

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2009
Open to Public Inspection

IARRISBURG, PA 17101   He) is this a group return percent pe	A F	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
September   Sept	Вс	heck if	Please C Name of organization	D Employer identific	ation number
Dong Business An   Dong Busine	a	pplicable	use IRS		
Description   Special Contributions and granted for the powering body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of voting embers of the governing body (Part V), line 1a)   Summer of		Addres change			
Second   S		∃Name	ture	23-28	390384
Secretaria   Sec		Initial		E Telephone number	
Contract		Termin-	Specific  118 TOCTION CODERN		
Fivario and address of principal officer-KAREN STOKES   High Are all affiliates included?   Yes   High Are all affiliates included and an affilia		Amend	city or town, state or country, and ZIP + 4	G Gross receipts \$	752,84
Finance and address of pumples of the property of the proper		⊥tion	HARRIDDORG/ IN _I/101	H(a) Is this a group re	turn
Tox-exempt estatus:		pending	F Name and address of principal officer: KAREN STOKES	for affiliates?	Yes X
Website   ► WWW. COMMUNITYJUSTICEROJECT. ORG   Help Group exemption number   ► Korm of organization   X Corporation   Trust   Association   Other   Lyear of formation   1996   Mistate of legal domicise   Part I   Summary				H(b) Are all affiliates incl	uded? 🔲 Yes 🔲 N
To describe the organization				If "No," attach a	list. (see instructions)
Bart I Summary  Brefly describe the organization's mission or most significant activities: TO IMPROVE ACCESS TO HIGH  QUALITY CIVIL LEGAL ASSISTANCE AND OTHER SERVICES IN ORDER TO  Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total number of voting members of the governing body (Part VI, line 1b)  Total gross unrelated business revenue from Part VIII voting P					
Briefly describe the organization's mission or most significant activities: TO IMPROVE ACCESS TO HIGH QUALITY CIVIL LEGAL ASSISTANCE AND OTHER SERVICES IN ORDER TO 2. Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part VI, line 2a)  Nov 1 5 2010   Prior Year   Current Year   Total number of employees (Part VI, line 1b)  Total number of volunteers (estimate if necessary)  To Total gross unrelated business revenue from Port VIII (Pollups (EUEWED)   7a   7b   7b   7b   7b   7b   7b   7b			organization X Corporation Trust Association Other ▶ L Yea	r of formation 1996 M	State of legal domicile
QUALITY CIVIL LEGAL ASSISTANCE AND OTHER SERVICES IN ORDER TO  Check this box	Pa				
By Net unrelated business taxable income from 90-T_line2 176  8 Contributions and grants (Part VIII, line 1th)	يو ا	1 [	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m IMPROV}$	E ACCESS TO I	HIGH
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By Net unrelated business taxable income from 90-T_line2 176  8 Contributions and grants (Part VIII, line 1th)	Act			7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 12) 16 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 12) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Vet assets or fund balances Subtract line 21 from line 20 24 Vet assets or fund balances Subtract line 21 from line 20 25 Vet assets or fund balances Subtract line 21 from line 20 26 Vet assets or fund balances of perplayer (bett han officer) is based on all information of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (than officer) 26 Vet assets or fund balances of perplayer (bett han officer) is based on all information of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (the han officer) is based on all information of which preparer has any knowledge and belief, it is true, correct and complete Declaration of preparer (the han officer) is based on all information of which preparer is sentity in general in the perparer is sentity in general in the perparer is sentity in grant in the prepare		<b>b</b> N	Net unrelated business taxable income from Form 990-T, line 34	7b	
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Part II   Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge   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   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   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge   Under penalties of my knowledg					
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Signature of order				and to the best of my knowledge	e and belief it is true, correct
Signature of order			and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	\ \ \	
Signature of order	Sian	, }	N YOUR MATERIA	1 11/9/10	r
KAREN STOKES, CONTROLLER   Type or print name and title     Preparer's     signature     Firm's name (or yours if self-employed), address, and ZiP + 4     Alay the IRS discuss this return with the preparer shown above? (see instructions)     Check if self-employed     Self-employed     Suppose     Check if self-employed     Self-employed     Suppose     Suppose     Suppose     Check if self-employed     Suppose     Supp	Here	,	Signature of officer	Date	
Type or print name and title  Preparer's signature Firm's name (or yours if self-employed), address, and ZiP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  Preparer's identifying number (see instructions)  Check if self-employed   Self-employed			KAREN STOKÉS, CONTROLLER		
Signature   Sig		ļ			
Signature   Sig	n. · ·		Preparer's Date , CI		r's identifying number
Firm's name (or yours if self-employed), address, and ZiP + 4   MARRISBURG, PA 17110   May the IRS discuss this return with the preparer shown above? (see instructions)   X Yes   Yes   True   Yes			3   \$6		uuctionsj
See Unity   See			Firm's name (or MAHER DUESSEL, CPA'S		1622758
address, and ZiP + 4 HARRISBURG, PA 17110 Phone no ▶ 717-232-1230  May the IRS discuss this return with the preparer shown above? (see instructions) X Yes	use (	, , , , , ,	self-employed), 3003 NORTH FRONT STREET, SUITE 101		
May the IRS discuss this return with the preparer shown above? (see instructions)			addrose and Mar	Phone no ▶ 7	17-232-1230
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				structions.	Form <b>990</b> (20

