 1b Buildings c Leasehold improvements d Equipment 5 , 404 . 4 , 888 . 516 .												
## Ending balance 10 1 1 1 1 1 1 1 1 1	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e											
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. the intended uses of the organizations answered "Yes" on Form 990, Part IV, line 10.	30									Voc		l No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										_	\vdash] NO
a Beginning of year balance												
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment g End of year balance 7 Permanent endowment 9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related paralizations (iv) A 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 Buildings c Leasehold improvements d Equipment 5,404. 4,888. 516.		Complete						Three v	ears back	(e) Four	vears	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment 96 b Permanent endowment 96 c Term endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 5,404. 4,888. 516. e Other	1a	Beginning of year balance	()			, ,		, ,				
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment												
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	c											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	e											
f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment												
g End of year balance	f											
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	2			e (line 1g	, column (a)) held as:						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Investing the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 5,404,4888.516.	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Tyes No No Sa(i) I I I I I I I I I	С	Term endowment	%									
organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related 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 Buildings c Leasehold improvements d Equipment 6 Other Organization by: 3a(i) 3a(ii) 3a(ii) 4 Description of Schedule R? 3b D 4 Description of Part XIII the intended uses of the organization's endowment funds. (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Description of property 5 , 404 4 , 888 516 6		The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment 5,404. 4,888. 516.	За	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administered t	for the			_		
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other		organization by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other										3a(i)		
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 1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) S, 404 (d) 888 (other) (d) Book value (d) Boo		(ii) Related organizations								3a(ii)		
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	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other	4			wment fu	ınds.							
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par			N D-4 N/		F 000 B-	AV Pa	- 40				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other												
1a Land b Buildings c Leasehold improvements d Equipment 5,404. 4,888. 516. e Other		Description of property	' '		. ,	· · · · · · · · · · · · · · · · · · ·			ed	(d) Book	value	•
b Buildings c Leasehold improvements d Equipment e Other		Lorad	- 	neni)	Siesa	(otrier)	uepre	ciation				
c Leasehold improvements d Equipment 5,404. 4,888. 516. e Other	_											
d Equipment 5,404. 4,888. 516. e Other												
e Other						5 404		Λ Ω 9	38		51	
						J, 404.		±,00	•		_ ر	
				V colum	n (D) line 1	00.)					51	L 6 -

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
N = 111111	(2) 20011 10.00	(c) meaned or randament cost or end	. or your market raids
1) Financial derivatives 2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n 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	d-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) RIGHT-OF-USE ASSETS, OPERA	TING LEASES		22,044
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			22 244
otal. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		22,044
Part X Other Liabilities.	- F 000 D-+ IV I'	44 446 O Farma 200 Bank V Bank 25	
Complete if the organization answered "Yes" or	n 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	<u> </u>		22 402
(2) OPERATING LEASE LIABILITIE	D		22,482
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2022 CITIZEN ADVOCACY OF CH	HESTER COUNTY	23-	2117795 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ıe 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	278,848.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	- · · · · · · · · · · · · · · · · · · ·		8,184.	
С				
d				
е	Add lines 2a through 2d		2e	8,184.
3	Subtract line 2e from line 1		3	270,664.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line			270,664.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	•	ses per Retur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV			1
1	Total expenses and losses per audited financial statements		1	324,219.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a	8,184.	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			8,184.
3	Subtract line 2e from line 1		3	316,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	THIS HIGH COURT OF ALL I. III.	e 18.)	5	316,035.
	rt XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		Part V, line 4; Part	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
ד גר ד	DE VITNE O.			
PAI	RT X, LINE 2:			
тът	ACCODDANCE WIMI CENEDALLY ACCEDMED AC	COUNTRY DE TACT	חודים חווים	
T1/	ACCORDANCE WITH GENERALLY ACCEPTED AC	COUNTING PRINCI	PLES, THE	
$\cap \mathbb{D}$	GANIZATION ACCOUNTS FOR UNCERTAIN TAX	ם מדחד מופ ספו אח	דיים יים נואי	ספיו אשפים
OKC	GANIZATION ACCOUNTS FOR UNCERTAIN TAX	POSTITONS KELKI	IAE IO ON	KEUAIED
חדדם	SINESS INCOME, IF ANY, AS REQUIRED.			
יסם	SINESS INCOME, IF ANI, AS REQUIRED.			

