			EXTENDED TO MAY 15, 2025		OMB No. 1545-0047								
For	. 9	90	Return of Organization Exempt From		2022								
1 011		••	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ( Do not enter social security numbers on this form as it may										
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection								
			ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024									
B c	heck if pplicab	le: C Name of	organization	D Employer identificat	ion number								
	Addre]	CHES	TERFIELD CASA, INC.										
	Name Chang	e Doing bu	usiness as	54-1815693									
	Initial return Final return	9157	and street (or P.O. box if mail is not delivered to street address) Room/su AMBERDALE DRIVE	uite E Telephone number 804-276-76									
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	275,762.								
	Amen return	NOKI	H CHESTERFIELD, VA 23236-1249	H(a) Is this a group retur									
	Applic tion pendi		nd address of principal officer: PATTERSON ROGERS	for subordinates?									
	•	SAME .	AS C ABOVE	H(b) Are all subordinates includ									
		empt status:	X 501(c)(3)	527 If "No," attach a list									
	Vebsi			<b>H(c)</b> Group exemption n ear of formation: <b>1996</b> M St									
	rt I												
	1	Briefly describ	e the organization's mission or most significant activities: THE MISS	ION OF CHESTERF	'IELD CASA								
Activities & Governance		IS TO PROMOTE SAFE, PERMANENT HOMES FOR ABUSED AND NEGLECT											
ern	2												
200	3		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		10								
8	4		<u>10</u> 5										
ties			tal number of individuals employed in calendar year 2023 (Part V, line 2a)5										
živi	6		of volunteers (estimate if necessary)		0.								
Ă			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11		0.								
		Net unrelated		Prior Year	Current Year								
	8	Contributions	and grants (Part VIII, line 1h)	246,277.	227,633.								
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.								
eve	10	-	come (Part VIII, column (A), lines 3, 4, and 7d)	5,144.	8,782.								
œ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	35,371.								
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,421.	271,786.								
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.								
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	0.								
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	279,214.	311,862.								
Expense	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.								
ğ			aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       279,214         fessional fundraising fees (Part IX, column (A), line 11e)       0         al fundraising expenses (Part IX, column (D), line 25)       27,115.										
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	61,106.	62,052. 373,914.								
	18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       340, 320										
<u>_ v</u>	19	Revenue less	expenses. Subtract line 18 from line 12	-88,899.	-102,128.								
Net Assets or Fund Balances		<b>-</b>		Beginning of Current Year	End of Year								
Bala		Total assets (F		352,745.	264,660.								
let A ind	21		(Part X, line 26)	21,549. 331,196.	<u>28,783.</u> 235,877.								
	22 Irt II	Net assets or t	fund balances. Subtract line 21 from line 20	331,190.	433,0//•								
		U U	declare that I have examined this return, including accompanying schedules and sta	tamanta, and to the bast of my kn	owledge and balief, it is								