Form **990** (2009)

Form	990 (2009) COMMONWEALTH ADVOCACY PROJECT 23-2890	384	Р	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ì	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>	<u> </u>	
••	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1		
•	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.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		•	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	Х	Ì
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	<del>  !=</del>		ļ
124	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\vdash$	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		† <del></del>
D		146		Х
45	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<del>  -</del> -	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4=	l	X
10	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<del> </del>	<del>  ^</del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	146	l	Х
4~	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u>^^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1	I	1

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2009)

X

17

18

19 20

19

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

ţ			Yes	No
21 `	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 25	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			
	any tax-exempt bonds?	24c		
d	· · · · · · · · · · · · · · · · · · ·	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	Ì		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	5			
	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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		, ,	Х
20	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	• • •	000	1	Х
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Č	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
_	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			-
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Earm.	aan 🗸	יחחחו

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
_	(gambling) winnings to prize winners?	1c	Х	1			
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 12						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ĺ			
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	20	-11				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	0-		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a					
		3b					
40	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
b	If "Yes," enter the name of the foreign country:			ĺ			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			İ			
Ea		5a		х			
5a	the state of the s						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	_					
6-	·	5c					
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			17			
	any contributions that were not tax deductible?	6a		Х			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
7	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	_		v			
<b>.</b>	provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			17			
	benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the		1				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings		1	17			
•	at any time during the year?	. 8		X			
9	Sponsoring organizations maintaining donor advised funds.		1	37			
a	Did the organization make any taxable distributions under section 4966?	9a		X			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X			
10	Section 501(c)(7) organizations. Enter:		- 1				
a	Initiation fees and capital contributions included on Part VIII, line 12		1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter.		}				
	Gross income from members or shareholders	ļ	]				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	į	1				
	amounts due or received from them)		1				
	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		1				

23-2890384 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 in Schedule O. See instructions.

500	tion A. Governing Body and Management			
<u>Jec</u>	tion A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body 1a 10		163	140
b	Enter the number of voting members that are independent 10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		х
2	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	,		х
_	of officers, directors or trustees, or key employees to a management company or other person?	<u>3</u>		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	_6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		· ·
	governing body?	7a		X X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		,,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ŀ		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Ī	Х
	Other officers or key employees of the organization	15b	1	Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		Х
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	·····		
_	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Ī	[
Sec	tion C. Disclosure			
<u>1</u> 7	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	.01		
	Own website X Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fine	noial	
19		iu iili8	uiciai	
00	statements available to the public.	llor:		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza KAREN STOKES $-717-236-9486$	uori: 🕨		
	118 LOCUST STREET, HARRISBURG, PA 17101			

