CLIENT'S COPY

	_		Return of Organization Exempt Fre	om Ir	icome Tax	OMB No. 1545-0047
For	_ g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			al 2021
1 01	U		Do not enter social security numbers on this form as	-		
Dep	artment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and th 	-	-	Open to Public Inspection
					UN 30, 2022	mepeetien
_	Check i	-	organization		D Employer identific	ation number
	applicat	ole:	organization		D Employer identific	
	Addr		E VICTIMS' CENTER OF CHESTER COUNTY			
	Nam	a	usiness as		23-203928	4
	chan			om/suite	E Telephone number	
F	retur Final	135_	137 WEST MARKET STREET	ioni/Suite	610-692-1	926
	retur term ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,342,391.
	Ame	nded weren	CHESTER, PA 19382-2901		H(a) Is this a group ret	
	retur AppI		nd address of principal officer: CHRISTINE ZACCARELLI		for subordinates?	
	tion pend	^{ing} 135 –	137 WEST MARKET STREET, WEST CHEST	ER	H(b) Are all subordinates inc	
1	Tay.er	empt status:		527	.,	ist. See instructions
				021	H(c) Group exemption	
		of organization:		I Year o		State of legal domicile: PA
	art I	Summary				
	1		e the organization's mission or most significant activities: SEE SC	HEDUI	LE O	
eo	.	Brieffy debering	$\frac{1}{2}$		•	
Governance	2	Check this bo	x if the organization discontinued its operations or disposed	of more	han 25% of its net asse	ets
ver	3				3	13
g	4		ependent voting members of the governing body (Part VI, line 1b)			13
80 80	5		of individuals employed in calendar year 2021 (Part V, line 2a)			46
Activities &	6		of volunteers (estimate if necessary)			36
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ā	l t		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		2,185,914.	2,282,580.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		365.	686.
Ξ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,897.	58,562.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,222,176.	2,341,828.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,623,788.	1,922,449.
nse	16 a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense	k t	Total fundraisi	ng expenses (Part IX, column (D), line 25)	<u>. </u>		
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		255,010.	284,280.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,878,798.	2,206,729.
	19	Revenue less	expenses. Subtract line 18 from line 12		343,378.	135,099.
t Assets or	£			Beg	inning of Current Year	End of Year
sets	1 20	Total assets (F	Part X, line 16)		1,497,997.	1,733,991.
tAs	21	Total liabilities	(Part X, line 26)		62,145.	163,040.
Inet			fund balances. Subtract line 21 from line 20		1,435,852.	1,570,951.
	art II					
			declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	i preparer l	nas any knowledge.	
			e of officer		Det	
0:		Signature	or omcer		Date	

Sign	Signature of officer	Dale
Here	CHRISTINE ZACCARELLI, CHIEF EXECUTIVE OF	FICER
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	EDMUND FOSU-LARYEA EDMUND FOSU-LARYEA	11/11/22 self-employed P02526016
Preparer	Firm's name 🕒 BARBACANE THORNTON & COMPANY LLP	Firm's EIN ▶ 51-0229493
Use Only	Firm's address 503 CARR ROAD, SUITE 100	
	WILMINGTON, DE 19809-2863	Phone no. 302 - 478 - 8940
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

	990 (2021)			CENTER OF	CHESTER	COUNTY	23-2039284	Page 2
Par	t III Statement of F	-		-				
				to any line in this F	'art III			X
1	Briefly describe the organ		ssion:					
	SEE SCHEDOLE	0						
2	Did the organization und	ertake any si	ignificant program	services during the	year which were	not listed on the		
	prior Form 990 or 990-EZ			-			Ye	es X No
	If "Yes," describe these r							
3	Did the organization cease	se conductin	ig, or make signific	ant changes in hov	v it conducts, any	program services	?	es X No
	If "Yes," describe these of							
4	Describe the organization							
	Section 501(c)(3) and 50			ed to report the amo	ount of grants and	d allocations to oth	iers, the total expenses,	and
40	revenue, if any, for each) (-	/enue \$	<u> </u>
4a	(Code:) (Expense SEE SCHEDULE		1,115,022	 including grants of \$) (Rev	/enue \$)
	SEE SCHEDOLE	0						
4b	(Code:) (Expense	es\$		including grants of \$) (Rev	venue \$)
4c	(Code:) (Expense	es\$		including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on	Schedule ()					
10	(Expenses \$		including grants of	\$) (R	evenue \$)	
4e	Total program service ex	penses 🕨		75,822.			1	
	<u>, , ,</u>		, ·	•			Form	1 990 (2021)
132002	2 12-09-21							. ,
				2				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			23
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	0000	X
132003	12-09-21	Form	390	(2021)

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132003 12-09-21

2021.05000 CRIME VICTIMS' CENTER OF

			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 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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
b	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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		X
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	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		<u> </u>
34		24		x
2E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?			v
<u>-</u>	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			
	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?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fai				
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	÷.		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	<u>1c</u>	X	
132004	ι 12-09-21 Δ	Form	990	(2021)

2021.05000 CRIME VICTIMS' CENTER OF 31032.21

Form	990 (2021) CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039	284	Р	age 5
Par	t 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 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

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2021.05000 CRIME VICTIMS' CENTER OF 31032.21

Form 990	(2021)
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CRIME VICTIMS' CENTER OF CHESTER COUNTY

