

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 private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
UNITED WAY OF CHESTER COUNTY INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
211 NORTH WALNUT STREET
City or town, state or province, country, and ZIP or foreign postal code
WEST CHESTER, PA 19380

D Employer identification number
23-2131877
E Telephone number
(610) 429-9400
G Gross receipts \$ 4,616,261

F Name and address of principal officer
CLAUDIA HELLEBUSH
211 NORTH WALNUT STREET
WEST CHESTER, PA 19380

H(a) Is this a group return for subordinates? No
H(b) Are all subordinates included? Yes
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (insert no)
4947(a)(1) or
527

J Website: WWW UNITEDWAYCHESTERCOUNTY.ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1980
M State of legal domicile PA

Part I Summary

Table with 4 main sections: 1. Briefly describe the organization's mission... TO UNITE PEOPLE AND MOBILIZE RESOURCES TO BUILD BETTER LIVES AND STRONGER COMMUNITIES. 2. Check this box if the organization discontinued its operations... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income... 8-12. Revenue (Contributions, Program service, Investment, Other, Total). 13-19. Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses). 20-22. Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2016-11-22
Type or print name and title: CLAUDIA HELLEBUSH PRESIDENT/CEO

Paid Preparer Use Only
Print/Type preparer's name: CAROL DILUZIO CPA
Preparer's signature: CAROL DILUZIO CPA
Date:
Check if self-employed:
PTIN: P01549768
Firm's name: WHEELER WOLFENDEN & DWARES PA
Firm's EIN: 51-0380493
Firm's address: 4550 NEW LINDEN HILL ROAD STE 201 WILMINGTON, DE 19808
Phone no: (302) 254-8240

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO UNITE PEOPLE AND MOBILIZE RESOURCES TO BUILD BETTER LIVES AND STRONGER COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,627,718 including grants of \$ 2,021,855) (Revenue \$ 151,739)
UNITED WAY OF CHESTER COUNTY IS COMMITTED TO CREATING POSITIVE, SUSTAINABLE CHANGES IN COMMUNITY CONDITIONS BY FOSTERING STRATEGIC COMMUNITY COLLABORATIONS WITH OTHER NONPROFIT SERVICE PROVIDERS, GOVERNMENT ENTITIES, EDUCATIONAL INSTITUTIONS AND BUSINESSES TO LEVERAGE OUR RESOURCES AND EXPERTISE TO MEET THE NEEDS OF CHESTER COUNTY AND ITS RESIDENTS THE WORK IS FOCUSED ON FUNDING HEALTH AND HUMAN SERVICE NEEDS IN AREAS OF EDUCATION, FINANCIAL INDEPENDENCE AND HEALTH UWCC HARNESSSES THE COLLECTIVE STRENGTH OF THE COMMUNITY TO ADDRESS THE ROOT CAUSES OF PROBLEMS IN THESE AREAS

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

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

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

4e Total program service expenses ▶ 3,627,718

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b 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 "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part 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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶ KAREN BROWN 211 NORTH WALNUT STREET WEST CHESTER, PA 19380 (610) 429-9400

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHI COZZONE DIRECTOR	1 00	X						0	0	0
(2) ALFRED RUNDLE JR SECRETARY	1 00	X		X				0	0	0
(3) CELESTE BARR TREASURER	1 00	X		X				0	0	0
(4) EDWIN A BROWNLEY JR DIRECTOR	1 00	X						0	0	0
(5) NEIL BRYANT DIRECTOR	1 00	X						0	0	0
(6) RUSSELL J CAMPBELL DIRECTOR	1 00	X						0	0	0
(7) WILL ANDERSON DIRECTOR	1 00	X						0	0	0
(8) ROBERT ESTY DIRECTOR	1 00	X						0	0	0
(9) CHARLES D KOCHKA BOARD CHAIR	1 00	X		X				0	0	0
(10) MARYBETH DIVINCENZO DIRECTOR	1 00	X						0	0	0
(11) ROGER N HUGGINS DIRECTOR	1 00	X						0	0	0
(12) TIMOTHY T NELSON DIRECTOR	1 00	X						0	0	0
(13) WILLIAM T MONAHAN DIRECTOR	1 00	X						0	0	0
(14) BRIAN PARSONS DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(15) MICHAEL PIETRAFITTA DIRECTOR	1 00	X						0	0	0	
(16) STEVE SHIHADAH DIRECTOR	1 00	X						0	0	0	
(17) PETER J SILVESTER JR DIRECTOR	1 00	X						0	0	0	
(18) STEPHEN DIMARCO DIRECTOR	1 00	X						0	0	0	
(19) JOSEPH O'BRIEN DIRECTOR	1 00	X						0	0	0	
(20) DAVID ZIMMERMAN DIRECTOR	1 00	X						0	0	0	
(21) CAROLYN BEAM DIRECTOR	1 00	X						0	0	0	
(22) JOHN COOMBE DIRECTOR	1 00	X						0	0	0	
(23) MICHELLE E VENEMA DIRECTOR	1 00	X						0	0	0	
(24) CLAUDIA HELLEBUSH PRESIDENT / CEO	40 00	X		X				118,354	0	25,179	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								118,354	0		25,179

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c 105,599					
	d Related organizations 1d _____					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 4,307,563					
	g Noncash contributions included in lines 1a-1f \$ 48,709					
	h Total. Add lines 1a-1f ▶		4,413,162			
Program Service Revenue	2a LEADERSHIP PROGRAM FEE _____ Business Code 900099	54,764	54,764			
	b MEETING/EVENT RECEIPTS _____ Business Code 900099	9,826	9,826			
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		64,590			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	14,904			14,904	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ 105,599 of contributions reported on line 1c) See Part IV, line 18 a 36,456					
		b Less direct expenses b 68,368				
		c Net income or (loss) from fundraising events ▶		-31,912		-31,912
	9a Gross income from gaming activities See Part IV, line 19 a _____					
		b Less direct expenses b _____				
		c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances a _____					
b Less cost of goods sold b _____						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a PROCESSING FEE _____ Business Code 900099	72,519	72,519				
b OTHER INCOME _____ Business Code 900099	14,630	14,630				
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		87,149				
12 Total revenue. See Instructions ▶		4,547,893	151,739	0	-17,008	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,021,855	2,021,855		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	151,418	68,138	30,284	52,996
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,273	346,772	64,499	155,002
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,151	33,815	6,260	15,076
9	Other employee benefits	83,537	51,315	9,431	22,791
10	Payroll taxes	56,825	33,180	7,330	16,315
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	17,342	10,126	2,237	4,979
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	4,168	2,433	537	1,198
14	Information technology	30,959	18,077	3,994	8,888
15	Royalties				
16	Occupancy	76,582	44,716	9,879	21,987
17	Travel	12,611	7,363	1,627	3,621
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	40,643		40,643	
22	Depreciation, depletion, and amortization	5,893	3,441	760	1,692
23	Insurance	6,182	3,609	797	1,776
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SCHEDULE O TOTAL EXPENS	1,008,264	757,393	108,235	142,636
b	FINANCIAL STABILITY PRO	175,480	175,480		
c	SHARE THE WARMTH COSTS	48,531	48,531		
d	OTHER SPECIAL DISTRIBUT	1,474	1,474		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,363,188	3,627,718	286,513	448,957
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	61,211	1	46,350
	2 Savings and temporary cash investments	1,608,547	2	1,669,460
	3 Pledges and grants receivable, net	1,230,432	3	1,145,948
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,184	9	12,365
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 80,767		
	b Less accumulated depreciation	10b 69,666	15,716	10c 11,101
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	30,794	15	27,657
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,959,884	16	2,912,881	
Liabilities	17 Accounts payable and accrued expenses	80,806	17	79,096
	18 Grants payable	1,852,531	18	1,805,708
	19 Deferred revenue	5,000	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,061	25	1,498
	26 Total liabilities. Add lines 17 through 25	1,940,398	26	1,886,302
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	998,013	27	986,579
	28 Temporarily restricted net assets	21,473	28	40,000
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,019,486	33	1,026,579	
34 Total liabilities and net assets/fund balances	2,959,884	34	2,912,881	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,547,893
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,363,188
3	Revenue less expenses Subtract line 2 from line 1	3	184,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,019,486
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-177,612
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,026,579

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

SCHEDULE A (Form 990 or 990EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CHESTER COUNTY INC

Employer identification number

23-2131877

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	4,464,695	4,441,726	4,429,752	4,305,551	4,413,162	22,054,886
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,464,695	4,441,726	4,429,752	4,305,551	4,413,162	22,054,886
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						22,054,886

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	4,464,695	4,441,726	4,429,752	4,305,551	4,413,162	22,054,886
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,299	18,583	14,098	13,044	14,904	79,928
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	118,971	105,937	99,529	92,981	87,149	504,567
11 Total support. Add lines 7 through 10						22,639,381

12 Gross receipts from related activities, etc (see instructions) **12** 282,685

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.420 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	97.340 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?
If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?
If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?
If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - 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.*