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

#### 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours	/6			itior	n app	ЬA	Reportable	Reportable	Estimated amount of
	1		institutional trustee	Officer		nsated		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
AMY GAUDION		Individual frustee or director	Ĕ	8		<u>₹</u> *5	Ē			
DIRECTOR	1.00	X			ľ			0.	0.	0.
DAVID GOLDMAN	1.00	┢	├—	<u> </u>	├	├-		0.	0.	Ų.
VICE PRESIDENT	1.00	X		Х	}		}	0.	0.	0.
RONELL GUY	1.00	1	-	Λ	├	<del> </del>	_	ļ	0.	<u>U •</u>
PRESIDENT	1.00	Х		Х				0.	0.	0.
EUGENE LINCOLN	1.00	1			┢	-		0.		
TREASURER	1.00	X		X				0.	0.	0.
WES JOHNSON	1 - 100	<del> </del>			┢		_			
DIRECTOR	1.00	X		ĺ	1			0.	0.	0.
ANTOINETTE WILLIAMS	1	<del></del>	t –	<del>  -</del>	$\vdash$	<b>-</b>				
DIRECTOR	1.00	Х	i		l			0.	0.	0.
ROBERT A. OAKLEY					$\vdash$				<del></del>	
DIRECTOR	1.00	X		İ	1			0.	0.	0.
JAMES P. DEANGELO										
SECRETARY	1.00	X		Х				0.	0.	0.
CYNTHIA A. SHEENAN							_			
DIRECTOR	1.00	X	_					0.	0.	_0.
DEBORAH FREEDMAN	]									
DIRECTOR	1.00	X			L			0.	0.	0.
LAURENCE NORTON	1	l	l							
EXECUTIVE DIRECTOR	35.00	<u> </u>		Х	$\vdash$			64,324.	0.	6,127.
			-							
	<del>                                     </del>									
			-							
									;	

Ta	(A)	(B)	npic	yee		<u>na 1</u> C)	High	est	(D)	ees (continued) (E)			(F)	
	Name and title	Average			۰۰ Pos		1		Reportable	Reportable	,	Es	timate	ed
		hours per	_	heck	ali t	that	арр	ly)	compensation from	compensation from related	on	ar	nount other	of
		week	Individual trustee or director				<u>_</u>		the	organization	าร		pensa	
			nstee or	trustee			pensate		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th janizat	
			fdual tr	institutional trustee	8	Key employee	Highest compensated employee	[ <sub>2</sub>					d relat	
			ā	Instil	Officer	Key	High	Former				org	anızatı	ons
			L						<u> </u>	-				
										-				
	——————————————————————————————————————						-							
							-			<del></del>		_		
	<del></del>						-							
						 	-	_						
							<u> </u>					<del> </del>		···
							_					_		
												_		
1 b	Total						▶		64,324.		0.		6,1	27.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wł	o r	eceived more than \$100	,000 in reportab	le			0
	compensation from the organization	<del></del>					_						Yes	No
3	Did the organization list any former officer,	director or true	stee	, key	em	plo	yee,	or h	nighest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s							٠ ـ ١			-	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	ine organization		4		Х
5	Did any person listed on line 1a receive or a									ces rendered to				
	the organization? If "Yes," complete Sched	lule J for such <sub>I</sub>	oers	on					·			5		X
1	tion B. Independent Contractors  Complete this table for your five highest co	mnensated inc	lene	-nde	nt c	onti	racto	re t	hat received more than	\$100,000 of cor		ation f	irom	-
	the organization. NONE								nat received more than	Ψ100,000 OI COI	iperio.			
	(A) Name and business	address							(B) Description of s	ervices	C	ompe	C) nsatio	n
							_						_	
							<del>.</del>							
								1						
								1			:			
2	Total number of independent contractors (i		ot lir	nite	d to		se lis	ted	l above) who received m	ore than				
	\$100,000 in compensation from the organization	zation 🚩												