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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
tion A. Governing Body and Management						
					Yes	No
Enter the number of voting members of the governing body at the end of the tax year	1a		13			
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.						
Enter the number of voting members included on line 1a, above, who are independent	1b		13			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
officer, director, trustee, or key employee?				2		X
Did the organization delegate control over management duties customarily performed by or under the	direct	t supervisior	า			
of officers, directors, trustees, or key employees to a management company or other person?				3		X
Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		X
Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X
Did the organization have members or stockholders?				6		X
Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or				
more members of the governing body?				7a		X
persons other than the governing body?				7b		X
	-	-		8a	Х	
				8b	Х	
				9		X
		Code)				
		0000			Yes	No
Did the organization have local chapters, branches, or affiliates?				10a		X
		, annatoo,		10b		
	/ befor	e filina the f	orm?		х	
	00101	o ming tho h		110		
				122	x	
				120	- 23	
	,			100	x	
				14	Λ	
	i by inc	dependent				
				45 -	v	
, , , ,				15b	~	
						37
				16a		X
	-	-				
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's				
exempt status with respect to such arrangements?				16b		
	nd 990	-T (section 5	01(c)(3)s	only)	availat	ole
		,				
Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	of interest po	olicy, and	finano	cial	
statements available to the public during the tax year.						
State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records	▶			
THE ORGANIZATION - 610-692-1926						
135 - 137 W. MARKET STREET, WEST CHESTER, PA 19382						
135 - 137 W. MARKET STREET, WEST CHESTER, PA 19382				Form	990	(202
	Enter the number of voting members of the governing body at the end of the tax year 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 0. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization have members or stockholders? Did the organization have members or stockholders? Did the organization have members of stockholders? Did the organization namembers or stockholders? Did the organization namembers or stockholders? Did the organization commposed of the organization reserved to (or subject to approval by) members, sto persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders? Did the organization commposaneously document the meetings held or written actions undertaken during the year resons other than the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Eit the organization have written policies and procedures governing the activities of such of and branches to ensure their operations are consistent with the organization seconsistent with the organization provide a complete copy of this Form 90 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Did the organization nave a written document ret	Internet the number of voting members of the governing body at the end of the tax year 1a 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 0. 1b Did any officer, director, trustee, or key employees have a family relationship or a business relationship or a business relationship or a business relationship or a business relationship of a business relationship or abusiness relations abusiness relationship as written document meetings held or writt	If the are number of voting members of the governing body, at the end of the tax year 1 If there are number of voting members of the governing body, or if the governing body, degated forad authority to an executive committee or similar committee, explain on Schedule 0. 1 Enter the number of voting members included on line 1a, above, who are independent 10 Did any officer, director, trustee, or key employees? 10 10 Did the organization degate 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? 10 10 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 10	Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body. 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body. 13 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management dulies customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a goinfland duescion to the program. 10 13 Did the organization beloads control over management dulies customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 10 10 13 Did the organization become aware during the year of a significant diversion of the organization bare members or stockholders? 10	Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body. 1b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management company or other person? 3 Did the organization balegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees? 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 Are any overnance ducisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Bach committee with authority to act on behalf of the governing body? 8 Bach committee, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, binneches, or affiliater? <td< td=""><td>Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body. 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body. 1a 13 If the are material differences in voting rights among members of the governing body. 1b 13 If the are material differences in voting rights among members of the governing documents since the prior Term 990 was filed? 2 If the organization delegate control over management duties customarily performed by or under the direct supervision of offices, directors, trustese, or key employees to a management company or other person? 3 If the organization have members is dockholders? 6 6 If the organization have members is dockholders? 6 6 If the organization nave members do the organization reserved to (or subject to approval by) members, stockholders, or reperson other than the governing body? 8a X Each committee with authority to act on behalf of the governing body? 8a X Each committee with authority to act on behalf of the governing body? 8a X If the organization nave local chapters, branches, or effiltate? 10a 10a</td></td<>	Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body, or if the governing body. 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body. 1a 13 If the are material differences in voting rights among members of the governing body. 1b 13 If the are material differences in voting rights among members of the governing documents since the prior Term 990 was filed? 2 If the organization delegate control over management duties customarily performed by or under the direct supervision of offices, directors, trustese, or key employees to a management company or other person? 3 If the organization have members is dockholders? 6 6 If the organization have members is dockholders? 6 6 If the organization nave members do the organization reserved to (or subject to approval by) members, stockholders, or reperson other than the governing body? 8a X Each committee with authority to act on behalf of the governing body? 8a X Each committee with authority to act on behalf of the governing body? 8a X If the organization nave local chapters, branches, or effiltate? 10a 10a

Form 990 (202			CENTER OF			23-2039284	Page 7					
Part VII C	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
E	mployees, and Indepe	ndent Contra	ctors									
Cł	neck if Schedule O contains a	response or note	to any line in this Pa	art VII								
Section A. C	Officers, Directors, Trustees	, Key Employees	, and Highest Comp	ensated Emplo	oyees							
1a Complete	this table for all persons requ	ired to be listed. F	eport compensation	for the calenda	r year ending with	or within the organization's	tax year.					
 List all o 	f the organization's current of	officers, directors,	trustees (whether in	dividuals or orga	anizations), regard	less of amount of compensation	ation.					

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	ı an	compensation	compensation	amount of			
	week		cer an	nd a d I	irecto	r/trus	tee)	from	from related	other			
	(list any	ector						the	organizations	compensation			
	hours for	or dii	e			ated		organization	(W-2/1099-MISC/	from the			
	related organizations	ustee	trust		98	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	ual tr	tional		yolqr	st con yee	_	1099-NEC)		organizations			
	line)	ndividual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations			
(1) CHRISTINE ZACCARELLI	60.00	-				1 0							
CHIEF EXECUTIVE OFFICER				Х				112,661.	0.	7,919.			
(2) STEPHANIE MORRIS	1.00												
PRESIDENT		Х		Х				0.	0.	0.			
(3) MATT LAUNI	1.00												
VICE PRESIDENT		Х		Х				0.	0.	0.			
(4) CHERIE ARABIA	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(5) MARIA JANOSKI	1.00												
SECRETARY		Х		X				0.	0.	0.			
(6) JOHN F. SLAUCH	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(7) GINA MAZZULLA	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(8) ROBERT JEFFERSON	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(9) DAN SALTZMAN	1.00												
TREASURER		Х		Х				0.	0.	0.			
(10) PATRICK GALLO	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(11) CAROL ROTHERA	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(12) DAVID MAUER	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(13) LISA YACKEL	1.00												
BOARD MEMBER		Х						0.	0.	0.			
(14) MARC ERNEST	1.00												
BOARD MEMBER		Х						0.	0.	0.			
				-	-					<u> </u>			
		1											
										– 000 (2004)			

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132007 12-09-21

Form 990 (2021)

Form	990 (2021)	CRIME	VICTIM	5' C	ENT	ΓER	2 0	FC	CHE	ESTER	COUNTY	23-2	039	284	Pa	age 8
Par	VII Section A. Officer	rs, Directors	, Trustees, Ke	ey Emp	loyee	es, a	nd H	lighe	st C	ompensa	ted Employee	s (continued)				
	(A)		(E	3)			(C)				(D)	(E)	I		(F)	
	Name and tit	le	Aver	age	(do n		ositic ck mor		one	Re	portable	Reportable	;	Es	timate	d
			hours		box, u	Inless	persor	n is bot	h an	com	pensation	compensatio	on	am	nount o	of
			we	F		r and a	a direc	tor/tru	stee)	-	from	from related			other	
			(list hour	any s for	Individual trustee or director						the	organization			pensat	
			rela	ted	e or d	tee		sated			anization 099-MISC/	(W-2/1099-MI 1099-NEC			om the	
			organiz	ations	rustee	I trus	e e	ubeu			99-NEC)	1099-NEC	' I	•	anizati d relate	
			bel	ow	dual t	Institutional trustee	nnlov	st cor			001120)		ľ		nizatio	
			lin	e)	Indivi	Institu	Officer Kev emplovee	Highest compensated	Former				ľ	5		
													ľ			
						_		_								
								+-	-							
					+	+		+								
													I			
					\rightarrow	_		_	-							
1h	Subtotal									1	12,661.		0.		7,91	19.
	Total from continuation								5		0.		0.		75	0.
	Total (add lines 1b and									1	12,661.		0.	-	7,91	
2	Total number of individua								no re		-	000 of reportable	e			
	compensation from the c															1
															Yes	No
3	Did the organization list a	any former (officer, directo	r, truste	e, ke	y em	nploy	ee, o	r hig	hest com	pensated emp	loyee on				
	line 1a? If "Yes," comple													3		Х
4	For any individual listed of															
	and related organizations													4		X
5	Did any person listed on											dual for services	l	_		v
Sec	rendered to the organiza ion B. Independent Con		<u>" complete So</u>	chedule	J for	SUC	h per	son					<u></u>	5		Х
1	Complete this table for y		est compensa	tod inde	non	dont	cont	racto	ve th	hat receive	d more than 4	100 000 of com	nonea	tion fro	m	
•	the organization. Report												Jensa			
			A)	, and you		<u>unig</u>		0		ine ergui	(B)			(C	;)	
	N	lame and bu	siness address	6	NO	NE				C	escription of s	ervices	С	omper		۱
									_							
2	Total number of indepen	dent contrac	tors (including	i but no	t limi	ted t	to the	ose lie	sted	above) wi	no received m	ore than				
_	\$100,000 of compensation							0								
														Form	990 (2	2021)