	Yes	No
2a		
2b		
3a		
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 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
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2015 Open to Public Inspection

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization: UNITED WAY OF CHESTER COUNTY INC Employer identification number: 23-2131877

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		80,767	69,666	11,101
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 11,101

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	▶

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ESCHEAT RESERVES	1,498
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 1,498

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,052,071
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	3,052,071
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	1,495,822	
c	Add lines 4a and 4b		4c	1,495,822
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	4,547,893

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

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

1	Total expenses and losses per audited financial statements		1	3,044,978
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	245,980	
e	Add lines 2a through 2d		2e	245,980
3	Subtract line 2e from line 1		3	2,798,998
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,564,190	
c	Add lines 4a and 4b		4c	1,564,190
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	4,363,188

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	UNITED WAY OF CHESTER COUNTY, INC IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) ACCORDINGLY, DONORS QUALIFY FOR THE MAXIMUM CHARITABLE DEDUCTION ALLOWED BY THE INTERNAL REVENUE CODE THE ORGANIZATION ADHERES TO ASC 740-10, INCOME TAX, AS IT RELATES TO UNCERTAIN TAX POSITIONS MANAGEMENT HAS REVIEWED ITS CURRENT AND PAST FEDERAL INCOME TAX POSITIONS AND HAS DETERMINED, BASED ON CLEAR AND UNAMBIGUOUS TAX LAW AND REGULATIONS, THAT THE TAX POSITIONS TAKEN ARE CERTAIN AND THAT THERE IS NO LIKELIHOOD THAT A MATERIAL TAX ASSESSMENT WOULD BE MADE IF A RESPECTIVE GOVERNMENT AGENCY EXAMINED TAX RETURNS SUBJECT TO AUDIT ACCORDINGLY, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS BEEN RECORDED CURRENTLY, THE 2012, 2013, AND 2014 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY ANY JURISDICTION INTEREST AND PENALTIES RELATED TO INCOME TAXES ARE INCLUDED IN INCOME TAX EXPENSE WHEN INCURRED

Part XIII Supplemental Information (continued)

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PROMOTIONAL EVENTS 68,368 NON-OPERATING EXPENSES 177,612
PART XII, LINE 4B - OTHER ADJUSTMENTS	PAY DIRECTS 996,065 DONOR SPECIFIED CONTRIBUTIONS 568,125

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization UNITED WAY OF CHESTER COUNTY INC

Employer identification number

23-2131877

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

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

	(a)Event #1	(b)Event #2	(c)Other events	(d)
	LIVE UNITED IN MUSIC (event type)	COLOR 5K RUN/WALK (event type)	(total number)	Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	65,880	45,575		111,455
2 Less Contributions	52,000	22,999		74,999
3 Gross income (line 1 minus line 2)	13,880	22,576		36,456
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	42,876	25,492		68,368
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				68,368
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-31,912

Part III Gaming.

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
				Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF CHESTER COUNTY INC

Employer identification number 23-2131877

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 47
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>UNITED WAY OF CHESTER COUNTY'S AGENCY REVIEW PROCESS ENSURES THAT DOLLARS ALLOCATED TO SUPPORT PROGRAMS ARE INDEED BEING USED TO FUND PROGRAMS AS DIRECTED I VISITATION VISITATIONS TO FUNDED AGENCIES ARE CONDUCTED EACH FALL WITH THE PURPOSE OF COLLECTING INFORMATION, PROVIDING FEEDBACK, AND DISCUSSING ANY ANTICIPATED CHANGES IN AGENCY PROGRAMMING IF AN AGENCY HAS BEEN IDENTIFIED AS HAVING ISSUES THAT REQUIRE FURTHER INVESTIGATION IT WILL BE EVALUATED OUTSIDE OF THE INITIAL VISITATION TO DETERMINE WHAT, IF ANY, CORRECTIVE ACTIONS ARE NECESSARY TO ENSURE THE AGENCY CAN COMPLETE THE PROGRAMMING AS INDICATED IN THE FUNDING REQUEST UWCC RESERVES THE RIGHT TO WITHHOLD THE MONTHLY ALLOCATION DISBURSEMENT UNTIL SUCH TIME THAT A PROPER EVALUATION HAS BEEN MADE AND A DETERMINATION TO DISCONTINUE OR CONTINUE FUNDING HAS BEEN COMMUNICATED II AGENCY APPLICATION PROCESS LOGIC MODEL REVIEW THE LOGIC MODEL REVIEW CONSISTS OF AN ASSESSMENT OF THE PROPOSED PROGRAM TO DETERMINE IF THE PLAN IS SENSIBLE, REALISTIC, MEASURABLE AND MEANINGFUL THIS TOOL IS USED TO ENSURE ALL ASPECTS OF A SUCCESSFUL PROGRAM ARE PRESENT AND THAT THE RESULTS WILL MOVE FORWARD UWCC'S COMMUNITY IMPACT STRATEGY III AGENCY SUMMARY & PROGRAM SUMMARY REVIEW AGENCIES ARE GIVEN A NUMERICAL RATING THAT DIRECTLY CORRESPONDS TO THE RESULTS OF THE FOLLOWING KEY AREAS A AGENCY AND PROGRAM SUMMARY FINDINGS AS DETERMINED BY THE VISITATION B RESULTS OF THE LOGIC MODEL/APPLICATION C ALIGNMENT OF UWCC STRATEGIES D ADHERENCE TO THE UWCC AGENCY PARTNERSHIP AGREEMENT E FINANCIAL & BUDGET INFORMATION THE FINANCIAL AND BUDGET INFORMATION REFERS TO AN AGENCY'S DETAILED FINANCIAL PLAN INCLUDING ASSESSMENT OF ITS ALTERNATE FUNDING SOURCES, FINANCIAL NEED AND RESOURCE DEVELOPMENT AND STEWARDSHIP IN ASSESSING FINANCIAL MATTERS SPECIFICALLY, THE ORGANIZATION'S AUDIT, AGENCY AND PROGRAM BUDGETS (PREVIOUS YEAR ACTUAL, CURRENT YEAR PLAN, CURRENT YEAR ESTIMATE AND NEXT FISCAL YEAR PLAN) IS REVIEWED BY STAFF AND VOLUNTEERS IV END OF THE YEAR REPORT EACH AGENCY IS RESPONSIBLE FOR COMPLETING AN END OF THE YEAR REPORT AT THE COMPLETION OF THE FUNDING CYCLE THIS REPORT SUMMARIZES METRICS OF THE FUNDED PROGRAM, OUTCOME MEASUREMENTS, AND WHAT WAS ACTUALLY ACCOMPLISHED IT ALSO PROVIDES NARRATIVE ON WHETHER OR NOT METRICS WERE MET, AND WHAT IF ANY BARRIERS WERE IN PLACE TO REACHING SAID METRICS AND THE LESSONS LEARNED V MULTI-LEVELLED VOLUNTEER & STAFF REVIEW KEY VOLUNTEERS AND STAFF MEET MONTHLY TO REVIEW AND PROVIDE FEEDBACK ON ALL STAGES OF THE FUND DISTRIBUTION PROCESS AND DISCUSS AGENCY/PROGRAM ISSUES COMMUNITY IMPACT TEAMS COMPRISED OF COMMUNITY VOLUNTEERS FROM ALL SECTORS MEET EVERY OTHER MONTH AND REPORT ON THE VISITATION AND ASSESSMENT PROCESS THE IMPACT COUNCIL , WHICH CONSISTS OF THE CHAIRS OF EACH COMMUNITY IMPACT TEAM AND BOARD REPRESENTATION ALSO MEETS EVERY OTHER MONTH TO DISCUSS REPORTS AND FINDING FROM THE TEAMS THIS BODY ALSO MEETS IN MAY TO DETERMINE FUNDING LEVELS FOR PARTNER AGENCIES BASED ON THE ABOVE ASSESSMENT PROCESS THE BOARD HAS FINAL APPROVAL OF FUNDING RECOMMENDATIONS AND IS UPDATED ON ISSUES AS APPROPRIATE THROUGHOUT THE YEAR</p>