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

Sign	Signature of officer	Date										
	PATTERSON ROGERS, EXECUTI											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	FRANK BARCALOW	FRANK BARCALOW	02/12	/25 <sup>if</sup> <sub>self-employed</sub> P00446788								
Preparer	Firm's name FRANK BARCALOW	·		Firm's EIN 45-5310918								
Use Only	Firm's address 1434 DISPATCH STA	TION ROAD										
	QUINTON, VA 23141		Phone no. $804 - 557 - 5054$									
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form <b>990</b> (2023)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check if Schedule O contains a response or note to any line in this Part III  I Briefly describe the organization's mission: THE MISSION OF CHESTERFIELD CASA IS TO PROMOTE SAFE, PERMANENT HO FOR ABUSED AND NEGLECTED CHILDREN BY PROVIDING TRAINED VOLUNTEERS ADVOCATE FOR THEM THROUGHOUT THEIR INVOLVEMENT IN THE JUVENILE CO PROCESS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by exp Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen revenue, if any, for each program service reported. (code: ) (Expenses \$ 302,205. including grants of \$ ) (Revenue \$ CHESTERFIELD CASA - THE COURT APPOINTED SPECIAL ADVOCATES PROGRAM PROVIDES TRAINED VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN DURING THEIR INVOLVEMENT WITH THE JUVENILE COURT. OUR H PROMOTES SAFE, PERMANENT HOMES FOR CHILD VICTIMS BY OFFERING FACT OBJECTIVE INFORMATION TO THE COURT AND MAKING RECOMMENDATIONS AS WHAT OUTCOMES ARE IN THE CHILDREN'S BEST INTERESTS. IN THE PAST YEARS, CHESTERFIELD CASA HAS BEEN A POWERFUL VOICE FOR OVER 1,700	<u>ЭЗ </u>	
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PROCESS.         2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-E2?         If 'Yes,' describe these new services on Schedule 0.         3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by explosition the organization's program service acomplishments for each of its three largest program services, as measured by explosition of the organization's program service reported.         4a (code:) (revenues 3 302, 205. including grants of 3) (revenue 1         (CHESTERFIELD CASA - THE COURT APPOINTED SPECIAL ADVOCATES PROGRAM PROVIDES TRAINED VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN DURING THEIR INVOLVEMENT WITH THE JUVENILE COURT. OUR 1         (PROMOTES SAFE, PERMANENT HOMES FOR CHILD VICTIMS BY OFFERING FACT OBJECTIVE INFORMATION TO THE COURT AND MAKING RECOMMENDATIONS AS WHAT OUTCOMES ARE IN THE CHILDREN'S BEST INTERESTS. IN THE PAST YEARS, CHESTERFIELD CASA HAS BEEN A POWERFUL VOICE FOR OVER 1, 700 CHILDREN WHO HAVE COME TO THE ATTENTION OF THE 12TH DISTRICT JUVH AND DOMESTIC RELATIONS COURT (SERVING CHESTERFIELD AND COLONIAL HEIGHTS).         4b (code:) (Expenses \$ including grants of \$) (fervenue \$		
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HEIGHTS).         4b       (Code:) (Expenses \$ including grants of \$) (Revenue \$)	SNILF	
4b       (Code:) (Expenses \$ including grants of \$) (Revenue \$)		
<ul> <li>Briefly describe the organization's mission:</li> <li>THE MISSION OF CHESTERFIELD CASA IS TO PROMOTE SAFE, PERMANENT HOMES FOR ABUSED AND NEGLECTED CHILDREN BY PROVIDING TRAINED VOLUNTEERS TO ADVOCATE FOR THEM THROUGHOUT THEIR INVOLVEMENT IN THE JUVENILE COURT PROCESS.</li> <li>Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27</li> <li>Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported.</li> <li>Genemes 3 302, 205. excluding parts of 8 102 and 205. excluding parts of 8 102 and 200 CATE 50 RABUSED AND NEGLECTED CHILDREN DURING THEIR INVOLVEMENT WITH THE JUVENILE COURT. OUR PROGRAM - PROVIDES TRAINED VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN DURING THEIR INVOLVEMENT WITH THE JUVENILE COURT. OUR PROGRAP PROMOTES SAFE, PERMANENT HOMES FOR CHILD VICTIMS BY OFFERING FACTUAL, OBUSCTIVE INFORMATION TO THE COURT AND MAKING RECOMMENDATIONS AS TO WHAT OUTCOMES SAFE, PERMANENT HOMES FOR CHILD VICTE FOR OVER 1,700 CHILDREN WHO HAVE COME TO THE ADVORATIOS DEFINING TACTUAL, AND DOMESTIC RELATIONS COURT (SERVING CHESTERFIELD AND COLONIAL HEIGHTS).</li> <li>(code:)(expenses \$) (expense \$) (expense \$) (expense \$) (expense \$) (expense \$) (expense \$</li></ul>		
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	orm <b>990</b>	
3		
90212 794671 CHESTCASA 2023.05040 CHESTERFIELD CASA, INC. C		

Form 990 (2023)

Part IV Checklist of Required Schedules

CHESTERFIELD CASA, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	c		x
7		6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		x
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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	116		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		x
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			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</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
<b>20</b> a		20a		X
	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			v
000000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	X (2023)
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2023.05040 CHESTERFIELD CASA, INC.

4

Form 990 (			
Part IV	Ch	ecklist of Required Schedules (continued)	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
-0	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	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
7	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
8	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
b	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
_	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ A
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	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?			
<u> </u>	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	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 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) CHESTERFIELD CASA, INC. 54-1815	693	Pa	age <b>5</b>
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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		Х
b	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
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		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
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, or any disqualified or other person 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.			
332005	12-21-23	Form	990	(2023)

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6

Form	990	(2023)
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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.