	1990 (			ADVOCACY	PROJECT		23-2890	384 Page <b>9</b>
Pa	rt VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f	575,338. 99,365.	674,703.			
Program Service Revenue	2 a b c d e	All other program service reve		Business Code 541100	77,440.	77,440.		
	b c d 7 a			<b>&gt;</b>	701.			701.
Other Revenue	d 8 a	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of					
5	0 9 a b c 10 a b	Net income or (loss) from fund Gross income from gaming and Part IV, line 19 Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	ctivities. See  a b ning activities returns a b es of inventory	. •				
	11 a b c d e			Business Code		77,440.	0	701.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				**************************************
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
_	See Part IV, lines 15 and 16				······
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	75 612	65 533	0 272	010
_	trustees, and key employees	75,613.	65,522.	9,273.	818.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	F20 607	405 504	20 570	2 (02
7	Other salaries and wages	528,697.	495,524.	30,570.	2,603.
8	Pension plan contributions (include section 401(k)	20 167	26 410	1 610	120
_	and section 403(b) employer contributions)	28,167.	26,410. 153,815.	1,619. 18,831.	138.
9	Other employee benefits	173,583.	153,815.	18,831.	937.
10	Payroll taxes				<del></del>
11	Fees for services (non-employees):				
а	Management				
b	Legal				
Ç	-				
d	, ·· · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	·	31,991.	10,476.	21,451.	64.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties .	F 2 CC 2	40.500		
16	Occupancy	53,669.	49,793.	3,570.	306.
17	Travel .	12,034.	11,164.	801.	69.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 062	1 001		<del></del>
22	Depreciation, depletion, and amortization	1,963.	1,821.	131.	11.
23	Insurance		······································		······································
24	Other expenses I temize expenses not covered above (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total	i i			
	expenses shown on line 25 below )	26 006	···· 3E 107	· · · · · · · · · · · · · · · · · · ·	142
a		36,996.	35,197.	1,656.	143.
b	TELEPHONE	14,245.	13,216.	948.	81.
C	CONSUMABLE SUPPLIES	5,366.	4,978.	357.	31.
d	FURNITURE AND EQUIPMENT	4,790.	4,444.	319.	27.
e	<del></del>				
f	All other expenses	067 114	070 060		
25_	Total functional expenses. Add lines 1 through 24f	967,114.	872,360.	89,526.	5,228.
26	Joint costs. Check here ▶ ☐ If following		]		
	SOP 98-2 Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined	}	Ì	]	
	educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 406,080. 176,469. Cash - non-interest-bearing . . . 1 2 2 Savings and temporary cash investments 200,819. 206,436. 3 Pledges and grants receivable, net ... 3 53,237 2,766. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use 20,106. 18,693. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 31,046. basis. Complete Part VI of Schedule D 10a 29,125. 3,884. 1,921. 10b 10c b Less: accumulated depreciation 11 Investments · publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 637,859. 452,552. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 103,759.148,768. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 16,200. 154. 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities. Complete Part X of Schedule D 119,959. 148,922. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 517,900. 303,630. 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 517,900. 303,630. 33 33 Total net assets or fund balances . 452,552. 637,859 Total liabilities and net assets/fund balances

Form	990 (2009) COMMONWEALTH ADVOCACY PROJECT	23-2890384	Pa	ge <b>1</b> 2
Pa	t XI Financial Statements and Reporting			<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 in Schedule C	).		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Since	ile Audit		]

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

**3b** Form **990** (2009)

X

Act and OMB Circular A-133?