Additional Data

Software ID:
Software Version:
EIN: 23-2131877
Name: UNITED WAY OF CHESTER COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT CARE OF CHESTER COUNTY INC 201 SHARP LANE EXTON, PA 19341	23-2447144	501(C)3	41,000				THE ADULT DAY SERVICES PROGRAM IN EXTON PROVIDES A DAYTIME PROGRAM FOR FRAIL AND/OR DEPENDENT ADULTS UNDER THE SUPERVISION OF RN'S THE PROGRAM INCLUDES THERAPEUTIC ACTIVITIES, INCLUDING MUSIC THERAPY, PLANNED AROUND THE INDIVIDUAL ASSESSMENT OF EACH PERSON SERVED NUTRITION IS PART OF THE PROGRAM WITH 2 SNACKS AND A NUTRITIOUS LUNCH BEING SERVED DAILY (INCLUDING SPECIAL DIETS) THE ADULT DAY SETTING (THERAPEUTIC MILIEU) PROVIDES THE OPPORTUNITY FOR THE DEVELOPMENT OF FRIENDSHIPS AND SOCIALIZATION IN A GROUP OF PEOPLE WHO HAVE LOST MANY LIFELONG FRIENDS AND PARTNERS IN ADDITION, THE ADS PROGRAM PROVIDES OPPORTUNITIES FOR NEW LEARNING AND REMINISCENCE RESPITE FOR THE FAMILY CAREGIVER IS EXTREMELY IMPORTANT
AMERICAN RED CROSS SOUTHEASTERN PENNSYLVANIA CHAPTER 23RD CHESTNUT STREET PHILADELPHIA, PA 19103	53-0196605	501(C)3	24,000				EMERGENCY SERVICES - THE AMERICAN RED CROSS CONDUCTS LOCAL TRAININGS IN PERSONAL DISASTER PREPAREDNESS SKILLS LIKE ASSEMBLING AN EMERGENCY CUPPLIES KIT, MAKING AN EMERGENCY COMMUNICATIONS PLAN, AND GETTING INFORMED ABOUT LIFESAVING SKILLS LIKE CPR, AED AND FIRST AID VOLUNTEER SERVICES - THE AMERICAN RED CROSS AGGRESSIVELY RECRUITS, INTERVIEWS, SCREENS, TRAINS, AND MOBILIZES VOLUNTEERS TO MAKE AN IMPACT IN THE COMMUNITY
BIG BROTHERSBIG SISTERS SOUTHEASTERN PENNSLYVANIA 123 S BROAD STREET STE 218 PHILADELPHIA, PA 19109	23-1352034	501(C)3	24,000				BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA (BBBS SEPA) PROVIDES AT-RISK YOUTH IN CHESTER COUNTY WITH VOLUNTEER BIG BROTHERS AND BIG SISTERS WHO SERVE AS FRIENDS, MENTORS, AND ROLE MODELS THESE BIG BROTHERS AND BIG SISTERS ARE RECRUITED FROM THE CHESTER COUNTY COMMUNITY, FROM HIGH SCHOOLS IN DOWNTOWN AND WEST CHESTER, AND FROM CHESTER COUNTY BUSINESSES (SUCH AS ACME, PFIZER ANIMAL HEALTH, SUSQUEHANNA BANK, ETC)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER BRANDYWINE BRANDYWINE YMCA 295 HURLEY ROAD COATESVILLE, PA 19320	23-1365994	501(C)3	30,000				CHILDCARE PROGRAM - SERVES CHILDREN FROM AGES 6 WEEKS TO FIVE YEARS OF AGE THE STAFF GUIDE PARTICIPANTS THROUGH DEVELOPMENTALLY APPROPRIATE ACTIVITIES PLANNED TO ENHANCE THE CHILDREN'S COGNITIVE, EMOTIONAL, SOCIAL AND PHYSICAL DEVELOPMENT MIDDLE SCHOOL AFTER-SCHOOL ENRICHMENT - THE YMCA MIDDLE SCHOOL AFTER SCHOOL PROGRAM PROVIDES FREE SUPERVISED AFTER-SCHOOL ACTIVITIES TO TEENS IN THE 6TH, 7TH AND 8TH GRADES FROM NORTH BRANDYWINE MIDDLE SCHOOL SENIOR SERVICES - THE YMCA PROVIDES SERVICES THAT HELP TO PROMOTE INDEPENDENCE AND HEALTHY LIFESTYLES FOR OLDER ADULTS SENIOR PROGRAMS ADDRESS THE PHYSICAL, SOCIAL AND COGNITIVE NEEDS OF AN AGING POPULATION
CEREBRAL PALSY ASSOCIATION OF CHESTER COUNTY INC 749 SPINGDALE DRIVE EXTON, PA 19341	23-2233854	501(C)3	46,000				ADULT SERVICES - THE ADULT SERVICES PROGRAM PROVIDES SUPPORTS AND SERVICES FOR THE MANY NEEDS OF ADULTS WITH SEVERE PHYSICAL DISABILITIES IN ORDER TO HELP THEM THROUGH DIFFICULTIES THAT MAY THREATEN THEIR HEALTH AND INDEPENDENCE THE PROGRAM PROVIDES IN-HOME CASE MANAGEMENT AND DIRECT SERVICES TO ADULTS AGES 18 TO 60 WHO ARE PHYSICALLY DISABLED BUT MENTALLY ALERT COMMUNITY SOCIAL SERVICES - CSS IS A PROGRAM THAT INCLUDES A SET OF RELATED SERVICES FOR INDIVIDUALS WITH PHYSICAL DISABILITIES SO THAT THEY CAN LEAD HEALTHY LIVES IN THE COMMUNITY EARLY INTERVENTION PROGRAM - THIS PROGRAM PROVIDES COMPREHENSIVE SERVICES TO CHILDREN AND FAMILIES WHO ARE DEVELOPMENTAL DELAYED AND/OR DISABLED IN THEIR HOMES AND THE COMMUNITY (SETTINGS LIKE DAYCARE CENTERS AND COMMUNITY PLAYGROUNDS) THESE SERVICES INCLUDE FAMILY TRAINING, SPECIAL INSTRUCTION, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, SOCIAL WORK AND NURSING SERVICES
CHESPENN HEALTH SERVICES 2600 W 9TH STREET 2 NORTH CHESTER, PA 19013	23-7354899	501(C)3	63,000				THE CHESPENN FAMILY HEALTH CENTER AT COATESVILLE IS A FEDERALLY QUALIFIED HEALTH CENTER ("FQHC") THAT HAS BEEN PROVIDING PRIMARY HEALTH CARE AND PRENATAL SERVICES TO THE LOW-INCOME, UNINSURED AND UNDERINSURED RESIDENTS OF COATESVILLE AND SURROUNDING COMMUNITIES SINCE JULY 2005 THE HEALTH CENTER PROVIDES QUALITY HEALTH CARE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY SERVICES PROVIDED AT THIS CENTER CURRENTLY INCLUDE COMPREHENSIVE FAMILY HEALTH CARE, PRENATAL SERVICES, HIV/AIDS CARE, SOCIAL SERVICES, AN IN-HOUSE LABORATORY, DENTAL CARE (THROUGH CHESTER COUNTY COMMUNITY DENTAL CENTER), AND A VARIETY OF COMMUNITY HEALTH EDUCATION AND OUTREACH EFFORTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER COUNTY WOMENS SERVICES PO BOX 1224 COATESVILLE, PA 19320	23-2385983	501(C)3	15,000				CRISIS PREGNANCY COUNSELING
CHESTER COUNTY COUNCIL BOY SCOUTS OF AMERICA 504 S CONCORD RD WEST CHESTER, PA 19382	23-1365192	501(C)3	10,000				SCOUTREACH BRINGS THE BENEFITS OF SCOUTING ADULT & PEER MENTORSHIP, TEACHING GOOD CITIZENSHIP, LEADERSHIP, PHYSICAL FITNESS, AND ETHICAL DECISION MAKING, TO DISADVANTAGED, AT RISK, AND MINORITY YOUTH THROUGHOUT CHESTER COUNTY, THUS HELPING CHILDREN DEVELOP INTO HEALTHY PRODUCTIVE MEMBERS IN SOCIETY SCOUTREACH IS DESIGNED SPECIFICALLY FOR THOSE WHO HAVE ECONOMIC CHALLENGES AND WOULD OTHERWISE NOT BE ABLE TO PARTICIPATE, THEREFORE, THE PROGRAM COVERS THE COSTS OF PROGRAM SUPPLIES, FIELD TRIPS, UNIFORMS, MEMBERSHIP DUES, YOUTH AND LEADER'S HANDBOOKS, CAMP, VOLUNTEER CRIMINAL & CHILD ABUSE CHECKS, AND TRANSPORTATION AS NEEDED
CHESTER COUNTY OIC 790 E MARKET STREET STE 10 WEST CHESTER, PA 19382	23-2122709	501(C)3	77,230				ADULT BASIC LITERACY EDUCATION (ABLE) PROVIDES LITERACY (ACADEMIC AND WORKPLACE) TO ADULTS (AGE 16 AND ABOVE) ABLE PROGRAMS ARE DESIGNED TO PROVIDE LITERACY TO MEET A WIDE RANGE OF ADULT LEARNER NEEDS CNA PROGRAM - NURSE AIDE TRAINING IS A 10-WEEK PROGRAM INCLUDING 5 WEEKS OF NURSE AIDE CLASSROOM, SKILLS, AND CLINICAL TRIANING WITH 5 WEEKS OF WRAP-AROUND CLASSES OF MEDICAL TERMINOLOGY, LITERACY AND EMPLOYABILITY SKILLS INDEPENDENT CAREER ACTION NETWORK - WORK WITH OUT-OF-SCHOOL, AT-RISK YOUTH AGE 16-24 TO IMPROVE LIFE AND ACADEMIC SKILLS, FINANCIAL AND E-LITERACY, AS WELL AS DEVELOP METHODS OF OVERCOMING SOCIAL AND ECONOMIC BARRIERS PREPARING FOR INDEPENDENCE - EMPLOYMENT COUNSELING FOR UNEMPLOYED, UNDEREMPLOYED, HOMELESS, AND LOW INCOME CHESTER COUNTY ADULTS PROGRAM INCLUDES ONE-TO-ONE CONSULTATION AND SUPPORT AS WELL AS GROUP PRESENTATIONS ON SITE AND ON LOCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COATESVILLE AREA SENIOR CENTER 22 N 5TH AVENUE COATESVILLE, PA 19320	23-2040210	501(C)3	10,000				THE COATESVILLE AREA SENIOR CENTER OFFERS PROGRAMS THAT ENCOMPASS THE SERVICES OF CERTIFIED FITNESS INSTRUCTORS AND OTHER PROFESSIONALS EDUCATING AREA SENIORS ON HOW TO LIVE HEALTHIER, INDEPENDENT LIVES THROUGH EDUCATION ON HEALTHY LIFESTYLES WE ASSIST THE SENIORS IN MAKING BEHAVIORAL CHANGES THAT HAVE PROVEN TO BE EFFECTIVE IN REDUCING THE RISK OF DISEASE, DISABILITY AND INJURY
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)3	30,000				CVIM PROVIDES ACCESS TO DENTAL SERVICE IN CHESTER COUNTY TO THE UNINSURED WORKING POOR WHO HAVE NO WHERE TO TURN FOR PREVENTATIVE AND RESTORATIVE DENTAL SERVICES
CONSUMER CREDIT COUNSELING SERVICE OF DELAWARE VALLEY DBA CLARIFI 1608 WALNUT STREET TENTH FLOOR PHILADELPHIA, PA 19103	23-1671903	501(C)3	8,000				FINANCIAL COUNSELING - HELP PEOPLE REDUCE THEIR DEBTS THROUGH COUNSELING AND DEBT MANAGEMENT PLANS CLIENTS MEET WITH A CERTIFIED CREDIT COUNSELOR TO EXAMINE THE CLIENT'S DEBTS, BUDGET, INCOME, AND ASSETS TO DETERMINE THE BEST COURSE OF ACTION