					2					
Sec	tion A. Governing Body and Management									
		1 I 47		Yes	N					
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a 1(	4							
	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.	1								
b	Enter the number of voting members included on line 1a, above, who are independent		긱							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	nip with any other								
	officer, director, trustee, or key employee?		2							
3	Did the organization delegate control over management duties customarily performed by or under t									
	of officers, directors, trustees, or key employees to a management company or other person?		3							
4	Did the organization make any significant changes to its governing documents since the prior Form		4							
5	Did the organization become aware during the year of a significant diversion of the organization's as		5							
6	Did the organization have members or stockholders?									
7a	a 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?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or								
	persons other than the governing body?		7b							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:								
а	The governing body?		8a	X	L					
b	Each committee with authority to act on behalf of the governing body?		8b	X	L					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9							
ec	tion B. Policies (This Section B requests information about policies not required by the Internal P	Revenue Code.)			-					
				Yes	L					
	Did the organization have local chapters, branches, or affiliates?		10a		L					
b	If "Yes," did the organization have written policies and procedures governing the activities of such a	chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b							
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe								
	on Schedule O how this was done		12c	X						
3	Did the organization have a written whistleblower policy?		13	X						
4	Did the organization have a written document retention and destruction policy?		14	X						
5	Did the process for determining compensation of the following persons include a review and approv	val by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
а	The organization's CEO, Executive Director, or top management official		15a	X						
	Other officers or key employees of the organization		15b	X	ſ					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				Γ					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?		16a							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				Γ					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	anization's								
	exempt status with respect to such arrangements?		16b							
ec	tion C. Disclosure				_					
7	List the states with which a copy of this Form 990 is required to be filed NONE									
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 501(c)(3	B)s only	) avai	a					
	for public inspection. Indicate how you made these available. Check all that apply.									
		n on Schedule O)								
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd fina	ncial						
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records								
	THE ORGANIZATION - 804-276-7660									
	9457 AMBERDALE DRIVE, NORTH CHESTERFIELD, VA 232	36-1249								
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	7									
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Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Com	pensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more erson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LIZ MAGILL	2.50			v					0	0
PRESIDENT (2) GORDON PHILLIPS	1.00	X		X				0.	0.	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) LISA VEDERNIKOVA KHANNA	1.00	<u>^</u>		^				0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(4) NADIA KHAN	1.00									
SECRETARY		X		X				0.	0.	0.
(5) MATTHEW ACKLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) RACHEL ANN DEGRABA	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(7) LEXI EMERY	1.00									
BOARD MEMBER		х						0.	0.	0.
(8) STEVE SALGADO	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(9) CHRISTY OMARZAI	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(10) SARAHBETH SPASOJEJEVICH BOARD MEMBER	1.00	x						0.	0.	0.
DUARD MEMBER								0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

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Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average			<b>(C</b> Posi	<b>))</b> ition			Compensated Employe (D) Reportable	es (continued) (E) Reportable		Fo	(F) timate	
		hours per week (list any hours for related organizations below line)	box	, unle	ss pei	rson i irecto	Highest compensated starts 's starts' s starts' s Highest compensated starts' s and	h an	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organizations (W-2/1099-MIS 1099-NEC)	in I S	an com fr org and	other pensa om the anizati d relate	of tion e ion ed
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n								0.	),000 of reportabl	0.			0.
3	compensation from the organization Did the organization list any <b>former</b> officer,	director, trust	ee, k	kev e	empl	ove	e, or	hiq	nhest compensated emp	bloyee on			Yes	0 No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	anc	d otl				3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv			5		X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for										ipens	ation f	rom	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	services	С	<b>(C</b> ompe	<b>;)</b> nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	0	ot lii	mite	d to	tho: (		sted	above) who received n	nore than				
												Form	<b>990</b> (2	2023)

332008 12-21-23

						D	CASA, IN	NC •		54-1815	693 Page 9
Pa	rt V	/111	Statement of Re	even	ue						
			Check if Schedule O	conta	ins a respo	nse	or note to any l				
								<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues					]			
	cFundraising events1cdRelated organizations1d										
		d	Related organizations		1d						
			Government grants (cont				113,454	<u>-</u>			
		f	All other contributions, gifts,	-			114 100				
Oth			similar amounts not included				114,179	4			
Cont		-	Noncash contributions included in					227 622			
0 @		h	Total. Add lines 1a-1f				Business Code	227,633.			
	~	_					Business Code				
vic	2	a b									
Program Service Revenue											
		d									
		e									
		f	All other program service	e rever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (inclu	iding o	dividends, i	ntere	est, and				
								8,782.			8,782.
	4		Income from investment		•						
	5		Royalties		(i) Real						
	•		<b>.</b> .		(I) Real		(ii) Personal	4			
	6	a         Gross rents         6a           b         Less: rental expenses         6b						-			
			Rental income or (loss)	60 60				-			
			Net rental income or (loss)				I				
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis					1			
anc			and sales expenses								
evenue		с	Gain or (loss)	7c							
			Net gain or (loss)								
Other R	8	а	Gross income from fundrais								
0			including \$								
			contributions reported or			0-	39,347				
		h	Part IV, line 18 Less: direct expenses			8a 8b		4			
			Net income or (loss) from					35,371.			35,371.
			Gross income from gamir								
	-		Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	n gami	ng activitie	s <u>.</u>					
	10	а	Gross sales of inventory,								
			and allowances			10a		-			
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of invento	ry					
sno	44	~					Business Code				
nec	11	a b									
ella »ver		и С									
Miscellaneous Revenue			All other revenue					1			
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructi					271,786.	0.	0.	44,153.
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54-1815693 Page 9