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

20047

Open to Public Inspection

Name of the organization

COMMONWEALTH ADVOCACY PROJECT

Employer identification number 23-2890384

							_					
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The orga	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1	A church, co	onvention of churche	es, or association of chur	ches desc	nbed in se	ection 170	)(b)(1)(A)(i	).				
2	A school des	scribed in section 1	<b>70(b)(1)(A)(ii).</b> (Attach So	hedule E.)								
з 🗀	A hospital oi	r a cooperative hosp	ntal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🗔	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital	's nam	e,
	city, and sta	te:										
5 🗀	An organizat	tion operated for the	benefit of a college or u	niversity of	wned or or	perated by	a govern	mental un	t describe	ed in		
		)(b)(1)(A)(iv). (Comp		-	·	•	_					
6 🗔			nent or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).					
7 X			ceives a substantial part					or from the	e general r	nublic desc	ribed in	1
		(b)(1)(A)(vi). (Compl		o-pp	, c. t. 1, c	goronin		)	90.10.0	Ja. J. I. J. J. J. J. J. J. J. J. J. J. J. J. J.		•
8 🗀			section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 —			ceives: (1) more than 33		•	rom contri	ibutions n	nomberchi	in feet an	d aross re	sainte f	rom
•										_	-	
			inctions - subject to cert							_		
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)											
10				ا بادید سمگر هم			500(-)/	41				
			perated exclusively to te	-	_			-				
11			perated exclusively for the									or
			ations described in secti				2). See <b>se</b> e	ction 509(	a)(3). Che	ck the box	tnat	
			organization and compl		_				. —			
	a Type			с 🔲 Тур		•	-		d	Type III - C		
e L			at the organization is not									1
			than one or more publicl	•	-				9(a)(1) or s	section 509	(a)(2).	
f	If the organiz	zation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e ili				_
	supporting o	rganization, check t	his box .									
g	Since Augus	t 17, 2006, has the	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?		<del></del>	
	(i) A perso	on who directly or inc	directly controls, either al	lone or tog	ether with	persons c	described	ın (ii) and (	iii) below,		Yes	No
	the gov	erning body of the s	supported organization?							11g(i)		
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	following information	about the supported or	ganization	(s).							
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) Is	the	(vii) Am	ount of	
	anization	(,	organization (described on lines 1-9	in col (i) lis	sted in your	organizat	tion in col	organizatı (i) organiz		sup		
			above or IRC section	governing	document?	(i) of you	r support?	U.S	2			
			(see Instructions))	Yes	No	Yes	No	Yes	No			
							[		1 1			
				<del>                                     </del>								
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		j		Į.								
			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	ļ	ļ	ļ			

# 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 519,333. 3507155. 743,662. 876,327. 693,130. 674,703. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 519,333. 743,662. 876,327. 693,130. 674,703. 3507155. 4 Total. Add lines 1 through 3 . . 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) 3507155. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (f) Total 693,130. 519,333. 743,662. 876,327. 674,703. 3507155. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 29,598. 36,177. 20,065. 10,149. 701. 96,690. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 3603845. 11 Total support. Add lines 7 through 10 858,198. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.3214 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.90 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box ightharpoonsand stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

## Schedule D

(Form 990) .

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

COMMONWEALTH ADVOCACY PROJECT

Employer identification number 23-2890384

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, line	e 6							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate 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 adv	ised 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	dvisors in writing that grant funds can b	e used only						
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring						
-	ımpermissible private benefit?		. Yes No						
Pa	rt II   Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).							
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an h	istorically important land area						
	Protection of natural habitat	Preservation of a ce	rtified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last						
	day of the tax year.								
			Held at the End of the Tax Year						
а	Total number of conservation easements .		2a						
	Total acreage restricted by conservation easements		2b						
	Number of conservation easements on a certified historic structure included in (a)								
d	d Number of conservation easements included in (c) acquired after 8/17/06								
3	, ,								
	year ▶								
4	Number of states where property subject to conservation ear								
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements r		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,								
7	Amount of expenses incurred in monitoring, inspecting, and		<del></del>						
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17							
0	and section 170(h)(4)(B)(ii)?		<u></u>						
9	In Part XIV, describe how the organization reports conservati								
	include, if applicable, the text of the footnote to the organizationservation easements.	tion's imancial statements that describes	s the organization's accounting for						
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or (	Other Similar Assets						
تتسقيا	Complete if the organization answered "Yes" to Form		Julio Olilliai 7550to.						
		2227. 2.000,	<del></del>						
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and i	balance sheet works of art, historical						
-	treasures, or other similar assets held for public exhibition, ed								
	the footnote to its financial statements that describes these	•							
b	If the organization elected, as permitted under SFAS 116, to		ince sheet works of art, historical treasures.						
_	or other similar assets held for public exhibition, education, o								
	these items:	Treesandri in rational and or public service	or, provide the femological amounts relating to						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X		<b>* * * * * * * * * *</b>						
2	If the organization received or held works of art, historical treations								
-	the following amounts required to be reported under SFAS 1		J, P. 2						
а	Revenues included in Form 990, Part VIII, line 1	and the state weeks.	. ▶ \$						
_	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·						