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DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY PO BOX 832 WEST CHESTER, PA 19381	22-2606511	501(C)3	50,000				THE MISSION OF THE DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY IS TO PROVIDE INTERVENTION, EDUCATION, OUTREACH, ADVOCACY AND PROGRAMS TO PREVENT, REDUCE AND REMEDY COMESTIC VIOLENCE IN CHESTER COUNTY THE CENTER HAS BEEN SERVICING THE COMMUNITY SINCE 1976 AND HAS HELPED OVER 25,000 SURVIVORS OF DOMESTIC VIOLENCE DVCCC IS COMMITTED TO EMPOWERING SURVIVORS OF DOMESTIC ABUSE THROUGH INFORMATION, AND SUPPORTING THEM AS THEY RECLAIM THEIR LIVES THE CENTER PROVIDES SERVICES AT THE MAIN, CONFIDENTIALLY LOCATED SITE AND AT SATELLITE SITES IN COATESVILLE, KENNETT SQUARE, OXFORD AND COMING SOON TO PHOENIXVILLE SERVICES ARE AVAILABLE IN BOTH ENGLISH AND SPANISH, FREE OF CHARGE
DOWNINGTOWN AREA SENIOR CENTER INC 983 EAST LANCASTER AVENUE DOWNINGTOWN, PA 19335	23-2346238	501(C)3	18,000				THE ACTIVE OLDER ADULTS PROGRAM (AOAP)-DESIGNED SPECIFICALLY TO PROMOTE THE HEALTH, WELLNESS AND OVERALL INDEPENDENCE OF SENIOR PARTICIPANTS, THE ACTIVE OLDER ADULTS PROGRAM ALSO INCREASES OPPORTUNITIES FOR SOCIALIZATION AND PREVENTS ISOLATION THAT CAN LEAD TO DEPRESSION
FAMILY SERVICE OF CHESTER COUNTY 310 N MATLACK STREET WEST CHESTER, PA 19380	23-1726329	501(C)3	85,000				RETIRED & SENIOR VOLUNTEER PROGRAM- LINKS INDIVIDUALS AGE 55+ WHO WISH TO CONTRIBUTE TO THEIR COMMUNITY THROUGH VOLUNTEER SERVICE WITH AREA AGENCIES AND NON-PROFIT ORGANIZATIONS THAT SERVE THE CRITICAL NEEDS OF THE COMMUNITY STAFF RECRUIT, EXTENSIVELY INTERVIEW, TRAIN WHEN NECESSARY AND PLACE VOLUNTEERS ACCORDING TO THEIR SKILLS, INTERESTS, CAREER BACKGROUND, AND LIFE EXPERIENCE COUNSELING PROGRAM-THERAPISTS CONSISTENTLY HELP FAMILY MEMBERS AND FAMILIES AS UNITS TO REGAIN STABILITY DURING PERIODS OF CRISIS THERAPISTS HELP FAMILY MEMBERS AND UNITS TO STRENGTHEN THEIR PERSONAL AND INTERPERSONAL SKILLS, AS WELL AS THEIR SKILLS IN NEGOTIATING THE SOCIAL SYSTEMS WITH WHICH THEY INTERACT ON A DAILY BASIS PROGRAM ADDRESSES ROOT PROBLEMS THAT INTERFERE WITH PERSONS' ABILITIES TO TAKE ADVANTAGE OF AND SUCCEED IN THE NUMEROUS PROGRAMS DESIGNED TO MOVE FAMILIES TOWARDS SELF-SUFFICIENCY OR THAT INTERFERE WITH THEIR ABILITIES TO SUSTAIN THEIR PREVIOUS LEVEL OF SUCCESSFUL LIVING

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PHILADELPHIA FREEDOM VALLEY YMCA 2460 BOULEVARD OF THE GENERAL NORRISTOWN, PA 19403	23-1401544	501(C)3	18,000				THE FREEDOM VALLEY YMCA PROVIDES HIGH-QUALITY, SAFE, AND RELIABLE EARLY LEARNING AND CHILD CARE PROGRAMS THAT SUPPORT ACADEMIC SUCCESS IN SCHOOL, SOCIAL SKILLS, AND EMOTIONAL DEVELOPMENT. WE OFFER FULL-TIME CARE FOR PRESCHOOL CHILDREN AGES 6 WEEKS THROUGH 6 YEARS, WITH PROGRAMS THAT RUN YEAR ROUND, MONDAY THROUGH FRIDAY, FROM 6:30 AM TO 6:30 PM.
FRIENDS ASSOCIATION FOR CARE AND PROTECTION OF CHILDREN 206 N CHURCH STREET WEST CHESTER, PA 19380	23-1381006	501(C)3	48,000				FAMILY EMERGENCY SHELTER - PROVIDES A SAFE, DIGNIFIED LIVING ENVIRONMENT FOR HOMELESS FAMILIES. CLIENTS TYPICALLY HAVE LOW INCOMES OR NO INCOME, MAY BE VICTIMS OF TRAUMA AND MAY REQUIRE MENTAL HEALTH OR SUBSTANCE ADDICTION SERVICES. IN ADDITION TO PROVIDING BASIC SHELTER, WE ALSO WORK INTENSIVELY WITH CLIENTS TO HELP THEM IDENTIFY AND BEGIN TO ADDRESS THE CAUSES OF THEIR HOMELESSNESS. HOME FOR GOOD - PROGRAM REPLACES THE TRANSITIONAL HOUSING PROGRAM, RATHER THAN HOUSING FAMILIES IN THEIR OWN APARTMENT BUILDING FOR A YEAR AND THEN REQUIRING THEM TO MOVE ON AT THE END OF THE PROGRAM, WE MOVE FAMILIES DIRECTLY FROM THE SHELTER INTO APARTMENTS IN THE COMMUNITY, SUPPORTING THEM WITH TEMPORARY HOUSING SUBSIDIES AND WRAPAROUND SERVICES TO HELP THEM BECOME FINANCIALLY INDEPENDENT AND ABLE TO MAINTAIN THEIR NEW PERMANENT HOMES.
HOME OF THE SPARROW 969 SWEDES FORD ROAD EXTON, PA 19341	23-2775004	501(C)3	22,000				TRANSITIONAL HOUSING - PROVIDES A SAFE, STRUCTURED ENVIRONMENT WHERE WOMEN AND CHILDREN RECEIVE COUNSELING AND MENTORING AND WHERE WOMEN CAN PURSUE THE TRAINING THEY NEED TO ACHIEVE INDEPENDENCE. UNLIKE SHELTERS WHICH CAN OFTEN ONLY PROVIDE HOUSING FOR 30 TO 60 DAYS OR "SCATTERED SITE" HOUSING WITH LIMITED SUPPORT, THE AGENCY PROVIDES INTENSIVE CASE MANAGEMENT AND EDUCATIONAL SERVICES. STAFF MEMBERS WORK WITH EACH WOMAN AND CHILD TO CREATE A PLAN TO MEET THEIR GOALS. THE CLINICAL STAFF WORKS ON-SITE IN THE AGENCY'S RESIDENCES AND ARE IN DAILY CONTACT WITH THE CLIENT.