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			2021) CRIME VICTIM	S' CENTE	R OF CHESTE	R COUNTY	23-2039	284 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any	(
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
<i>(</i> 0 ,	4		Endemated a surger inter-					sections 512 - 51
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a Membership dues 1b		-			
Gra					-			
fts, r Ar					-			
, Git				,922,194				
Sins,			Government grants (contributions)1e1All other contributions, gifts, grants, and	, , , , , , , , , , , , , , , , , , , ,	<u>·</u>			
utic		T	similar amounts not included above 1f	360,386				
trib		a	Noncash contributions included in lines 1a-1f		-			
Con		-	Total. Add lines 1a-1f		2,282,580.			
0 0				Business Cod				
•	2	а						
vice	2	b						
Ser		č						
am (d						
Program Service Revenue		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f		•			
	3		Investment income (including dividends, inter					
			other similar amounts)		686.			686.
	4		Income from investment of tax-exempt bond		•			
	5		Royalties	-	•			
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)		•			
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
an			and sales expenses 7b					
venue		с	Gain or (loss)					
		d	Net gain or (loss)	🕨	•			
Other Re	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
				a 59,125	<u>•</u>			
			Less: direct expenses 8					
			Net income or (loss) from fundraising events	▶	58,562.			58,562.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19		-			
			Less: direct expenses					
			Net income or (loss) from gaming activities	P				
	10	a	Gross sales of inventory, less returns					
		h	and allowances 10 Less: cost of goods sold 10					
			Less: cost of goods sold 10 Net income or (loss) from sales of inventory					
		0		Business Cod	le			
snu	11	а						
neo		a b			1			
ella		c			1			
Miscellaneous Revenue			All other revenue					
Σ			Total. Add lines 11a-11d		•			
	12		Total revenue. See instructions		2,341,828.	0.	0.	59,248.
13200	9 12-	-09-						Form 990 (2021

^{132009 12-09-21}

Form 990 (2021) CRIME VICTIM		CHESTER COU	JNTY 23-20	039284 Page 10
Part IX Statement of Functional Expense				
Section 501(c)(3) and 501(c)(4) organizations must comp				
Check if Schedule O contains a respons	1			(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
 Grants and other assistance to foreign organizations, foreign governments, and foreign 				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,502.	100,037.	22,152.	1,313.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,544,418.	1,250,978.	276,431.	17,009.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			,	·
9 Other employee benefits	128,799.	104,327.	23,779.	693.
10 Payroll taxes	125,730.	101,841.	23,084.	805.
11 Fees for services (nonemployees): a Management	,			
b Legal				

63,118.

13,610.

20,895.

96,457.

11,676.

973.

12,746.

39,685.

11,276.

11,156.

2,206,729.

2,688.

10

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С

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f

g

12

13

14

15

16

17

18

19 20

21

22

23

24

а

b

С

d е

25 26

Interest

Insurance

FEES & DUES

All other expenses

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 0.)

Advertising and promotion

Office expenses

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

EQUIP REPAIRS/MAINT

STAFF DEVELOPMENT

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 0.)

PROJECT SERVICES & SUPP

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

2021.05000 CRIME VICTIMS' CENTER OF 31032.21

19,202.

500.

3,984.

19,203.

2,218.

2,550.

2,255.

2,231.

397,889.

300.

0.

33,118.

11,110.

16,716.

77,166.

9,341.

973.

10,196.

39,685.

9,021.

8,925.

2,388.

1,775,822.

Form 990 (2021)

33,018.

10,798.

2,000.

195.

88.

0.

0.

0.

117.

22011111 758924 31032.20

29

30 31

32

33

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

1,435,852.

497,997.

29

30

31

32

33

1,570,951.

1,733,991.

Form 990 (2021)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1 1 Cash - non-interest-bearing 1,144,117. 1,363,222. 2 Savings and temporary cash investments 2 54,333. 3 3 Pledges and grants receivable, net 291,207. 359,078. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 8,340. 6,516. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 110,130. basis. Complete Part VI of Schedule D _____ 10a 104,955. 0. 5,175. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,497,997. 1,733,991. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 34,436. 125,089. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 27,709. 25 37,951. of Schedule D 62,145. 163,040. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,297,347. 1,523,975. 27 27 Net assets without donor restrictions Net assets with donor restrictions 138,505. 46,976. 28 28 Organizations that do not follow FASB ASC 958, check here

CRIME VICTIMS' CENTER OF CHESTER COUNTY

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Ο.

Form 990 (2021)

Form	990 (2021) CRIME VICTIMS' CENTER OF CHESTER COUNTY	23-	2039284	Pag	_{je} 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	2,341		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,206		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,09	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,435	5,85	52.
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	1,570),95	51.
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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	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	e 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	e 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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audi	t		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		_	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2021)

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(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						Open to Public Inspection		
Name of t	the organizati		0.0 to 1.0					Employer	identification number	
	5		E VICTIMS'	CENTER OF CH	TESTER		JTTY		3-2039284	
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instructior		0 2009201	
The organ				For lines 1 through 12, cl						
1		-		on of churches described	•	-	1)(A)(i)			
2				Attach Schedule E (Form			•//~//•			
3				anization described in se		<u>γργηγαγ</u> ι	ii)			
4								(iiii) Enter	the hospital's name	
• 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental	nit describe	ed in	
•			Complete Part II.)		or opoide	ou by u go				
6				nental unit described in	section 1	70(h)(1)(A)	64)			
7 X		· -	-	ntial part of its support fr				no donoral r	oublic described in	
/ [11]			omplete Part II.)	Intial part of its support if	onna gove	ennentai		le general j		
8				(1)(A)(vi). (Complete Par	них					
9				in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college	
•				ulture (see instructions).						
	university:		grant concyc or agric			name, eny	, and state of	the conege		
10		on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersk	in fees and	d aross receipts from	
	-		• • • •	t to certain exceptions; a				-	•	
				(less section 511 tax) fro						
			mplete Part III.)			0000 00401		gamzation		
11				vely to test for public sat	fetv See	section 50	9(a)(4)			
12	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or	
				d in section 509(a)(1) o						
				f supporting organization						
a	7			upervised, or controlled					aivina	
u			-	gularly appoint or elect a	• • • •	-		•••••		
		-	complete Part IV, Se		indjointy c				,pportang	
b	-			or controlled in connect	ion with it	s supporte	ed organizatio	n(s) by hay	vina	
~			-	anization vested in the sa			-		-	
		-	t complete Part IV,		ante peree			90 m 0 0 0 0		
c	-			g organization operated	in connect	tion with	and functiona	llv integrate	ed with	
		-). You must complete F				,		
d		•		porting organization oper			-	rted organiz	zation(s)	
-		-		ation generally must sat				-		
				nplete Part IV, Sections						
e	7			written determination from				II. Type III		
		•		nally integrated supporti			.)pe., .)pe	., ., .,		
f Ente	er the number		·							
		••	n about the supporte							
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	