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Form 990 (2		CHESTE	
Part IX	Statement of	of Functional	Expenses

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

Dono	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A)	(B)	(C)	<u></u> (D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		CAPCINCS	general expenses	expenses
а	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	aroone described in section $40EP(a)(2)(P)$				
	Dther salaries and wages	289,745.	241,842.	25,794.	22,10
	Pension plan accruals and contributions (include				,
	ection 401(k) and 403(b) employer contributions)				
	Dther employee benefits				
	Payroll taxes	22,117.	18,453.	1,973.	1,69
	ees for services (nonemployees):		20,1001		
	Aanagement				
		9,254.		9,254.	
		5,2510		572511	
	obbying Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Dther. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
		5,353.	3,922.	1,073.	35
	Office expenses	5,555.	5,522.	1,0750	55
	nformation technology				
		26,444.	21,674.	2,568.	2,20
		6,691.	6,691.	2,500	2,20
	ravel	0,051.	0,071.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates	131.	109.	12.	1
	Depreciation, depletion, and amortization	2,084.	1,739.	186.	
		2,004.	1,739.	100.	15:
	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If				
li	ne 24e amount exceeds 10% of line 25, column (A),				
	mount, list line 24e expenses on Schedule 0.)	7 670	6 400	604	EO
	COMMUNICATIONS	7,678.	6,408.	684.	58
	LICENSES AND TAXES	3,050.	0.01	3,050.	
	DUES	961.	961.		
d 7	OLUNTEER EXPENSES	406.	406.		
	All other expenses				
-	total functional expenses. Add lines 1 through 24e	373,914.	302,205.	44,594.	27,11
	loint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
ſ	Check here if following SOP 98-2 (ASC 958-720)				

15190212 794671 CHESTCASA

11 2023.05040 CHESTERFIELD CASA, INC.

12 2023.05040 CHESTERFIELD CASA, INC.

CHESTERFIELD CASA, INC.

54-1815693 Page 11

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,005.	1	3,934.
	2	Savings and temporary cash investments			311,644.	2	252,231.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	30,801.	4	5,000.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of th	nese perso	ons		5	
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
sts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges			1,620.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	24,406. 22,586.	_		
	b	• • • • • • • • • • • • • • • • • • • •	0.	10c	1,820.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,675.	15	1,675.		
	16	Total assets. Add lines 1 through 15 (must ed	3)	352,745.	16	264,660.	
	17	Accounts payable and accrued expenses	6,549.	17	6,283.		
	18	Grants payable		18			
	19	Deferred revenue			15,000.	19	22,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV (	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sul					
iab		controlled entity or family member of any of th	iese perso	ons		22	
	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	bayables <sup>-</sup>	o related third			
		parties, and other liabilities not included on lin	es 17-24)	Complete Part X			
		of Schedule D		·····	01 540	25	00 800
	26				21,549.	26	28,783.
ŝ		Organizations that follow FASB ASC 958, c	heck her				
ő		and complete lines 27, 28, 32, and 33.			221 100		
ala	27				331,196.	27	235,877.
ЧB	28			·····		28	
'n		Organizations that do not follow FASB ASC	; 958, che	ck here			
er T		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			221 100	31	
ž	32	Total net assets or fund balances			331,196.	32	235,877.
	33	Total liabilities and net assets/fund balances			352,745.	33	264,660. Form <b>990</b> (2023)

Form 990 (2023) Part X Balance Sheet

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15190212 794671 CHESTCASA

Form	1990 (2023) CHESTERFIELD CASA, INC.	54-181	5693	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,786.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,914.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,128.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		L,196.
5	Net unrealized gains (losses) on investments	5	<u>c</u>	9,058.
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	-2	2,249.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	235	5,877.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
				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 Schedul	e O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	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	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			- 1	<b>000</b> (0000)

Form **990** (2023)

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15190212 794671 CHESTCASA

Department of the Treasury

Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

# Name of the organization

Nam	e of t	the organization							identification number	
			TERFIELD C.						4-1815693	
Pa	τI	Reason for Public	Charity Status.	All organizations must c	omplete tł	nis part.) S	ee instructior	ıs.		
The o	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or associatic	n of churches described	d in <b>sectio</b>	on <b>170(b)(</b> 1	l)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	<b>)(b)(1)(A)(i</b> i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributic	ns, members	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b> &	5 <b>09(a)(3).</b> (	heck the box on	
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and corr	nplete lines	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	upporting	
	_	_ organization. <b>You must c</b>	complete Part IV, Se	ctions A and B.						
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	tion with it	ts support	ed organizatio	on(s), by ha	ving	
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,	
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.			
d		☐ Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (see instruct	ions). <b>You must con</b>	plete Part IV, Sections	A and D,	and Part	V.			
е		☐ Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation.				
f		er the number of supported o	•							
g		vide the following information			(iv) Is the orga	nization listed				
	(	<ul> <li>i) Name of supported organization</li> </ul>	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tota										