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HUMAN SERVICES INC 1140 MCDERMOTT DRIVE WEST CHESTER, PA 19380	23-1877090	501(C)3	8,500				IMPACT- PROGRAM WHICH IS AN INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM PROGRAM SERVES 30 ADOLESCENTS WHO HAVE A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN THEIR LEVEL OF FUNCTIONING THE BROAD GOALS OF THE PROGRAM ARE TO MAINTAIN THE ADOLESCENTS IN THEIR HOME COMMUNITY, IMPROVE THEIR LEVEL OF FUNCTIONING AND A RETURN TO A LESS RESTRICTIVE EDUCATIONAL AND TREATMENT ENVIRONMENT INSIGHT- INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM FOR CHILDREN WITH A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN LEVEL OF FUNCTIONING GOAL OF THE PROGRAM IS TO MAINTAIN THE CHILD IN HIS HOME COMMUNITY, IMPROVE LEVEL OF FUNCTIONING AND RETURN TO A LESS-RESTRICTIVE EDUCATIONAL AND TREATMENT SETTING STAP-SUMMER CAMP PROGRAM SERVING CHILDREN WITH A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN LEVEL OF FUNCTIONING PROGRAM PROVIDES A THERAPEUTIC MILIEU NOT AVAILABLE IN A TRADITIONAL CAMP SETTING BY OFFERING CHILDREN THE OPPORTUNITY TO EXPLORE NEW ACTIVITIES
INTERFAITH HOUSING ASSISTANCE CORPORATION OF CHESTER COUNTY 1290 S HIGH STREET STE 209 WEST CHESTER, PA 19382	23-2713075	501(C)3	17,500				THE IHAC PROGRAM PROVIDES SERVICES TO NEEDY SINGLE PARENTS WITH DEPENDENT CHILDREN WHO ARE HOMELESS OR IMMINENTLY HOMELESS PROVIDED SERVICES INCLUDE FINANCIAL ASSISTANCE, SOCIAL AND EDUCATIONAL SUPPORT AND GUIDANCE THROUGH MENTORING SERVICES FINANCIAL ASSISTANCE INCLUDES RENTAL AND BASIC NEEDS EDUCATIONAL SUPPORT SERVICES INCLUDE FINANCIAL MANAGEMENT, EDUCATIONAL SUPPORT, PROGRAM WORKSHOPS FOR PERSONAL, FAMILY AND PROFESSIONAL DEVELOPMENT AND OTHER EDUCATIONAL OPPORTUNITIES AS REQUESTED BY PARTICIPANTS CHILDREN, OF THE FAMILIES, RECEIVE ENCOURAGEMENT AND ASSISTANCE TO PARTICIPATE IN ACTIVITIES STANDARD FOR THE AVERAGE FAMILY PARTICIPATING FAMILIES MAY REMAIN IN THE IHAC PROGRAM FOR UP TO THREE YEARS, DEPENDING UPON THEIR INDIVIDUAL NEED AND PROGRESS THE VISION OF IHAC IS FOR EACH PARENT TO ACHIEVE THE HIGHEST POSSIBLE LEVEL OF FINANCIAL AND PERSONAL INDEPENDENCE SO THAT THEIR FAMILY WILL THRIVE AND PROSPER IN THE FUTURE
LEGAL AID SOUTHEASTERN PENNSYLVANIA CHESTER COUNTY DIVISION 222 N WALNUT STREET 2ND FLOOR WEST CHESTER, PA 19380	23-1901014	501(C)3	26,000				LEGAL AID PROVIDES QUALITY LEGAL REPRESENTATION TO LOW-INCOME PEOPLE, TO EMPOWER THEM TO SOLVE PROBLEMS WITHOUT LEGAL REPRESENTATION THROUGH LEGAL EDUCATION AND INCREASED ACCESS TO THE COURTS AND TO CHANGE COMMUNITY PRACTICES AND SYSTEMS THAT CAUSE OR AGGRAVATE POVERTY

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MATERNAL AND CHILD HEALTH CONSORTIUM 30 W BARNARD STREET WEST CHESTER, PA 19382	23-2775806	501(C)3	40,000				HEALTH INSURANCE ENROLLMENT INITIATIVE-PROGRAM FOR WOMEN, CHILDREN, AND FAMILIES WHICH INCLUDES COMMUNITY OUTREACH AND EDUCATION ABOUT SUBSIDIZED HEALTH INSURANCE, ENROLLMENT ASSISTANCE INTO MEDICAID,CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM),AND ADULTBASIC, AND ADVOCACY TO IMPROVE ACCESS TO HEALTH INSURANCE THIS COUNTYWIDE EFFORT ALSO INCLUDES TWO COMMUNITY BASED HEALTH AND HUMAN SERVICE AGENCIES (LA COMUNIDAD HISPANA AND CATHOLIC SOCIAL SERVICES) WHO ENROLL UNINSURED ADULTS AND CHILDREN IN FREE AND LOW-COST HEALTH INSURANCE PROGRAMS, FOCUSING MAINLY ON LATINO CHILDREN, WHOSE FAMILIES FACE CULTURAL AND LINGUISTIC BARRIERS IN ENROLLING THEIR UNINSURED CHILDREN INTO HEALTH INSURANCE
NEIGHBORHOOD HEALTH AGENCIES INC 795 EAST MARSHALL STREET WEST CHESTER, PA 19380	23-2324782	501(C)3	10,000				SENIOR HEALTHLINK (SHL) IS A UNIQUE PROGRAM THAT BRINGS HEALTH ASSESSMENT, MAINTENANCE AND EDUCATION SERVICES FREE OF CHARGE TO THE FRAIL ELDERLY AND HISPANIC COMMUNITIES IN CHESTER COUNTY IT IS A THREE-PRONGED PROGRAM THAT INCLUDES THE FOLLOWING ELEMENTS THE SHL HOME VISIT PROGRAM, WHICH PROVIDES A CLINICAL HOME NURSING PRACTICUM FOR UPPER LEVEL NURSING STUDENTS AS THEY VISIT THE ELDERLY AND CHRONICALLY ILL IN THEIR HOMES, THE SHL INFORMATION HOTLINE, A DEDICATED TELEPHONE LINE AVAILABLE TO THE GENERAL PUBLIC WHICH ENABLES HEALTHLINK STAFF TO ANSWER QUESTIONS, MAKE REFERRALS, AND TEACH ABOUT HEALTH ISSUES, AND THE SHL OUTREACH PROGRAM WITH A COORDINATOR CARRYING OUT COMMUNITY-BASED SCREENINGS FOR HIGH BLOOD PRESSURE, FALL RISK, VISION, STROKE RISK, AND OTHER HEALTH RELATED TOPICS IN ADDITION, SHL OUTREACH PROVIDES FLU IMMUNIZATION CLINICS THESE PROGRAMS ARE OFFERED AT SENIOR LIVING FACILITIES, SENIOR CENTERS AND YMCAS THROUGHOUT CHESTER COUNTY
OPEN HEARTH INC 101 N MAIN STREET STE A-1 SPRING CITY, PA 19475	23-2652023	501(C)3	25,000				JUMPSTART- THE ONLY CAR DONATION PROGRAM THAT ACTUALLY GIVES DONATED CARS TO PEOPLE WHO NEED THEM FOR TRANSPORTATION TO WORK OR MEDICAL CARE IN A COLLABORATIVE PROJECT OF THREE NON-PROFIT ORGANIZATIONS, OPEN HEARTH PROVIDES LEADERSHIP AND COORDINATION WHILE PARTNER AGENCIES PROVIDE APPLICANTS TO THE PROGRAM AND POTENTIAL DONORS OF CARS THROUGH THEIR CONNECTIONS TO THE LARGER COMMUNITY JUMPSTART PROVIDES TWO UNIQUE OPPORTUNITIES DESIGNED TO ENSURE ACCESS TO TRANSPORTATION FOR INCOME ELIGIBLE INDIVIDUALS WHO OTHERWISE WOULD NOT HAVE SUCH ACCESS ALL PROGRAM PARTICIPANTS GO THROUGH A BUDGET COUNSELING SESSION WITH AN EXPERIENCED OPEN HEARTH STAFF MEMBER TO ENSURE THEIR ABILITY TO MAINTAIN AND OPERATE A VEHICLE IF THEY ARE ELIGIBLE, APPLICANTS TAKE ADVANTAGE OF ONE OF THE TWO OPPORTUNITIES AVAILABLE, DEPENDING ON THEIR SITUATION