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CITIZEN ADVOCACY OF CHESTER COUNTY	23-2117795				
FORM 990, PART VI, SECTION B, LINE 11B:					
THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 AND AU	THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 AND AUDITED FINANCIAL				
STATEMENTS PRIOR TO ANNUAL FILING.					
FORM 990, PART VI, SECTION B, LINE 12C:					
YES, ANNUALLY, THE BOARD AND KEY EMPLOYEES MONITOR AND DISC	CLOSE ANY				
CONFLICTS OF INTEREST IN COMPLIANCE WITH THE ORGANIZATION'S	S POLICY.				
FORM 990, PART VI, SECTION B, LINE 15A:					
THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF	DIRECTORS. THE				
BOARD APPROVES SALARIES AND ANY INCREASES EACH YEAR THROUGH	THE BUDGET				
PROCESS AND BASED THEM OFF COMPARABLE ORGANIZATIONS.					
FORM 990, PART VI, SECTION C, LINE 18:					
DOCUMENTS ARE AVAILABLE UPON REQUEST.					
FORM 990, PART VI, SECTION C, LINE 19:					
DOCUMENTS ARE AVAILABLE UPON REQUEST.					
FORM 990, PART XII, LINE 2C:					
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.					

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CITIZEN ADVOCA	ACY OF CHESTER COU	INTY				<u>23-21177</u>	95		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) (d) (e) Primary activity Legal domicile (state or foreign country) Total income End-of-year assets				1		ssets Direct controlli entity		9
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one o	or more	related tax-exer	mpt		
(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))	Direc	(f) ct controlling entity	ent	rolled ity?	
COMMUNITY COALITION - 23-2814841 10 NORTH MAIN STREET PHOENIXVILLE, PA 19460	FUNDRAISING	PENNSYLVANIA	501(C)(3)	170(B)(1)(A)(Yes	No X	
,									

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	I	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

Yes No

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		X
	b Gift, grant, or capital contribution to related organization(s)						Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	i
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X
o	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
·	. , , , , , , , , , , , , , , , , , , ,						
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on wh						
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)		-			
1) (COMMUNITY COALITION	С	38,643.	CASH			
•			-				
2)							
3)							
-							
4)							
-							
5)							
-							
6)							
	3 09-14-22		•	Schedule	R (Forn	n 990)	2022

Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

Mail to:

Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120

See www.dos.pa.gov/charities for more information

Charitable Organization Registration Statement

BCO-10 (rev. 2/2022)

Fee: See instructions

Certifi	cate number: 00911 (N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:						
Fiscal	year ended: 09/30/2023 MM DD YYYY	Organization is exempt from registration because						
FEIN:	23-2117795	Organization does not solicit contributions in Pennsylvania						
1.	Legal name of organization: CITIZEN ADVOCACY	OF CHESTER COUNTY						
	Check if name change and give previous name							
2.	All other names used to solicit contributions:							
	N/A							
	Contact person: ALICIA WARNER DEMONT Principal address of organization:	Contact's E-mail: ALICIA@CITIZENADVOCACYCC.ORG Mailing address: (if different than principal address):						
	239 CHURCH STREET							
	PHOENIXVILLE							
	PA 19460							
	County: CHESTER	Phone number: 610-933-1299						
	800 number:	Fax number:						
	Email (if different than Contact's email):							
	Website: WWW.CITIZENADVOCACYCC.ORG							
5.	Type of organization (e.g. non-profit corporation, unincorpor NON-PROFIT CORPORATION	rated association, etc.):						
	Where established: CHESTER COUNTY, PA	Date established:* 07/19/1979						

*Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution or other organizational instrument and by-laws.

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6.	Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)
	N/A
	<u>, </u>
	g
7.	Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":
	§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions
	and provided that all contributions collected shall be held in trust
	§162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely
	upon making a contribution as the result of solicitation. "Member" means a person having membership in a
	nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation,
	bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.
	§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities
	§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.
	X Not Applicable
	Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.
	Items 8 and 9 are required to be completed by initial registrants only
8.	Date organization first solicited contributions from Pennsylvania residents:
	Other
9.	If organization solicited Pennsylvania residents and received gross* contributions totaling more than \$25,000 in any given fiscal year, provide the date the organization first received contributions totaling more than \$25,000.
	Other
	*Includes contributions received both within and outside Pennsylvania before any deductions or expenses.