Schedule A (Form 990) 2021 CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039284 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1823884.	1811685.	2249212.	2185914.	2272831.	10343526.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	1823884.	1811685.	2249212.	2185914.	2272831.	10343526.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						10343526.			
	ction B. Total Support	•					•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	1823884.	1811685.	2249212.	2185914.	2272831.	10343526.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4.	604.	1,530.	365.	686.	3,189.			
9	Net income from unrelated business						-			
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	2,087.				9,749.	11,836.			
11	Total support. Add lines 7 through 10						10358551.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First 5 years. If the Form 990 is for th		,	fourth. or fifth tax \	/ear as a section 5					
	organization, check this box and stor	-	,,,,,,,,,	· · · · · , · · · · · · · · · · ,		- · (-/(-/				
Se	ction C. Computation of Publi		centage							
	Public support percentage for 2021 (I			column (f))		14	99.85 %			
	Public support percentage from 2020					15	99.85 %			
	33 1/3% support test - 2021. If the o					ore, check this bo				
	stop here. The organization qualifies									
b	33 1/3% support test - 2020. If the o		-							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact									
	meets the facts-and-circumstances te			-						
b	10% -facts-and-circumstances test	•	•		•					
~	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	Private foundation. If the organization		•		• •					
			, ·				(Form 990) 2021			

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Schedule A (Form 990) 2021 CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039284 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
check this box and stop here				-)
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						nd
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22						(Form 990) 2021
		15	5			

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CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039284 Page 4

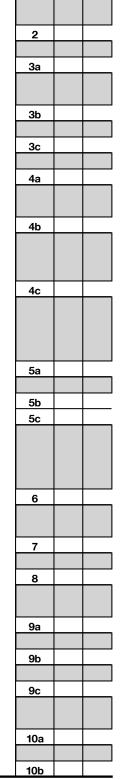
Schedule A (Form 990) 2021 CRIN Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

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Yes

1

No

Schedule A (Form 990) 2021

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Ра	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		
b	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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body members of the governing body officers acting in their official capacity, or membership of one or			

	bid the governing body, members of the governing body, officers acting in their official capacity, of membership of one of
	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.
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the supporting organization.	
Section C. T	pe II Supporting Organizations	

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).

Section D.	All Type	III Supporting	organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sa	ntisfy the Integral Part Test dur	ing 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		The organization supported a governmental en	ty. Describe in Part VI how you supported a governmental entity (see ins	struction <u>s).</u>
---	--	--	---	----------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Yes No

1

2

1

Yes No

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	dule A (Form 990) 2021 CRIME VICTIMS' CENTER O	F CHE	STER COUNTY	23-2039284 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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CRIME	VICTIMS'	CENTER	OF	CHESTER	COUNTY	23-2039284	Page 7

Sche Par		<u>CENTER OF CHE</u>			3-2039284 Page 7
		a)(b) Supporting Orga	nizations (continu	lea)	0
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			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	s of supported organizations	6	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 (<i>describe in</i> Part VI). See instructions.			6 7	
7	Total annual distributions. Add lines 1 through 6.			- 1	
8	Distributions to attentive supported organizations to which the	le organization is responsive			
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2021 from Section C, line 6			9 10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)	10	(iii)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	CRIME VICTIMS'	CENTER OF C	HESTER COUNTY	23-2039284 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	ation. Provide the explanat 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b les 2 and 3; Part IV, Section E and Part V, Section E, lines 2	tions required by Part , 9c, 11a, 11b, and 11 , lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
00000 04 5					Sobodulo A /Form 000) 000
32028 01-04-2	2		20		Schedule A (Form 990) 202

Schedule B

(Form 990)

Organ

Filers

Form

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

	CRIME VICTIMS' CENTER OF CHESTER COUNTY	23-2039284
nization type (che	eck one):	
of:	Section:	
990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

CRIME VICTIMS' CENTER OF CHESTER COUNTY

CKIME	VICTIMS CENTER OF CHESTER COUNTI	23	-2039204
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF CHESTER 313 WEST MARKET STREET, SUITE 6202, WEST CHESTER, PA 19380 WEST CHESTER, PA 19380	\$ <u>92,530.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PENNSYLVANIA COALITION AGAINST RAPE 125 NORTH ENOLA DRIVE ENOLA, PA 17025	\$509,044.	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
3	PENNSYLVANIA COMMISSION ON CRIME & DELINQUENCY P.O. BOX 1167 HARRISBURG, PA 17108	\$ <u>1,413,150.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

Employer identification number

23-2039284

123452 11-11-21

22011111 758924 31032.20

(a)	(1.)	(c)	()
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

CRIME VICTIMS' CENTER OF CHESTER COUNTY

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II

Employer identification number

23-2039284

22011111 758924 31032.20

23

2021.05000 CRIME VICTIMS' CENTER OF 31032.21

Schedule I	B (Form 990) (2021)			Pa	ige 4	
Name of o	rganization			Employer identification numb	er	
CRIME	VICTIMS' CENTER OF CHE	STER COUNTY		23-2039284		
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y	ear	
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (E	nter this info. once.) > \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					_	
					_	
					—	
-		(e) Transfer of g	 ft			
·	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee		
		[_	
					_	
(a) No.		1				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					_	
					_	
					—	
-		(e) Transfer of g	 ft			
	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transferee		
					_	
					_	
(a) No.			<u> </u>			
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					_	
					—	
					_	
		(e) Transfer of g	ft			
	Transferee's name, address, a	nd 71D + 4	Relationship of transferor to transferee			
·			neiations			
					_	
		[—	
(a) No. from						
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
					—	
					_	
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relation	hip of transferor to transferee		
					_	
					_	
					_	
123454 11-11	1-21			Schedule B (Form 990) (2	:021)	