## Schedule A (Form 990) 2023

## CHESTERFIELD CASA, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	265,054.	338,957.	250,376.	246,277.	266,980.	1367644.
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 $\dots$						
4	Total. Add lines 1 through 3	265,054.	338,957.	250,376.	246,277.	266,980.	1367644.
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)						
	Public support. Subtract line 5 from line 4.						1367644.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 338,957.	(c) 2021 250,376.	(d) 2022	(e) 2023 266,980.	(f) Total
7	Amounts from line 4	265,054.	338,957.	250,376.	246,277.	266,980.	1367644.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	27,877.	31,646.	17,222.	5,144.	8,782.	90,671.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1458315.
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor						L
	ction C. Computation of Publ						02 70
14	Public support percentage for 2023 (					14	93.78 % 92.96 %
	Public support percentage from 2022					15	
16a	<b>33 1/3% support test - 2023.</b> If the c	•					37
	stop here. The organization qualifies		-				
C	<b>33 1/3% support test - 2022.</b> If the c	-					
47.	and <b>stop here</b> . The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes	0					IU% Or
	more, and if the organization meets the						
10	organization meets the facts and circ		-				
18	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 13, 16	a, 100, 17a, 0r 17t	D, CHECK THIS DOX A		S

Schedule A (Form 990) 2023

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15190212 794671 CHESTCASA

## 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.)

lar year (or fiscal year beginning in) arts, grants, contributions, and hembership fees received. (Do not helude any "unusual grants.") aross receipts from admissions, herchandise sold or services per- formed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose aross receipts from activities that re not an unrelated trade or bus- hess under section 513 ax revenues levied for the organ- tation's benefit and either paid to r expended on its behalf the value of services or facilities urnished by a governmental unit to he organization without charge arounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received om other than disqualified persons that	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
nembership fees received. (Do not include any "unusual grants.") aross receipts from admissions, herchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose aross receipts from activities that re not an unrelated trade or bus- ness under section 513 ax revenues levied for the organ- tation's benefit and either paid to r expended on its behalf he value of services or facilities urnished by a governmental unit to ne organization without charge <b>fotal.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
Anclude any "unusual grants.") aross receipts from admissions, herchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose aross receipts from activities that re not an unrelated trade or bus- hess under section 513 ax revenues levied for the organ- tation's benefit and either paid to r expended on its behalf he value of services or facilities urnished by a governmental unit to he organization without charge <b>fotal.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
Aross receipts from admissions, herchandise sold or services per- brmed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose aross receipts from activities that re not an unrelated trade or bus- hess under section 513 fax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf he value of services or facilities urnished by a governmental unit to he organization without charge <b>fotal.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
Aross receipts from activities that re not an unrelated trade or bus- ness under section 513 ax revenues levied for the organ- tation's benefit and either paid to r expended on its behalf the value of services or facilities urnished by a governmental unit to ne organization without charge <b>total.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
re not an unrelated trade or bus- ness under section 513 ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf the value of services or facilities urnished by a governmental unit to ne organization without charge <b>fotal.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
hess under section 513 ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf he value of services or facilities urnished by a governmental unit to he organization without charge <b>fotal.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
ax revenues levied for the organ- tration's benefit and either paid to r expended on its behalf the value of services or facilities urnished by a governmental unit to ne organization without charge <b>Total.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
ation's benefit and either paid to r expended on its behalf he value of services or facilities urnished by a governmental unit to ne organization without charge <b>Total.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
urnished by a governmental unit to ne organization without charge fotal. Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
<b>Total.</b> Add lines 1 through 5 mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
mounts included on lines 1, 2, and received from disqualified persons mounts included on lines 2 and 3 received						
received from disqualified persons mounts included on lines 2 and 3 received						
where than disqualified persons that exceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
dd lines 7a and 7b		1		1		
Public support. (Subtract line 7c from line 6.)						
ion B. Total Support						
lar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
mounts from line 6						
aross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
nrelated business taxable income						
ess section 511 taxes) from businesses cquired after June 30, 1975						
dd lines 10a and 10b						