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PHOENIXVILLE AREA CHILDREN'S LEARNING CENTER 310 MAIN STREET PHOENIXVILLE, PA 19460	23-1658931	501(C)3	60,000				CHILDREN'S LEARNING CENTER-PROGRAM HAS BEEN PROVIDING AFFORDABLE, QUALITY CHILD CARE EXPERIENCES TO THE COMMUNITY FOR OVER FORTY YEARS INCLUDED IS AN INFANT CLASSROOM WHICH PROVIDES FOR CHILDREN AGES THREE MONTHS TO ONE YEAR THE EARLY CHILDHOOD PROGRAM HAS BEEN EXPANDED TO PROVIDE FOR THE PHYSICAL, SOCIAL, EMOTIONAL, AND COGNITIVE NEEDS OF PRESCHOOLERS, TODDLERS, AND INFANTS
PHOENIXVILLE AREA COMMUNITY SERVICES 257 CHURCH STREET PHOENIXVILLE, PA 19460	23-1902190	501(C)3	28,000				EMERGENCY SERVICES- PACS RECEIVES DAILY REQUESTS FOR FOOD FROM THE EMERGENCY PANTRY AS WELL AS FINANCIAL ASSISTANCE TO PAY FOR HOUSING, HEAT, ELECTRICITY, HEALTH NEEDS AND OTHER ESSENTIALS INFORMATION & REFERRAL PROGRAM IS THE BASIC, AND USUALLY FIRST SERVICE USED TO GAIN ACCESS TO NEEDED SERVICES, BENEFITS AND OTHER RESOURCES STAFF IS SKILLED AT ASSESSING NEEDS OF CALLERS, HELPING THEM DETERMINE OPTIONS AND THE BEST COURSE OF ACTION, INTERVENING IN CRISIS SITUATIONS AND ACTING AS ADVOCATES SO PEOPLE GET CONNECTED TO THE PROPER RESOURCES
PHOENIXVILLE SENIOR CENTER 153 CHURCH STREET PHOENIXVILLE, PA 19460	23-2107124	501(C)3	15,000				THE PHOENIXVILLE SENIOR ADULT ACTIVITY CENTER PROVIDES AFFORDABLE WELLNESS PROGRAMS THAT HELP OLDER ADULTS MAINTAIN THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL-BEING PREVENTATIVE HEALTH PROGRAMS AND FREE HEALTH SCREENINGS PROVIDE SENIORS WITH THE KNOWLEDGE AND SKILLS TO IMPROVE THEIR OVERALL HEALTH AND PRODUCE POSITIVE LONG TERM RESULTS FOR LEADING HEALTHIER LIVES THE PROGRAMS ARE DESIGNED TO ATTRACT SENIORS WHO ARE STILL ACTIVE AND WANT TO STAY ACTIVE AND INVOLVED IN AND WITH THEIR COMMUNITY

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PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 8 SOUTH WAYNE STREET WEST CHESTER, PA 19382	23-1683247	501(C)3	13,000				PPSEP HAS ESTABLISHED ITSELF AS A RECOGNIZED SOURCE OF QUALITY, AFFORDABLE REPRODUCTIVE HEALTH CARE AND PREVENTION EDUCATION WITHIN THE CHESTER COUNTY COMMUNITY CLINICAL SERVICES AT THE CENTER INCLUDE COMPREHENSIVE, PREVENTIVE GYNECOLOGIC HEALTH CARE, FULL FAMILY PLANNING AND CONTRACEPTIVE SERVICES, SCREENING, DIAGNOSIS AND LIMITED TREATMENT SERVICES, FREE AND CONFIDENTIAL TESTING, TREATMENT, AND COUNSELING FOR SEXUALLY TRANSMITTED INFECTIONS
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 19380	23-2734615	501(C)3	40,000				EMERGENCY SHELTER- PROVIDES FOOD, SHELTER, AND RECOVERY OPPORTUNITIES IN A STRUCTURED ENVIRONMENT TO HOMELESS MEN AND WOMEN IN CHESTER COUNTY VOLUNTEER AND PROFESSIONAL SERVICES ARE PROVIDED TO PEOPLE IN NEED OF SAFE, ACCESSIBLE SHELTER, NUTRITIOUS MEALS AND A STABLE ENVIRONMENT COMMUNITY HOT LUNCH PROGRAM- PROVIDES WELL BALANCED, NUTRITIOUS HOT MEALS WEEKDAYS TO HOMELESS AND UNEMPLOYED, LOW-INCOME AND FIXED INCOME INDIVIDUALS WHO LIVE AND WORK IN THE WEST CHESTER AREA THE PROGRAM ALSO DISTRIBUTES AND EXPLAINS INFORMATION ON SERVICES AVAILABLE TO HELP OTHER MEMBERS OF THE COMMUNITY SERVES AS A GATHERING POINT FOR INDIVIDUALS TO MEET WITH FRIENDS, NETWORK ABOUT EMPLOYMENT AND HOUSING OPPORTUNITIES AND TO ESCAPE THE COLD DURING THE WINTER, AND THE HEAT OF THE SUMMER
THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	23-1604737	501(C)3	50,500				ADVOCACY & FAMILY SUPPORT- PROVIDE ADVOCACY AND IMPROVING THE QUALITY OF LIFE FOR PERSONS WITH MENTAL RETARDATION AND OTHER DEVELOPMENTAL AND PHYSICAL DISABILITIES THE ARC OF CHESTER COUNTY RECOGNIZES THAT FAMILIES ARE THE PRIMARY SUPPORT STRUCTURE FOR AN INDIVIDUAL WITH SPECIAL NEEDS AND OFTEN FACE CHALLENGES MEETING THE NEEDS OF THEIR LOVED ONES AUTISM SERVICES - OFFER EXPANDED AND ENHANCED SERVICES FOR CHILDREN AND ADULTS WITH AUTISM, THEIR FAMILIES AND THE COMMUNITY TO PROVIDE A LIFETIME OF SUPPORT EARLY INTERVENTION- NURSING PROGRAM ACCOMMODATES SEVERELY MEDICALLY FRAGILE CHILDREN SOLELY BECAUSE REGISTERED NURSES ARE ON STAFF TO MEET THE MEDICAL NEEDS OF THESE CHILDREN ON A DAILY BASIS

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CHESTER COUNTY HOSPITAL FOUNDATION 701 EAST MARSHALL STREET WEST CHESTER, PA 19380	23-0469150	501(C)3	30,000				BILINGUAL PRENATAL CLINIC - TO INCREASE ACCESS FOR LOW-INCOME WOMEN, INCLUDING THE GROWING LATINA POPULATION, TO COMPREHENSIVE, COMPASSIONATE AND CULTURALLY SENSITIVE DIRECT PRENATAL MEDICAL CARE, SOCIAL WORK SUPPORT, AND CHILDBIRTH EDUCATION TO SAFEGUARD THEIR HEALTH AND THAT OF THEIR NEWBORNS THE CLINIC'S SERVICES INCLUDE OBSTETRIC AND GYNECOLOGICAL MEDICAL EXAMS, HEALTH AND AT-RISK BEHAVIOR SCREENINGS, SOCIAL WORK CASE MANAGEMENT, WELLNESS AND CHILDBIRTH EDUCATION, NUTRITIONAL AND PARENTING COUNSELING, AND POST-NATAL CARE
CHESTER COUNTY HEALTH DEPARTMENT 601 WESTTOWN ROAD SUITE 290 WEST CHESTER, PA 19380	23-6003040	501(C)3	15,000				NURSE FAMILY PARTNERSHIP - EVIDENCE BASED PROGRAM FOR FIRST TIME MOTHERS HAS SOME OF THE STRONGEST RESULTS IN THE WORLD (JAMA) THE PROGRAM SUPPORTS MOTHERS IN DEVELOPING SKILLS FOR PARENTING, ECONOMIC SELF-SUFFICIENCY THOROUGH WORKING WITH A NURSE HOME VISITOR OVER A TWO AND A HALF YEAR PERIOD, BEGINNING IN PREGNANCY
THE CRIME VICTIMS' CENTER OF CHESTER COUNTY INC 236 WEST MARKET STREET WEST CHESTER, PA 19382	23-2039284	501(C)3	55,000				DIRECT SERVICES-COMPREHENSIVE, PRIVATE, NON-PROFIT AGENCY THAT PROVIDES SERVICES TO VICTIMS OF AND WITNESSES TO SEXUAL ASSAULT AND OTHER CRIMES (AND THEIR FAMILIES) WHO LIVE IN OR ARE VICTIMIZED IN CHESTER COUNTY SERVICES INCLUDE BUT ARE NOT LIMITED TO HOTLINE SUPPORT, CRISIS RESPONSE, ACCOMPANIMENT TO MEDICAL/POLICE/CRIMINAL JUSTICE AND OTHER PROCEDURES, MEDICAL/LEGAL/PERSONAL ADVOCACY, VICTIM RIGHTS NOTIFICATION AND SERVICES, ASSISTANCE WITH FILING FOR CRIME VICTIM'S COMPENSATION, INDIVIDUAL AND GROUP SUPPORTIVE COUNSELING, ASSISTANCE WITH NON-CRIMINAL LEGAL MATTERS INCLUDING PROTECTION FROM ABUSE ORDERS, INTAKE AND ASSESSMENT, AND INFORMATION AND REFERRAL ON ISSUES THAT WILL ASSIST VICTIMS AND/OR THEIR SIGNIFICANT OTHERS MANAGE THE EFFECTS OF THEIR VICTIMIZATION PREVENTION/EDUCATION -PROGRAM IS DESIGNED TO EDUCATE THE COMMUNITY ABOUT VIOLENCE PREVENTION, VICTIMS' ISSUES, AND TO INCREASE PUBLIC AWARENESS OF THE DEBILITATING EFFECTS OF CRIME AND VIOLENCE ON THE INDIVIDUAL