24 2021.05000 CRIME VICTIMS' CENTER OF 31032.21

SCHED	ULE D
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(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization		Em		entification	
Par		TER OF CHESTER COUNTY	Accor.		20392	
Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		ACCOU	ILS. Cor	npiete if th	е
		(a) Donor advised funds	(b) Eur		her accour	ato
	-	(a) Donor advised funds	(b) Fui			11.5
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	-				
~	are the organization's property, subject to the organization's			L	Yes	└── No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o		iterring		X	
Par		appization answord "Vos" on Form 000 Par	t IV/ lino 7	, ,	Yes	No No
			t iv, iirie 7	<u>.</u>		
1	Purpose(s) of conservation easements held by the organization			. :		
	Preservation of land for public use (for example, recrea		-			
	Protection of natural habitat	Preservation of a c	centified n	storic stru	cture	
•	Preservation of open space	fied concernation contribution in the form of a		tion oppos	mant on th	o loot
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	ned conservation contribution in the form of a			rie End of the	
_			00	neru at a		
b		usture included in (c)				
ک لہ	Number of conservation easements on a certified historic structure of conservation easements included in (a) convinced		20			
d	Number of conservation easements included in (c) acquired a		04			
2	listed in the National Register		2d	L.	o tox	
3	Number of conservation easements modified, transferred, relevant	eased, extinguished, or terminated by the org	Janization	uning the	elax	
4	year ► Number of states where property subject to conservation eas	soment is located				
- 5	Does the organization have a written policy regarding the per					
3	violations, and enforcement of the conservation easements it				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
U		handling of violations, and enforcing conserv	ation cas	Sments du	ing the ye	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	aasamar	nts durina '	the vear	
•	S		leasemen	its during i	ine year	
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170(h)/2	(B)(i)			
Ũ	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation					
•	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r Simila	ar Asset	s.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	8. not to report in its revenue statement and	balance s	heet work	s	
	of art, historical treasures, or other similar assets held for pub					
	service, provide in Part XIII the text of the footnote to its finar			[
b	If the organization elected, as permitted under FASB ASC 95		ance shee	t works of		
	art, historical treasures, or other similar assets held for public					
	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					
-	the following amounts required to be reported under FASB A		.,			
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$		
			•	\$		
	For Paperwork Reduction Act Notice, see the Instructions				e D (Form	990) 2021
	10-28-21					,
		25				

	4	Э					
0	1		^	-	^	~	0

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. continued] 9 Using the organization saccession, and other records, check any of the following that make significant use of its collections that check all that apply: Delicition thans (check all that apply): Delicition that apply: Delicition that apply:<th></th><th>dule D (Form 990) 2021 CRIME V</th><th>ICTIMS' CI</th><th>ENTER</th><th>OF CH</th><th>IESTER C</th><th>OUNTY</th><th>23 Similar A</th><th>-20</th><th>39284</th><th>e Pa</th><th>_{age} 2</th>		dule D (Form 990) 2021 CRIME V	ICTIMS' CI	ENTER	OF CH	IESTER C	OUNTY	23 Similar A	-20	39284	e Pa	_{age} 2
collection terms (check all that apply): □ Public exhibition □ Construction □ Construction<										(contin	ued)	
a Public schulttion d □ can or exchange program b Schuldry research e □ Otter	3		on, and other reco	rds, checł	any of the	e following that	make sigr	nificant use o	of its			
b Scholarly research ● Other c Preservation for future generations • Other 4 Provide a description of the organization solicit or receive domaines of art, historical treasures, or other similar assets to be solicit or isset bunks rather than to be maintained as part of the organization answered "Yes" on Form 900, Part X, line 21, or reported an amount on Form 900, Part X, line 21, or reported an amount on Form 900, Part X, line 21, or second or other assets not included on form 900, Part X, line 21, the second or Part XIII c Beginning balance Amount 1 c Beginning balance Amount 1 d Additions during the year 1 1 d Bedinning balance 1 Amount 1 d Bedinning balance 1												
C Preservation for future generations Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Ves No Pert V Encove and Custodial Arrangements. Complete if the organization's collection? Ves No Pert V Encove and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization and the intermediary for contributions or other assets not included or Form 990, Part X = No Pert V Encover and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X = No b If 'Yes," explain the arrangement in Part XIII and complete the following table:	а					• • •						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds: rainer than to be maintained as part of the organization's collection? Part IV ESCOW and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or responde an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Beginning balance	b			e 🔛	Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to rise funds caller than to be maintained as and or the constraints collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In the organization and gent trustee, custodian or above the following table: Amount Beginning balance In the organization answered "Yes" on Form 990, Part X line 10. If Yes = vapian the arrangement in Part XIII encohering if the organization answered "Yes" on Form 990, Part X line 10. If a Beginning of year balance Io Contributions Administrative expenses Io I or years back (e) Four years back (e) Four years back (e) Four years back (e) four years back (a) Current year (b) Prior year (c) Two years back (e) Four years back (b) Fortweet as antips, gains, and losses Io Administrative expenses Io The year balance Porvide the estimated percentage of the	С	-										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The set organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Ves No. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Image: Complete intermediary for contributions or other assets not included on Form 980, Part X c Beginning balance Image: Complete intermediary for contributions or custodial account liability? Ves No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization in asset of include an anount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete intermine in the asset in the explanation has been provided on Part XIII. Part V Endowment Funds. Image: Complete intermine in the explanation has been provided on Part XIII. Image: Complete inthe organization answered 'Yes' on Form 9	4								Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table:	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? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 1d d Additions during the year 1d d Additions during the year 1d d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII Im Im Part V Endowment Funds. Complete if the organization nasweed 'Ves' on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b Contributions 1d Current year (b) Prior year (c) Two years back (d) Four years back a Beginning of year balance 1d 1d Im Im Im e Other expenditures for facilities and programs 1d 1d Im Im Im a Additions durine becomproduced for a quasiendowment												No
on Form 990, Part X7	Pai			plete if the	e organizati	on answered	"Yes" on F	orm 990, Pa	rt IV, li	ine 9, or		
on Form 990, Part X7	1a	Is the organization an agent, trustee, custodia	an or other interme	ediary for	contributio	ns or other as	sets not ind	cluded				
b If 'Yes,' explain the arrangement in Part XIII and complete the following table:				-						Yes		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. 1b Contributions Image: Check here if the organization answered 'Yes' on Form 990, Part XII. Image: Check here if the organization answered 'Yes' on Form 990, Part XII. 1a Beginning of year balance Image: Check here if the organization answered 'Yes' on Form 990, Part XII. Image: Check here if the organization answered 'Yes' on Form 990, Part XII. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a) held as: Image: Check here if the organization answered 'Yes' on Form 990, Part XII. Image: Check here if the organization's endowment funds. 2 Provide the estim	b											
d Additions during the year id e Distributions during the year id f Ending balance if 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. la Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back la Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (e) Four years back g Grants or scholarships (c) Arrinistrative expenses (c) Arrinistrative expenses (c) Arrinistrative expenses g End of year balance				Ū						Amount		
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f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b ft "Nes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Contributions (a) Current year end balance (ii) Prior year (c) Two years back (e) Four years back g End of year balance (a) So (ji) Contributions (ji) Contributions (ji) Prior year (ji) Prior year g End of year balance								1e				
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back c Other expenditures for facilities (a) Current year (a) Current year (c) Two years		-					-			_]
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b Contributions			(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	I) Three years	back	(e) Four	years	back
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs i 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 ▶ % Permanent endowment ▶ % c Term endowment Imuds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations y: Yes No 3a(ii) addition 3a(ii) addition 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 b buildings c Leasehold improvements c Leasehold improvements c Leasehold improvements c Leasehold ingrovements c Leasehold ingrovements c <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses	Ū	-										
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 ▶% c Term endowment ▶% me 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 3a(ii)3a(ii)3b b Bescribe 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 b Buildings c Leasehold improvements d Equipment 110,130,104,955,5,175. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% 3a Are there endowment two in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	-		ent vear end halar	nce (line 1)	a column (a)) held as:						
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations			•		g, oolanni (u)) Hold do.						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (depreciation depreciation depreciation depreciation (d) Book value basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Equipment (d) Equipment (d) Equipment (f) Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B) line 10c.) (f) Total. Add				/0								
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 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. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) (f) Book value basis (f) Book value ba												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value b Buildings	U		, .									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment form 990, Part X, column (B). line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Second States of the organization and the second states of the s	20		•	zation the	t are hold (and administa	rod for the	organization				
(i) Unrelated organizations 3a(i) 3a(i) (ii) Related organizations 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a 1a b Buildings 2 2 c Leasehold improvements 110,130. 104,955. 5,175. e Other 110,130. 104,955. 5,175.	Ja		ssion of the organ			and administer		organization		Г	Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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) (c) Accumulated depreciation b Buildings		-								20(1)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 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 Image: Description 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) 5, 175.												
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 (d) Book value c Leasehold improvements 110,130. d Equipment 110,130. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 5,175.	h											
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										30		
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					unus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				90. Part I\	/. line 11a.	See Form 990	. Part X. lir	ne 10.				
basis (investment) basis (other) depreciation 1a Land											value	<u> </u>
1a Land		Description of property			• •		.,			(u) Dool	value	0
b Buildings	1a	l and	· · ·	,		. ,	1.					
c Leasehold improvements d Equipment 110,130. 104,955. 5,175. e Other d Equipment d Equipment 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) 5,175.												
d Equipment 110,130. 104,955. 5,175. e Other												
e Other					1	10.130.	1 ()4.955		r	5.1	75.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)					<u> </u>	_ , _ , _ , _ ,	¥ \		·		, <u> </u>	
				rt V act	an (D) //=:	100)		•		ſ	5.1	75.
	TOLA	- Auguines ra through re. (Column (a) must er	<u>uuai Form 990, Pa</u>	LLA, COIUN	ui (B), line	<u>10C.)</u>		Sch	edule		-	