let income from unrelated business ctivities not included on line 10b, whether or not the business is actuality carried on						
other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
otal support. (Add lines 9, 10c, 11, and 12.)		1	1	1	1	
irst 5 years. If the Form 990 is for th	re organization's f	irst. second. third	fourth. or fifth tax	vear as a section	501(c)(3) organ <sup>3</sup>	zation.
-	-			•		
			column (f))		15	%
						%
Public support percentage for 2023 (						
Public support percentage for 2023 ( Public support percentage from 2022		-			17	%
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Inve						%
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Inve Investment income percentage for 20	<b>)23</b> (line 10c, colu	Dort III, line 17				
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent Investment income percentage for 20 Investment income percentage from	<b>)23</b> (line 10c, colu <b>2022</b> Schedule A,				1/00/ and line	
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent nvestment income percentage for 20 nvestment income percentage from 3 1/3% support tests - 2023. If the	<b>023</b> (line 10c, colu <b>2022</b> Schedule A, organization did r	not check the box	on line 14, and line	e 15 is more than 3		
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent westment income percentage for 20 westment income percentage from 3 1/3% support tests - 2023. If the nore than 33 1/3%, check this box a 3 1/3% support tests - 2022. If the	<b>023</b> (line 10c, colu <b>2022</b> Schedule A, organization did r nd <b>stop here.</b> The organization did r	not check the box organization quali not check a box or	on line 14, and line ifies as a publicly s n line 14 or line 19a	e 15 is more than 3 supported organiza a, and line 16 is mo	ation ore than 33 1/39	
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent westment income percentage for 20 anvestment income percentage from 3 1/3% support tests - 2023. If the more than 33 1/3%, check this box a 3 1/3% support tests - 2022. If the me 18 is not more than 33 1/3%, check	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, organization did r nd <b>stop here.</b> The organization did r eck this box and <b>s</b>	not check the box organization quali not check a box or t <b>op here.</b> The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	ation ore than 33 1/39 orted organizati	on
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent westment income percentage for 20 and 21/3% support tests - 2023. If the more than 33 1/3%, check this box a 3 1/3% support tests - 2022. If the more 18 is not more than 33 1/3%, check private foundation. If the organization	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, organization did r nd <b>stop here.</b> The organization did r eck this box and <b>s</b>	not check the box organization quali not check a box or t <b>op here.</b> The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	ation ore than 33 1/3 orted organizati istructions	on
Public support percentage for 2023 ( Public support percentage from 2022 ion D. Computation of Invent westment income percentage for 20 anvestment income percentage from 3 1/3% support tests - 2023. If the more than 33 1/3%, check this box a 3 1/3% support tests - 2022. If the me 18 is not more than 33 1/3%, check	<b>D23</b> (line 10c, colu <b>2022</b> Schedule A, organization did r nd <b>stop here.</b> The organization did r eck this box and <b>s</b>	not check the box organization quali not check a box or t <b>op here.</b> The orga	on line 14, and line ifies as a publicly s n line 14 or line 19a nization qualifies a	e 15 is more than 3 supported organiza a, and line 16 is mo as a publicly suppo	ation ore than 33 1/3 orted organizati istructions	on
h	eck this box and <b>stop here</b> on <b>C. Computation of Publ</b> ablic support percentage for 2023 ( ablic support percentage from 2022	beck this box and stop here on C. Computation of Public Support Per- ublic support percentage for 2023 (line 8, column (f), or ublic support percentage from 2022 Schedule A, Part on D. Computation of Investment Incom vestment income percentage for 2023 (line 10c, column)	beck this box and stop here on C. Computation of Public Support Percentage ublic support percentage for 2023 (line 8, column (f), divided by line 13, ublic support percentage from 2022 Schedule A, Part III, line 15 on D. Computation of Investment Income Percentage vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line vestment income percentage for 2023 (line 10c, column (f), divided by line 10c, column (f),	week this box and stop here         on C. Computation of Public Support Percentage         ublic support percentage for 2023 (line 8, column (f), divided by line 13, column (f))         ublic support percentage from 2022 Schedule A, Part III, line 15         on D. Computation of Investment Income Percentage         vestment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	week this box and stop here         on C. Computation of Public Support Percentage         ublic support percentage for 2023 (line 8, column (f), divided by line 13, column (f))         ublic support percentage from 2022 Schedule A, Part III, line 15         on D. Computation of Investment Income Percentage         vestment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))         vestment income percentage from 2022 Schedule A, Part III, line 17	week this box and stop here       15         on C. Computation of Public Support Percentage       15         ublic support percentage for 2023 (line 8, column (f), divided by line 13, column (f))       15         ublic support percentage from 2022 Schedule A, Part III, line 15       16         on D. Computation of Investment Income Percentage       17         vestment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))       17         vestment income percentage from 2022 Schedule A, Part III, line 17       18         vestment income percentage from 2022 Schedule A, Part III, line 17       18