Sch	edule D (Form 990) 2009 COMMONW	EALTH ADVO	CACY	PROJE	CT			23-28	9038	4 F	age 2	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)												
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items												
	(check all that apply):											
а	Public exhibition	d	ı 🗀	Loan or exc	hange progr	ams						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how t	hey further ti	he organizat	ion's exe	mpt purp	ose in Par	t XIV.			
5	During the year, did the organization solicit of											
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No											
Pa	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or											
reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trustee, custod	ian or other intermed	dary for	contribution	s or other as	ssets not	included					
	on Form 990, Part X?		•						Yes	X	No	
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:											
_		and complete the re							Amoun			
c	Beginning balance						1c		7 10			
d	Additions during the year	•		•			1d					
e	Distributions during the year		•	••	•	•	1e					
f	Ending balance		•	• •	•		1f					
	Did the organization include an amount on F	orm 990 Part X line	212	• •				X	Yes	$\neg \vdash$	No	
	If "Yes," explain the arrangement in Part XIV		21:	•	•	•		L-2-2	1 Les	<u> </u>	_	
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.											
L	12 4 January Transport	(a) Current year		Prior year	(c) Two year				(a) Four	r 1/02 r	hack	
4.	Beginning of year balance	(a) Current year	(0) 1	-nor year	(C) TWO yea	15 Dack	(a) Tillee	rears back	(e) rou	year	Dack	
		<del></del>			<u> </u>				<del> </del>	·····		
b	Contributions	<del>-</del>					<del>. 'H++</del> +	<del> •н</del> -	<del> </del>	<del>,,,</del>	.,,,,,,,	
Ç	Net investment earnings, gains, and losses						······································		<del> </del>		<del></del>	
	Grants or scholarships				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			<del></del>			<del></del>	
е	Other expenditures for facilities											
	and programs				······································	<del></del>		<del></del>	ļ	···		
f	Administrative expenses				ļ							
g	End of year balance								<u>L</u>			
2	Provide the estimated percentage of the year	r end balance held a	ıs:									
а	Board designated or quasi-endowment	<del></del>	_%									
b	Permanent endowment >	%										
		%										
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	nd admıniste	ered for t	he organiz	ation			<del>,</del>	
	by:									Yes	No	
	(i) unrelated organizations								3a(i)		<u> </u>	
	(ii) related organizations			••					3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b		<u> </u>	
_4	Describe in Part XIV the intended uses of the	organization's endo	wment	funds.								
Pa	rt VI Investments - Land, Building	gs, and Equipme	ent. S	ee Form 990,	, Part X, line	10.						
	Description of investment	(a) Cost or o		(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	ie	
		basis (investr	basis (investment)				epreciation					
1a	Land											
b	Buildings .											
c	Leasehold improvements			}								
d	Equipment			3	1,046.		29,1	25.		1,9	21.	
е	Other											
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	0(c).)			<b>•</b>		1,9	21.	

Schedule D (Form 990) 2009

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Sche	edule D (Form 990) 2009 COMMONWEALTH ADVOCACY PROJECT		23-28	90384 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	tatements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		752,844.
2	*Total expenses (Form 990, Part IX, column (A), line 25)	2		967,114.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-214,270.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		0.
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-214,270.
Pa	T XII Reconciliation of Revenue per Audited Financial Statements With Revenue	nue p	er Return	
1	Total revenue, gains, and other support per audited financial statements		1	752,844.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments		_	
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	_	2e	0.
3	Subtract line 2e from line 1		3	752,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
ь	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b	-	4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	752,844.
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses	per Return	
1	Total expenses and losses per audited financial statements .		1	967,114.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities . 2a			
b	Prior year adjustments 2b			
c	Other losses 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		. 2e	0.
3	Subtract line 2e from line 1		3	967,114.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	967,114.
	t XIV Supplemental Information			<del></del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV lir	es 1h and 2h	Part V line 4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			
	RT IV, LINE 1B: CLIENT DEPOSITS ARE HELD IN ESCROW B			
ADV	OCACY PROJECT TO COVER COURT COSTS.			
			<del></del>	

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization Employer identification number COMMONWEALTH ADVOCACY PROJECT 23-2890384 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ELEVATE PEOPLE OUT OF POVERTY AND SUSTAIN THEIR DIGNIFIED EXISTENCE. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING. BOARD MEMBERS RECEIVE A COPY OF THE 990 AT THE FOLLOWING BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: IT HAS ALWAYS BEEN PRACTICE OF CAP TO PROVIDE THE STATEMENTS UPON REQUEST.