Schedule D) (Form 990) 2021	CRIME	VICTIMS'	CENTER	OF	CHESTER	COUNTY	23-2039284 Page 3
Part VII								
	Complete if the org							
	ption of security or cate	GOTY (including name	e of security)	(b) Book value		(c) Method	of valuation: (Cost or end-of-year market value
• • •	held equity interests							
(3) Other								
(A)								
(B) (C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	(b) must equal Form 990							
Part VII	Investments -	-						
	Complete if the org		ered "Yes" on Fo					
	(a) Description of	investment		(b) Book value		(c) Method	of valuation: (Cost or end-of-year market value
(1)								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u> (7)								
(8)								
(9)								
	(b) must equal Form 990). Part X. col. (B)	line 13.) >					
Part IX	Other Assets.	· · · · ·						
	Complete if the org	anization answ	ered "Yes" on Fo	orm 990, Part IV	, line	11d. See Form 9	990, Part X, line	e 15.
			(a) Desc	ription				(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
<u>(6)</u>								
(7) (8)								
(9)								
	umn (b) must equal Fo	orm 990 Part X	col (B) line 15)					
Part X	Other Liabilitie	es.						
	Complete if the org	anization answ	ered "Yes" on Fo	orm 990, Part IV	, line '	11e or 11f. See	Form 990, Par	t X, line 25.
1.	(a) D	escription of lia	bility					(b) Book value
(1) Fea	deral income taxes							
(2) CC	MPENSATED	ABSENCES	5					37,951.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								> 27.051
	umn (b) must equal Fo		., ,					<u></u> ▶ 37,951.
-						-		atements that reports the as been provided in Part XIII $\dots X$
organiz	Lation 3 having 101 UN	oonann iax pusi	UND UNDER FAOI			ייס וו נווס נפצר טן ו		

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CRIME VICTIMS' CENTER OF				2039284	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Re	venue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,341	,828.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,341	,828.
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	2,341	000
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,J41	,020.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per		<u>2,541</u> n.	,020.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	ements With E	xpenses per		<u>2,341</u> n.	,020.
	t XII Reconciliation of Expenses per Audited Financial State	ements With E 12a.	xpenses per		2,341 n. 2,206	
Pa	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With E 12a.	xpenses per	Returi	n.	
Pa 1	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With E	xpenses per	Returi	n.	
Pa 1 2	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With E	xpenses per	Returi	n.	
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2a 2b	xpenses per	Returi	n.	
Pa 1 2 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a 2b 2c	xpenses per	Returi	n.	
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2a 2b 2c 2d	xpenses per	Returi	n. 2,206	<u>,729.</u> 0.
Pa 1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 12a. 2a 2b 2c 2d	xpenses per		n.	<u>,729.</u> 0.
Pa 1 2 a b c d e	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 12a. 2a 2b 2c 2d	xpenses per	1 2e	n. 2,206	<u>,729.</u> 0.
Pa 1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	xpenses per	1 2e	n. 2,206	<u>,729.</u> 0.
Pa 1 2 a b c d 3 4 a	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	xpenses per	1 2e	n. 2,206	<u>,729.</u> 0.
Pa 1 2 a b c d e 3 4 a b	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2b 2b 2c 2d 4a 4b	xpenses per	1 2e	n. 2,206 2,206	<u>,729.</u> 0. ,729. 0.
Pa 1 2 d c d e 3 4 a b c 5	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2b 2c 2d 2d 4a 4b	xpenses per	Return	n. 2,206	<u>,729.</u> 0. ,729. 0.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT

DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT

TO TAXATION AS UNRELATED BUSINESS INCOME.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE RULES FOR THE

RECOGNITION, MEASUREMENT, CLASSIFICATION AND DISCLOSURE IN THE FINANCIAL

STATEMENTS OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE

ORGANIZATION'S TAX RETURNS. MANAGEMENT HAS DETERMINED THAT THE

ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ASSOCIATED

UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR

132054 10-28-21

Schedule D (Form 990) 2021 CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039284 Page 5
Part XIII Supplemental Information (continued)
RELATED DISCLOSURES. SINCE TAX MATTERS ARE SUBJECT TO SOME DEGREE OF
UNCERTAINTY, THERE CAN BE NO ASSURANCE THAT THE ORGANIZATION'S TAX RETURNS
WILL NOT BE CHALLENGED BY THE TAXING AUTHORITIES AND THAT THE ORGANIZATION
WILL NOT BE SUBJECT TO ADDITIONAL TAX, PENALTIES AND INTEREST AS A RESULT
OF SUCH CHALLENGE.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Informa	tion Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	r 19,	or if the	2021
Department of the Treasury		-	Attach to Form 990			-			Open to Public
Internal Revenue Service		to www.irs.go	v/Form990 for inst	ruction	s and	the latest informati	on.		Inspection
Name of the organization	n CRIME V	ICTIMS'	CENTER OF	CHES	STEI	R COUNTY		Employer ic 23-203	lentification number 9284
			e organization answ	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
required to 1 Indicate whether th	complete this part		the apply of the following		vition (Chock all that apply			
a Mail solicitat						overnment grants			
	email solicitations	i				nment grants			
c Phone solici			g 🔄 Specia	l fundra	aising	events			
2 a Did the organization		r oral agreemer	it with any individua	l (incluc	ling of	ficers, directors, trus	tees,	or	
			•			undraising services?		Ye	
b If "Yes," list the 10 compensated at le			s (fundraisers) pursu	uant to	agreer	nents under which th	ne fur	ndraiser is to l	be
							()	Amount noid	1
(i) Name and addres or entity (fund		(ii)	Activity	fùndi have c	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi	ich the organizatio	n is registered o	or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from (registration
or licensing.									
LHA For Paperwork R	eduction Act Noti	ce, see the Ins	tructions for Form	990 or	990-E	Ζ.		Schedu	ile G (Form 990) 2021
-									•

132081 10-21-21

CRIME VICTIMS' CENTER OF CHESTER COUNTY 23-2039284 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RACE AGAINST		NONE	
			VIOLENCE	BBQ 911		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e				(overne type)		
Revenue				00 701		22 426
Sev	1	Gross receipts	11,655.	20,781.		32,436.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	11,655.	20,781.		32,436.
		· · · · · · · · · · · · · · · · · · ·		· · · ·		,
	4	Cash prizes				
	-	Nanagah prizos				
6	5	Noncash prizes				
Expenses						
Den	6	Rent/facility costs				
ĔĂ						
Direct	7	Food and beverages				
Dire						
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			►	
		Net income summary. Subtract line 10 from li			······	32,436.
Pa	11 Irt	II Gaming. Complete if the organization		000 Part IV lipo 10 or i	reported more than	52,450.
		\$15,000 on Form 990-EZ, line 6a.			oported more than	
		\$13,000 011 FOITH 990-EZ, lifle 0a.	1	(I) Dull take (instant		
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
enu				billigu/progressive billigu		
Revenue						
ш.	1	Gross revenue				
s	2	Cash prizes				
se						
Expenses	3	Noncash prizes				
Ĕ	-	· · · · · · · · · · · · · · · · · · ·				
Direct	4	Rent/facility costs				
Dir	4					
	_					
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
U	. 11	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
		-21-21			<u>.</u>	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	CRIME	VICTIMS'	CENTER	OF (CHESTER	COUNTY	23-2	03928	4 Page 3
11	Does the organization conduct g									
	Is the organization a grantor, ben	eficiary or trus	stee of a trust, or	r a member of a	a partnei	rship or other (entity formed			
	to administer charitable gaming?								Yes	No
	Indicate the percentage of gamin									
	The organization's facility								13a	%
	An outside facility								13b	%
14	Enter the name and address of the	ne person who	prepares the or	ganization's ga	ming/sp	becial events b	ooks and recor	ds:		
	Name									
	Address 🕨									
15a	Does the organization have a cor	ntract with a th	nird party from w	hom the organi	ization r	eceives gamin	g revenue?		Yes	No No
b	If "Yes," enter the amount of gam	ning revenue re	eceived by the o	rganization 🕨	\$		and the am	ount		
	of gaming revenue retained by th	e third party	►\$							
С	If "Yes," enter name and address	of the third p	arty:							
	Name 🕨									
	Address 🕨									
16	Gaming manager information:									
	Name 🕨									
	Gaming manager compensation	▶ \$								
	Description of services provided	►								
		<u> </u>		<u> </u>						
	Director/officer	Employ	/ee		ent cont	ractor				
17	Mandatory distributions:									
а	Is the organization required unde	r state law to	make charitable	distributions fro	om the g	gaming procee	ds to			<u> </u>
	retain the state gaming license?									No
b	Enter the amount of distributions	•		e distributed to	other ex	xempt organiza	ations or spent	in the		
Pa	organization's own exempt activi rt IV Supplemental Infor			ations required	by Part	L line 2h colu	imns (iii) and (v): and Par	t III lines C	9b 10b
-	15b, 15c, 16, and 17b, a							, and r a	,	, 00, 100,
10000								Sahad	ule C (Earr	n 990) 2021
13208	33 10-21-21			32				Juned	הים ערטון	n 990j 202 l

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Schedule G	(Form 990) Supplemental Infor	CRIME VICTI	MS' CENTER	OF	CHESTER	COUNTY	23-2039284	Page 4
Part IV	Supplemental Infor	mation (continued)						
							Schedule G (F	orm 990)

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.



CRIME VICTIMS' CENTER OF CHESTER COUNTY

Employer identification number 23 - 2039284

FORM 990, PART III, LINE 4A

THE CRIME VICTIMS' CENTER OF CHESTER COUNTY FOR OVER 45 YEARS,

INC. (CVC) REMAINS UNIQUE IN THAT IT IS THE ONLY ORGANIZATION IN CHESTER

COUNTY THAT PROVIDES A COMPREHENSIVE RANGE OF SUPPORTIVE SERVICES TO

VICTIMS OF ALL CRIME, THEIR FAMILIES, AND SIGNIFICANT OTHERS. ALL

REGARDLESS OF INCOME AND CONFIDENTIAL. SERVICES ARE FREE, ADDITIONALLY

THERE IS NO REQUIREMENT FOR THE INDIVIDUAL TO REPORT THE CRIME TO THE

POLICE AND OUR SERVICES ARE AVAILABLE THROUGHOUT THE HEALING PERIOD.

THE AGENCY'S MISSION IS IMPLEMENTED THROUGH ITS TWO MAIN PROGRAMS:

DIRECT SERVICES AND PREVENTION/ EDUCATION.

DURING THIS FISCAL YEAR CVC CONTINUED TO ADAPT TO PROVIDING SERVICES

DURING THE PANDEMIC. ALL TYPES OF IN PERSON ACCOMPANIMENT AND

PROGRAMMING HAD BEEN RESUMED BY THE START OF THE FISCAL YEAR, INCLUDING

WE HAVE ALSO MAINTAINED ALL OF THE IN PERSON COUNSELING SESSIONS.

VIRTUAL OPTIONS FOR OUR SERVICES IMPLEMENTED AT VARIOUS TIMES

THROUGHOUT THE PANDEMIC, INCLUDIING COUNSELING AND PREVENTION

OUR TEAM CONTINUED TO BE AN AVAILABLE SOURCE OF STRENGTH PROGRAMMING.