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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17

Sche	edule A (Form 990) 2023	CHESTERFIELD	CASA,	INC.	54-181569	93 <sub>Pa</sub>	age <b>5</b>
Ра	rt IV Supporting Organ	izations <sub>(continued)</sub>					
						Yes	No
11	Has the organization accepted	a gift or contribution from an	y of the foll	owing persons?			
а	A person who directly or indire	ctly controls, either alone or t	ogether wit	h persons described on lines 11b and			
	11c below, the governing body	of a supported organization	?		11a		
b	b A family member of a person described on line 11a above?						
с	A 35% controlled entity of a pe	erson described on line 11a o	r 11b above	e?If "Yes" to line 11a, 11b, or 11c, provide	)		
	detail in Part VI.				11c		
Sec	tion B. Type I Supporting	g Organizations					
						Vac	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization sup	ported a governr	mental entity. Desc	ribe in <b>Part VI</b> ho	w you supported a	a governmental entity	(see instructions).
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- 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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

За

54-1815693 Page 5

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No

Yes

Schedule A	(Form 990	) 2023
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Schedule A	(Form 990)	2023	CHE	STERFIEI	D	CASA	, II	NC.			
Part V	Type III	Non-	Functionally	y Integrated	509	(a)(3) S	Suppo	orting	Orga	nizati	ons

1 Check here if the organization satisfied the Integral Part Test as a qualif			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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-function	ally integrate	d Type III supporting or	anization (see

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	IS	3		
4	Amounts paid to acquire exempt-use assets	· ·		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	э		
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

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	Schedule A	(Form 990)	) 2023 (
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line 1; Part IV, Section D, lines 2 and 5 Section D, lines 5, 6, and 8; and Part (See instructions.)	3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
332028 12-21-23	Schedule A (Form 990
90212 794671 CHESTCASA	21 2023.05040 CHESTERFIELD CASA, INC. CHEST

Name of the organization
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(Form 990)

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

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



Employer identification number

54	l —	1	8	1	5	6	9	3

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set is received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is the set in the set is the set in the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively set is the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in th

**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).

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

Name of organization

Page 2 Employer identification number

(d)

X

54-1815693

CHESTERFIELD CASA, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution VICTIMS OF CRIME ACT - DEPARTMENT OF 1 CRIMINAL JUSTICE SERVIC Person

	1100 BANK STREET RICHMOND, VA 23219	\$ <u>50,734.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALTRIA COMPANIES EMPLOYEE COMMUNITY FUND P.O. BOX 26603 RICHMOND, VA 23261	\$16,500.	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	LACY CONSTANCE 2304 CRANBORNE ROAD MIDLOTHIAN, VA 23113	\$5,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHESTERFIELD COUNTY 9901 LORI ROAD CHESTERFIELD, VA 23832	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DEPT OF CRIMINAL JUSTICE SERVICES 1100 BANK STREET RICHMOND, VA 23219	- \$\$52,720.	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
323452 12-2		- \$	Person Payroll Occupient Payroll Payroll Complete Part II for noncash contributions.)

15190212 794671 CHESTCASA

<sup>23</sup> 2023.05040 CHESTERFIELD CASA, INC.

Name of organization

Page 3

Employer identification number

54-1815693

# CHESTERFIELD CASA, INC.

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

(b) Description of noncash property given (b) Description of noncash property given	\$	(d) Date received (d) Date received
Description of noncash property given	FMV (or estimate) (See instructions.)         (See instructions.)         \$	Date received
	(c) FMV (or estimate) (See instructions.)	
	FMV (or estimate) (See instructions.)	
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	Schedule B (Form 990
	Description of noncash property given (b) Description of noncash property given	(b)       (c)         Description of noncash property given       (See instructions.)         (b)       \$

Schedule	B (Form 990) (2023)		Page <b>4</b>
Name of o	organization		Employer identification number
CHEST	ERFIELD CASA, INC.		54-1815693
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter 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 git	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of git	t Relationship of transferor to transferee
323454 12-2			Schedule B (Form 990) (2023)

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2023.05040 CHESTERFIELD CASA, INC.