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THE GOOD SAMARITAN SHELTER INC PO BOX 551 PHOENIXVILLE, PA 19460	23-3011817	501(C)3	12,500				EMERGENCY SHELTER & TRANSITIONAL HOUSING PROGRAM - PROVIDES HOUSING FOR UP TO FIVE MEN FOR UP TO 60 DAYS THROUGHOUT THEIR STAY, CLIENTS ARE PROVIDED WITH DAILY MEALS AND CLOTHING IF NECESSARY COUNSELING, CASE MANAGEMENT AND REFERRALS TO LOCAL HEALTH AGENCIES ARE ALSO PROVIDED
SALVATION ARMY A NEW YORK CORPORATION 101 EAST MARKET STREET WEST CHESTER, PA 19380	13-5562351	501(C)3	25,000				RAILTON HOUSE HOMELESS PROGRAM IS AVAILABLE FOR HOMELESS AND TRANSIENT MEN WHO NEED BASIC TREATMENT, CASE MANAGEMENT, EMPLOYMENT, SAVINGS, SKILLS, AND PROGRAMS TO ENHANCE THEIR QUALITY OF LIFE MEN WHO QUALIFY FOR THE PROGRAM MAY STAY UP TO 100 DAYS TO ACHIEVE THE BASIC GOALS OF THE PROGRAM THE 20 BED SHELTER PROVIDES A STRUCTURED AND THERAPEUTIC ENVIRONMENT THAT PROMOTES BEHAVIOR MODIFICATION THIS CRITICAL INTERVENTION PROVIDES CASE MANAGEMENT, LIFE SKILLS, BASIC NEEDS, AND THE TOOLS TO CREATE CHANGE IN THE LIVES OF THOSE LESS FORTUNATE LEFT TO THE HARSH CITY STREETS SOCIAL SERVICE PROGRAM - TO PROVIDE CRISIS INTERVENTION, SOCIAL SERVICES AND NETWORKING TO FAMILIES PROVIDES EMERGENCY ASSISTANCE TO LOW INCOME FAMILIES, INCLUDING ASSISTANCE WITH RENT, UTILITIES, PRESCRIPTIONS, TRANSPORTATION, SHELTER, SERVED MEALS, CLOTHING, DIAPERS AND FOOD
THE SALVATION ARMY SERVICE EXTENSION (SERVICE UNITS) 101 EAST MARKET STREET WEST CHESTER, PA 19380	13-5562351	501(C)3	25,500				SERVICE UNIT - OPERATES A YEAR ROUND PROGRAM OF SERVICE DESIGNATED TO PROVIDE FAMILIES AND INDIVIDUALS WHO ARE FACING A FINANCIAL CRISIS WITH EMERGENCY SHORT-TERM FINANCIAL ASSISTANCE, PERSONAL SUPPORT AND SINCERE COMPASSION EMERGENCY ASSISTANCE MAY INCLUDE, BUT IS NOT LIMITED TO ESSENTIAL NEEDS SUCH AS GROCERIES, UTILITY PAYMENTS, HEATING FUEL, RENT ASSISTANCE, MEDICAL (PRESCRIPTIONS) ASSISTANCE, CLOTHING AND FURNITURE, AID TO TRANSIENTS (LODGING & MEALS), ASSISTANCE TO FIRE AND DISASTER VICTIMS AND SEASONAL ASSISTANCE SEASONAL ASSISTANCE MAY INCLUDE, BUT IS NOT LIMITED TO SUMMER CAMPING PROGRAM FOR CHILDREN AND OLDER ADULTS, BACK TO SCHOOL ASSISTANCE AND HOLIDAY FOOD BASKETS AND GIFTS FOR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA OF POTTSTOWN AND VICINITY 1963 EAST HIGH STREET POTTSTOWN, PA 19464	23-1352574	501(C)3	14,000				HOME HEALTH CARE SERVICES - PROVIDED TO HOMEBOUND INDIVIDUALS THROUGHOUT MONTGOMERY AND CHESTER COUNTIES WORKING WITH THE CLIENTS' PHYSICIANS, REGISTERED NURSES SERVE AS CASE MANAGERS TO COORDINATE PATIENTS' CARE SERVICES INCLUDE SKILLED NURSING, HOME HEALTH AIDES, MEDICAL SOCIAL WORK, PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY, AND PSYCHIATRIC NURSING SKILLED NURSING INCLUDES SUCH HIGHLY TECHNICAL SERVICES AS IV INFUSION THERAPY, COMPLEX WOUND CARE MANAGED BY CERTIFIED WOUND AND OSTOMY NURSES SERVICES OTHER THAN TRADITIONAL SERVICES OFFERED BY THE THERAPY DEPARTMENT ARE ELECTRICAL STIMULATION TO ENHANCE HEALING OF WOUNDS AND LYMPHEDEMA THERAPY TO DECREASE EDEMA (SWELLING) OF EXTREMITIES WHEN PATIENTS REQUIRE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLS), HOME HEALTH AIDES ASSIST THEM WITH BATHING, DRESSING, LIGHT HOUSEKEEPING, AND MEAL PREPARATION
AFFILIA HOME HEALTH 525 HIGHLANDS BOULEVARD COATESVILLE, PA 19320	23-1365315	501(C)3	11,000				COMMUNITY CARE SERVICES - PROVIDE QUALITY, COMPREHENSIVE COMMUNITY AND HOME HEALTH CARE WHICH INCLUDES SKILLED NURSING, HOME HEALTH AIDE SERVICES, SOCIAL WORK, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY INDIVIDUALS ACCESSING THESE SERVICES MUST HAVE A MEDICALLY-INDICATED HOME HEALTH NEED AS DIAGNOSED BY A PHYSICIAN THESE PATIENTS REQUIRE A SKILLED LEVEL OF CARE, ARE NOT MOBILE ENOUGH TO ACCESS OUTPATIENT SERVICES AND ARE AT RISK FOR DETERIORATING PHYSICALLY IF HOME HEALTH CARE IS NOT PROVIDED, THESE PATIENTS ARE AT-RISK OF BEING HOSPITALIZED OR RECEIVING SOME TYPE OF ACUTE CARE
VOLUNTEER ENGLISH PROGRAM OF CHESTER COUNTY 790 E MARKET STREET STE 21 WEST CHESTER, PA 19382	22-2685077	501(C)3	15,000				VOLUNTEER ENGLISH PROGRAM (VEP) - PROVIDES FREE ENGLISH TUTORING TO THOUSANDS OF AMERICA'S NEWCOMERS VEP HELPS LIMITED ENGLISH-SPEAKING ADULTS IN CHESTER COUNTY IMPROVE THEIR ENGLISH READING, WRITING, SPEAKING, AND LISTENING SKILLS ANNUALLY, VEP SERVES ABOUT 225 STUDENTS FROM OVER 40 DIFFERENT COUNTRIES WITH THE HELP OF APPROXIMATELY 190 VOLUNTEER TUTORS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHESTER AREA DAY CARE CENTER 501 EAST NIELDS STREET WEST CHESTER, PA 19382	23-1613599	501(C)3	78,000				DAY CARE CENTER - TO PROVIDE A QUALITY, EARLY CHILDHOOD EDUCATION PROGRAM THAT DEVELOPS CHILDREN EMOTIONALLY, SOCIALLY, INTELLECTUALLY, AND PHYSICALLY IN A SAFE AND NURTURING ENVIRONMENT ESPECIALLY THOSE WITH THE GREATEST FINANCIAL NEED BY IMPLEMENTING A DEVELOPMENTALLY APPROPRIATE CURRICULUM FOR CHILDREN AGED 6 WEEKS THROUGH KINDERGARTEN, WE ADDRESS EVERY CHILD'S EDUCATIONAL NEEDS PROVIDE FREE NUTRITIONALLY BALANCED MEALS AND FORMULA FOR THE INFANTS
WEST CHESTER AREA SENIOR CENTER 530 EAST UNION STREET WEST CHESTER, PA 19382	23-2149355	501(C)3	30,000				HEALTH & WELLNESS PROGRAM ADDRESSES THREE PRIMARY NEEDS FACING OLDER ADULTS TODAY CONGREGATE NUTRITION, PHYSICAL HEALTH, AND COGNITIVE HEALTH THE CENTER OFFERS FREE, CENTRALIZED HEALTHCARE CONSULTATION AND REFERRAL TO OLDER ADULTS AND INTRODUCES THEM TO THE CONTINUUM OF PREVENTIVE HEALTH AND HEALTHY LIVING SERVICES THAT ARE AVAILABLE IN OUR COMMUNITY UTILIZATION OF SENIOR CENTER SERVICES EMPOWERS SENIORS TO LIVE INDEPENDENTLY AS LONG AS POSSIBLE THE WELLNESS PROGRAM COMPRISES OVER 40 DIFFERENT HEALTHY LIVING PROGRAMS INCLUDING INFORMATION AND REFERRAL SERVICES, A NUTRITION PROGRAM, A VOLUNTEER PROGRAM, AND A VARIETY OF WELLNESS AND EDUCATIONAL PROGRAMS THAT PROMOTE INVOLVEMENT AND PREVENTION ALL PROGRAMS ARE DESIGNED TO ELIMINATE THE SOCIAL ISOLATION OF SENIORS BY PROVIDING OPPORTUNITIES FOR THEM TO SOCIALIZE WITH THEIR PEERS VOLUNTEER ACTIVITIES ENCOURAGE PARTICIPANTS BE ACTIVE AND TO REMAIN CONNECTED TO THE COMMUNITY
YMCA OF GREATER BRANDYWINE OSCAR LASKO YOUTH PROGRAM CENTER 605 AIRPORT RD WEST CHESTER, PA 19380	23-1365994	501(C)3	67,000				CHILDCARE FINANCIAL ASSISTANCE - PROVIDES FINANCIAL ASSISTANCE TO FAMILIES YEAR-ROUND WHO ARE NOT ELIGIBLE FOR THE GOVERNMENT SUBSIDY PROGRAM CCIS SINCE THERE IS A FOUR MONTH WAIT FOR FAMILIES TO BE ACCEPTED FOR CCIS, WE ALSO PROVIDE "GAP" COVERAGE FOR FAMILIES WHO QUALIFY FOR CCIS BY PROVIDING FINANCIAL ASSISTANCE UNTIL CCIS COVERAGE BEGINS WCYMCA/PAL - AFTER-SCHOOL CAMP PROGRAM FOR AT-RISK, LOW INCOME CHILDREN AGES 5-13 PROGRAM IS DESIGNED TO SPECIFICALLY SERVE LOW-INCOME FAMILIES LIVING IN OR NEAR THE BOROUGH OF WEST CHESTER, WHO LACK A SUPPORT SYSTEM PROGRAM FOCUSES ON PROVIDING KIDS WITH ACADEMIC SUPPORT, MENTORING, TUTORING, HOMEWORK HELP, HEALTHY FUN AND GAMES, SWIMMING, POSITIVE ROLE MODELING, ENCOURAGING PERSONAL DEVELOPMENT, WEEKLY INTERACTION WITH LOCAL POLICE, AND A VARIETY OF RECREATIONAL ACTIVITIES/OPPORTUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH MENTORING PARTNERSHIP 20 LIBERTY BLVD MALVERN, PA 19355	26-1366523	501(C)3	25,000				DEDICATED TO HELPING KIDS DEVELOP GRIT TO OVERCOME FORMIDABLE CHALLENGES TO BE SUCCESSFUL TODAY AND IN THE FUTURE, MENTORING PROGRAMS HELP TEENAGERS MASTER GOAL-SETTING SKILLS, BUILD MENTAL TOUGHNESS, AND FORGE CHARACTER
LIFE TRANSFORMING MINISTRIES 643 E LINCOLN HIGHWAY COATESVILLE, PA 19320	23-2989224	501(C)3	40,000				COLLABORATION OF AREA PASTORS AND CHRISTIAN LEADERS WHO ADOVCATE PRAYER, EVANGELISM, JUSTICE, RACIAL RECONCILIATION, FUNCTIONAL UNITY OF THE BODY OF CHRIST AND CHRISTIAN COMMUNITY REVITALIZATION
BRANDYWINE HEALTH FOUNDATIONS 50 SOUTH FIRST AVENUE COATESVILLE, PA 19320	23-3087315	501(C)3	20,000				IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE WHO LIVE AND WORK IN THE GREATER COATESVILLE AREA BY FOSTERING COMMUNITY PARTNERSHIPS, BY PROVIDING CAPACITY BUILDING SUPPORT, AND BY MAKING GRANTS TO PROMOTE HEALTH EQUITY, HEALTHY YOUTH, AND A HEALTHY COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES A MELTON ARTS & EDUCATION CENTER 501 E MINER STREET WEST CHESTER, PA 19382	23-1381458	501(C)3	10,000				PROVIDE RECREATIONAL, CULTURAL AND SOCIAL SERVICES TO THE COMMUNITY
COATESVILLE YOUTH INITIATIVE 50 SOUTH FIRST AVENUE COATESVILLE, PA 19320	46-3277499	501(C)3	25,000				ENHANCE AND IMPROVE THE KNOWLEDGE AND EXPERIENCES OF THE YOUTH OF THE GREATER COATESVILLE AREA