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10.	CITIZEN ADVOCACY OF CHESTER COUNTY Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: 501(C)(3) and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable
	schedules, for its most recently completed fiscal year? X Yes No (If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. DO NOT INCLUDE SCHEDULE B UNLESS YOU FILE 990 PF.
	If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	DIRECT MAIL, IN-PERSON, FUNDRAISING EVENTS
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	TO INITIATE AND SUPPORT A VARIETY OF INTENTIONAL RELATIONSHIPS THAT PROVIDE ADVOCACY FOR OPPORTUNITY,
	PROTECTION FROM HARM, SPONSORSHIP INTO COMMUNITY LIFE, FRIENDSHIP, AND JUSTICE FOR ISOLATED PEOPLE LIVING WITH A DISABILITY.
	TIVING WITH A DISABIBITI.
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
	Tes 22 140 (iii fes, list all states and municipalities. Attach a separate sheet ii necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check
	"Yes" if the organizations only uses or intend to only use a professional fundraising counsel.) X Yes No
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania
	residents: 10/01/2009
	Month Day Year
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to
	solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all
	contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

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17.	Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary) SEE STATEMENT 2						
18.	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization: (Attach a separate sheet if necessary) N/A						
19.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates? (See note "Affiliate and Parent Organization") Yes No X Not Applicable						
	If "Yes," give all names and certificate numbers of the affiliate organizations: (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)						
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable						
	If "Yes," provide the name and, if available, certificate number of the parent organization. (Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)						
	Legal name of parent organization Pennsylvania certificate number						
21.	Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)						
	SEE STATEMENT 3						

22.	Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)
	A. Are in charge of solicitation activities:
	BOARD OF DIRECTORS
	239 CHURCH STREET PHOENIXVILLE, PA 19460
	B. Have final responsibility for the custody of contributions:
	BOARD OF DIRECTORS
	239 CHURCH STREET PHOENIXVILLE, PA 19460
	C. Have final responsibility for final distribution of contributions:
	BOARD OF DIRECTORS
	239 CHURCH STREET PHOENIXVILLE, PA 19460
	D. Are responsible for custody of financial records:
	BOARD OF DIRECTORS
	239 CHURCH STREET PHOENIXVILLE, PA 19460
23.	Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to: A. Any other officer, director, trustee, or employee? Yes X No B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? ** Yes X No C. Any officers, agents or employees of any supplier or vendor providing goods or services? ** Yes X No **(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor) If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.
24.	Has the organization or any of its present officers, directors, executive personnel or trustees ever:
	A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
	B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes X No
	C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes X No
	(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

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Certification - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer		Date	
Type or	print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer Dat		Date	
Type or	print name and title of Other Authorized Officer		
Che	cklist for registration:		
X	Completed registration statement properly signed and dated.		
X	A copy of the IRS 990/990EZ/990PF/990N Return and required signed and dated by an authorized officer	I schedules,	
	Public Disclosure Form BCO-23 (if required)		
X	Applicable Financial Statements (audited, reviewed, compiled of	or internally prepared)	
X	Registration fee and any late filing fees		
	Initial Registrants Only: IRS determination letter, articles of inco by-laws.	rporation or charter and	
See	Instructions for more information on completing this form and att	achments	

FORM BCO-10	ALL PROFESSIONAL SOLICITORS	STATEMENT 1
NAME AND ADDRESS		PHONE NUMBER
N/A		
CONTRACT BEGIN DATE	CONTRACT END DATE SOLICIT DATE	

FORM BCO-10	PROFESSIONAL FUNDR	AISING COUNSELS	STATEMENT 2
NAME AND ADDRESS			PHONE NUMBER
N/A			
CONTRACT BEGIN DATE	CONTRACT END DATE	SERVICE DATE	

FORM BCO-10	OFFICERS,	DIRECTORS,	TRUSTEES	AND EXECUTIVES STATEMENT 3
NAME AND ADDRESS				TITLE
MOIRA MUMMA				EXECUTIVE DIRECTOR THRU JANUAR
239 CHURCH STREET PHOENIXVILLE, PA	19460			
NAME AND ADDRESS				TITLE
ALICIA WARNER DEM	TNC			EXECUTIVE DIRECTOR AS OF FEBRU
239 CHURCH STREET PHOENIXVILLE, PA	19460			FEDRU
NAME AND ADDRESS				TITLE
SARAH THOMPSON 239 CHURCH STREET PHOENIXVILLE, PA	19460			PRESIDENT

NAME AND ADDRESS TITLE

BRIAN SLATER TREASURER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

CINDY HAMMAKER SECRETARY

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

LORRAINE T. BARRON BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

BECKY BRADBEER BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

KERRY COOK BOARD MEMBER AS OF JANUARY

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

ED COHLE BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

MARY FOOTE BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

CARSON GALLAGHER BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

ROGER LYNCH BOARD MEMBER AS OF MARCH

239 CHURCH STREET

PHOENIXVILLE, PA 19460

NAME AND ADDRESS TITLE

VALARIE PEARSON BOARD MEMBER

239 CHURCH STREET

PHOENIXVILLE, PA 19460