SCHEDULE D	S S
(Form 990)	c

# upplemental 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.



**Employer identification number** 

54-1815693

Department of the Treasury Internal Revenue Service Name of the organization

Part I

# CHESTERFIELD CASA, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 🔄 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu	-	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax
_	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	on easements during the year
0	Deep each appartiation apparent reported on line 2d about	a action $170/b$	
8	Does each conservation easement reported on line 2d above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		its that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	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 tre		
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023
	1 09-28-23		
		26	

2023.05040 CHESTERFIELD CASA, INC.

	dule D (Form 990) 2023 CHESTER	FIELD CASA				or Othe		54-18 ar <b>A</b> sse			ge <b>2</b>
3	Using the organization's acquisition, accessi									ueu)	
5	collection items (check all that apply).		is, check	any or the	ionowing the	at make 5	ignineant				
а	Public exhibition	d		oan or excl	nange progra	am					
b	Scholarly research	e			lange progr						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	ollections and explai	n how the	ev further th	ne organizati	ion's exer	not purpc	ose in Par	t XIII.		
5	During the year, did the organization solicit c										
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			0			,		,		
<b>1</b> a	Is the organization an agent, trustee, custod	ian, or other interme	diary for o	contributior	ns or other a	ssets not	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	ount liabili	ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	-									
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back	( <b>d)</b> Three y	ears back	(e) Four	years t	ack
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	-		j, column (a	i)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho		ation that	t ara hald a	ad administ	and for th					
Ja	Are there endowment funds not in the posse organization by:	ession of the organiza	ation that	l are neiù ai	nu auministe	erea for tr	ie		Г	Yes	No
	0								3a(i)	100	
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	ations listed as requi	red on Sc	hedule R?							
4	Describe in Part XIII the intended uses of the										
_	t VI Land, Buildings, and Equipm		wither it is								
	Complete if the organization answere		), Part IV,	, line 11a. S	ee Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	ther	<b>(b)</b> Cost basis (	or other	(c) Ac	cumulate preciation	d	(d) Bool	k value	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			2	4,406.		22,58	86.		1,82	20.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, line 10	)c, column	(B))					1,82	20.

Schedule D (Form 990) 2023

332052 09-28-23

15190212 794671 CHESTCASA

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
( )			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) [ (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con art X Other Liabilities	Description		
Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (b) must equal Form 990, Part X, line 15, column (c)	Description		5.
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con art X Other Liabilities Complete if the organization answered "Yes" ( (a) Description of liability	Description		
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con art X Other Liabilities Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes	Description		5.
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con art X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		5.
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con art X Other Liabilities Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, line 15, context           'art X           Other Liabilities           Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)	Description		5.
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, con eart X Other Liabilities Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3)	Description		5.
Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           tal. (Column (b) must equal Form 990, Part X, line 15, context)           Complete if the organization answered "Yes" (a) Description of liability           (1) Federal income taxes           (2)           (3)           (4)	Description		5.
Complete if the organization answered "Yes" ( (a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		5.
Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           xtal. (Column (b) must equal Form 990, Part X, line 15, control           Part X         Other Liabilities           Complete if the organization answered "Yes" (a)           (1)         Federal income taxes           (2)         (3)           (4)         (5)           (6)         (4)	Description		5.
Complete if the organization answered "Yes" (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           ttal. (Column (b) must equal Form 990, Part X, line 15, contract X           Other Liabilities           Complete if the organization answered "Yes" (a)           (1)           Federal income taxes           (2)           (3)           (4)           (5)           (6)           (7)	Description		5.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

332053 09-28-23

Schedule D (Form 990) 2023 CHESTERFIELD CASA, INC.			54-18	815693 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With			V
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
<b>1</b> Total revenue, gains, and other support per audited financial statements			1	284,974.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	9,058.		
b Donated services and use of facilities	2b	2,404.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	11,462.
3 Subtract line 2e from line 1			3	273,512.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	-1,726.		
c Add lines 4a and 4b			4c	-1,726.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	271,786.
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Return	1
Complete if the organization answered "Yes" on Form 990, Part IV, line				
1 Total expenses and losses per audited financial statements			1	380,293.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	2,404.		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
<ul><li>c Other losses</li><li>d Other (Describe in Part XIII.)</li></ul>		3,976.		
d Other (Describe in Part XIII.)	2d	•	2e	6,380.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2d		2e 3	6,380. 373,913.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> </ul>	2d			6,380. 373,913.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> </ul>	2d			6,380. 373,913.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> </ul>	2d			373,913.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	2d 4a 4b	· · · · · · · · · · · · · · · · · · ·		373,913.
<ul> <li>d Other (Describe in Part XIII.)</li> <li>e Add lines 2a through 2d</li> <li>3 Subtract line 2e from line 1</li> <li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> <li>b Other (Describe in Part XIII.)</li> </ul>	2d 4a 4b	· · · · · · · · · · · · · · · · · · ·	3	373,913.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

## SALE OF INVESTMENTS

# PART XII, LINE 2D - OTHER ADJUSTMENTS:

# FUNDRAISING EXPENSE

332054 09-28-23

29 2023.05040 CHESTERFIELD CASA, INC.