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CHESTER COUNTY INC

Employer identification number

23-2131877

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHARLES KOCHKA	INDIVIDUAL IS A KEY EMPLOYEE AT A BANK THE ORGANIZATION MAINTAINS FUNDS		INDIVIDUAL IS A BOARD MEMBER AT UWCC		No
(2) CLAUDIA HELLEBUSH	INDIVIDUAL IS A BOARD MEMBER AT A BANK THE ORGANIZATION MAINTAINS FUNDS		INDIVIDUAL IS THE PRESIDENT/CEO AT UWCC		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
UNITED WAY OF CHESTER COUNTY INC

Employer identification number
23-2131877

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SERVICES)	X	17	48,709	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29		
30a	Yes	No
31	Yes	No
32a	Yes	No
33	Yes	No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
UNITED WAY OF CHESTER COUNTY INC**Employer identification number**

23-2131877

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE BOARD OF DIRECTORS MAKES ALL DECISIONS THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWS IN DETAIL AND PRESENTS THE 990 TO THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL EMPLOYEES, BOARD OF DIRECTORS, AND VOLUNTEERS HAVE TO SIGN A CODE OF ETHICS POLICY, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 15	UNITED WAY OF CHESTER COUNTY STAFF COMPENSATION POLICY ENSURES THAT IT IS ABLE TO RETAIN THE SERVICES OF HIGH QUALITY EMPLOYEES BY PROVIDING A REASONABLE COMPENSATION PACKAGE - THAT IS, COMPENSATION THAT WOULD ORDINARILY BE PAID FOR SIMILAR SERVICES BY SIMILAR ORGANIZATIONS UNDER SIMILAR CIRCUMSTANCES THE CEO IS AUTHORIZED TO MAKE DECISIONS REGARDING MANAGEMENT LEVEL EMPLOYEES' COMPENSATION AND THE EXECUTIVE COMMITTEE AND THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS ARE AUTHORIZED TO MAKE DECISIONS REGARDING THE CEO'S COMPENSATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ANY ONE MAY REQUEST TO INSPECT THE ORGANIZATIONAL DOCUMENTS AT THE ORGANIZATION'S MAIN LOCATION
FORM 990, PART XI, LINE 9	NON-OPERATING EXPENSES -177,612

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT OR THE PROCESS FOR SELECTING THE INDEPENDENT ACCOUNTANT
PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A	PROGRAM EXPENSES BANK FEES 1,620 MISCELLANEOUS 2,085 MEMBERSHIP DUES 795 POSTAGE 2,074 PRINTING & SUPPLIES 12,548 PROCESSING FEES 350 SERVICE AGREEMENTS 2,784 UTILITIES 2,736 PAY DIRECTS 996,065 TRANSFER TO FUNDRAISING AND M&G (263,664) TOTAL OTHER PROGRAM \$ 757,393 MANAGEMENT AND GENERAL EXPENSES BANK FEES 358 MISCELLANEOUS 461 MEMBERSHIP DUES 176 POSTAGE 458 PRINTING & SUPPLIES 2,772 PROCESSING FEES 77 SERVICE AGREEMENTS 615 UTILITIES 604 TRANSFER FROM PROGRAM 102,714 TOTAL OTHER M&G EXPENSES \$ 108,235 FUNDRAISING EXPENSES BANK FEES 795 MISCELLANEOUS 1,024 MEMBERSHIP DUES 390 POSTAGE 1,020 PRINTING & SUPPLIES 6,170 PROCESSING FEES 173 SERVICE AGREEMENTS 1,369 UTILITIES 1,345 TRANSFER FROM PROGRAM 130,350 TOTAL OTHER FUNDRAISING EXPENSES \$ 142,636