AND COMFORT FOR OUR CLIENTS AND THE COMMUNITY THROUGHOUT THE PANDEMIC.

THROUGH ITS DIRECT SERVICES DEPARTMENT, CVC PROVIDED THE FOLLOWING

SERVICES:

TWO 24-HOUR HOTLINES FOR SEXUAL ASSAULT SURVIVORS AND OTHER CRIME

VICTIMS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

24-HOUR ON-SITE CRISIS RESPONSE AND ACCOMPANIMENT TO HOSPITALS, POLICE

STATIONS, AND LEGAL PROCEEDINGS.

INFORMATION AND REFERRAL TO OTHER RESOURCES AS APPROPRIATE.

ASSISTANCE WITH CRIME VICTIMS' COMPENSATION, RESTITUTION CLAIMS, AND

ELIGIBILITY FOR ANY REIMBURSEMENT OF EXPENSES.

COORDINATION WITH THE CHESTER COUNTY CHILDREN'S ADVOCACY CENTER AND

SUPPORTING CHILD ABUSE VICTIMS.

OVERVIEW OF VICTIMS' RIGHTS AND LEGAL PROCESS.

ASSISTANCE WITH PREPARING VICTIM IMPACT STATEMENTS.

INDIVIDUAL COUNSELING

GROUP COUNSELING

THROUGH ITS PREVENTION EDUCATION DEPARTMENT, CVC PROVIDED THE FOLLOWING SERVICES:

FACILITATED WORKSHOPS IN PERSON AND VIRTUALLY IN AREA CLASSROOMS,

UNIVERSITIES, BUSINESSES, AND COMMUNITY GROUPS TO RAISE AWARENESS OF

VIOLENCE AND ITS IMPACT.

WORKED TO BUILD HEALTHIER, MORE PROTECTIVE COMMUNITIES THROUGH

PROGRAMMING AND COLLABORATIVE COMMUNITY PARTNERSHIPS LIKE THE CTC OF

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Schedule O (Form 990) 2021

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COUNTY DEPARTMENT OF HEALTH.

-PROGRAM TOPICS INCLUDE ANTI-BULLYING, BYSTANDER INTERVENTION, PERSONAL SAFETY, HEALTHY RELATIONSHIPS, DATING VIOLENCE, CONFLICT RESOLUTION, RESECT AT WORK, STEWARDS OF CHILDREN (PREVENTING AND RECOGNIZING CHILD SEXUAL ABUSE), AND OTHER TOPICS.

CVC WORKS WITH A NUMBER OF ENTITIES TO ENSURE A WELL-ROUNDED APPROACH FOR OUR CLIENTS AND THE COMMUNITY, INCLUDING THE CHESTER COUNTY DISTRICT ATTORNEY'S OFFICE, CC JUVENILE PROBATION, CC OFFICE OF AGING, CC YOUTH CENTER, ALL LOCAL LAW ENFORCEMENT, NUMEROUS CC SCHOOL DISTRICTS, LINCOLN UNIVERSITY, IMMACULATA UNIVERSITY, UNIVERSITY OF VALLEY FORGE AND NMEROUS OTHERS.

A UNIQUE COLLABORATION IS THE CHILDREN'S ADVOCACY CENTER, WHICH IS LOCATED IN THE NEARBY JUSTICE CENTER. THE CENTER IS DESIGNED TO BE A SAFE, NON-THREATENING ENVIRONMENT FOR CHILD VICTIMS TO BE INTERVIEWED ABOUT THEIR VICTIMIZATION. THIS IS A UNIQUE, COLLABORATIVE EFFORT BETWEEN OUR AGENCY'S ADVOCATES, LAW ENFORCEMENT, ASSISTANT DISTRICT ATTORNEYS, AND OTHER MENTAL HEALTH PROVIDERS. THE GOAL IS THAT THE CHILD IS INTERVIEWED ONE TIME. THIS IS TO REDUCE FURTHER VICTIMIZATION BY HAVING THE CHILD REPEATEDLY QUESTIONED, WHICH COULD BE A TRAUMATIZING EXPERIENCE.

CVC'S LEADERSHIP IS ALSO AN ACTIVE MEMBER OF THE CHESTER COUNTY ELDER

ABUSE TASK FORCE EXECUTIVE COMMITTEE, CHESTER COUNTY ACES COALITION

ADVISORY COMMITTEE, SOUTHERN CHESTER COUNTY CHAMBER OF COMMERCE BOARD Schedule O (Form 990) 2021 132212 11-11-21 36

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		.11110 01			000011		2039204
)F DIRECTORS,	PHOENIXVI	LLE HUB,	CHESTER	COUNTY	CRIMINAL J	USTICE	

START ADVISORY COMMITTEE AND CTC OF GREATER DOWNINGTOWN.

CVC'S CEO ALSO SERVES ON THE BOARD OF DIRECTORS OF THE PENNSYLVANIA

COALITION AGAINST RAPE AND SERVES AS VICE CHAIR FOR THE PENNSYLVNIA

ASSOCIATION OF SEXUAL ASSAULT CENTERS AND PCAR'S PUBLIC POLICY

COMMITTEE.

FOR MORE INFORMATIONABOUT CVC AND OUR SERVICES, PLEASE VISIT OUR

WEBSITE AT WWW.CVCOFCC.ORG OR OUR GUIDESTAR.ORG PROFILE.

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

A COPY OF FORM 990 WILL BE PROVIDED ELECTRONICALLY TO THE PRESIDENT OF THE

BOARD FOR DISTRIBUTION TO THE FULL BOARD FOR REVIEW.

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

ALL EMPLOYEES AND VOLUNTEERS MUST RECEIVE APPROVAL FROM THE EXECUTIVE

DIRECTOR PRIOR TO ENGAGING IN EXTEMPORANEOUS WORK FOR A CLIENT.

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

THE ORGANIZATION HAS A POLICY THAT REQUIRES INDEPENDENT BOARD MEMBERS TO

REVIEW AND APPROVE COMPENSATION USING DATA OF SIMILAR QUALIFIED PERSONS IN

FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

THESE COMPENSATION DECISIONS ARE DOCUMENTED IN THE ORGANIZATION'S RECORDS.

FORM 990, PART VI, SECTION C,	LINE 18:
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ame of the organization CRIME VICTIMS' CENTER OF CHESTER COUNTY	Employer identification number
	23-2039284
HE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST OF	THROUGH THE
RGANIZATION'S WEBSITE OR GUIDESTAR.ORG. ADDITIONALLY, F	FORM 1023 IS
VAILABLE UPON REQUEST.	
ORM 990, PART VI, SECTION C, LINE 19:	
HE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABL	E TO THE PUBLIC
PON REQUEST.	
ORM 990, PART XII, LINE 2C	
OMMITTEE ASSUMES PROPER OVERSIGHT OF AUDIT SELECTION PR	OCESS.