

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- 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  
495 THOMAS JONES WAY NO 302

City or town, state or province, country, and ZIP or foreign postal code  
EXTON, PA 19341

**D** Employer identification number  
23-2131877

**E** Telephone number  
(610) 429-9400

**G** Gross receipts \$ 3,709,213

**F** Name and address of principal officer  
CLAUDIA HELLEBUSH  
495 THOMAS JONES WAY NO 302  
EXTON, PA 19341

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**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**

**1** Briefly describe the organization's mission or most significant activities  
TO UNITE PEOPLE AND MOBILIZE RESOURCES TO BUILD BETTER LIVES AND STRONGER COMMUNITIES

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	23
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	22
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	12
<b>6</b> Total number of volunteers (estimate if necessary)	75
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,048,421	3,537,529
<b>9</b> Program service revenue (Part VIII, line 2g)	64,707	58,534
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,744	16,862
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,458	69,541
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,218,330	3,682,466
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,015,357	2,038,392
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	923,033	834,714
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶442,808		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,116,637	826,251
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,055,027	3,699,357
<b>19</b> Revenue less expenses Subtract line 18 from line 12	163,303	-16,891

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,845,731	2,504,369
<b>21</b> Total liabilities (Part X, line 26)	1,801,534	1,650,173
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,044,197	854,196

**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: 2018-11-20  
CLAUDIA HELLEBUSH PRESIDENT/CEO  
Type or print name and title

**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

**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 \$ 3,011,282 including grants of \$ 2,038,392 ) (Revenue \$ 134,000 )  
See Additional Data

**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 ▶ 3,011,282

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a-24d, 25a-25b, 26-27, 28a-28c, 29-31, 32-34, 35a-35b, 36-37, and 38.

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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 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: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] Another's website, [X] 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: AMY DAVIS 495 THOMAS JONES WAY NO 302 EXTON, PA 19341 (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) EDWIN A BROWNLEY JR ..... DIRECTOR	1 00 .....	X						0	0	0
(3) NEIL BRYANT ..... DIRECTOR	1 00 .....	X						0	0	0
(4) SCOTT NEUMANN ..... DIRECTOR	1 00 .....	X						0	0	0
(5) WILL ANDERSON ..... DIRECTOR	1 00 .....	X						0	0	0
(6) JODI ROTH-SAKS ..... DIRECTOR	1 00 .....	X						0	0	0
(7) MARYBETH DIVINCENZO ..... DIRECTOR	1 00 .....	X						0	0	0
(8) ROGER N HUGGINS ..... DIRECTOR	1 00 .....	X						0	0	0
(9) TIMOTHY T NELSON ..... DIRECTOR	1 00 .....	X						0	0	0
(10) WILLIAM T MONAHAN ..... DIRECTOR	1 00 .....	X						0	0	0
(11) BRIAN PARSONS ..... DIRECTOR	1 00 .....	X						0	0	0
(12) TONY SCHIEVERT ..... DIRECTOR	1 00 .....	X						0	0	0
(13) STEVE SHIHADAH ..... DIRECTOR	1 00 .....	X						0	0	0
(14) PETER J SILVESTER JR ..... DIRECTOR	1 00 .....	X						0	0	0
(15) STEPHEN DIMARCO ..... DIRECTOR	1 00 .....	X						0	0	0
(16) JOSEPH O'BRIEN ..... DIRECTOR	1 00 .....	X						0	0	0
(17) DAVID ZIMMERMAN ..... 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			
(18) CAROLYN BEAM ..... DIRECTOR	1 00	X						0	0	0
(19) DOUGLAS KAISER ..... DIRECTOR	1 00	X						0	0	0
(20) ALFRED RUNDLE JR ..... SECRETARY	1 00	X		X				0	0	0
(21) CELESTE BARR ..... TREASURER	1 00	X		X				0	0	0
(22) CHARLES D KOCHKA ..... BOARD CHAIR	1 00	X		X				0	0	0
(23) CLAUDIA HELLEBUSH ..... PRESIDENT / CEO	40 00	X		X			122,544	0	33,412	
<b>1b Sub-Total</b> . . . . . ▶										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>1d Total (add lines 1b and 1c)</b> . . . . . ▶										

122,544      0      33,412

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> 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> . . . . .	Yes	
<b>5</b> 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> . . . . .		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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	119,736				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	3,417,793				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		42,633				
	<b>h Total.</b> Add lines 1a-1f . . . . .		3,537,529				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> LEADERSHIP PROGRAM FEE . . . . .		900099	54,526	54,526		
	<b>b</b> MEETING/EVENT RECEIPTS . . . . .		900099	4,008	4,008		
	<b>c</b> _____ . . . . .						
	<b>d</b> _____ . . . . .						
	<b>e</b> _____ . . . . .						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . .		58,534					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			16,862		16,862	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .					
		<b>c</b> Gain or (loss) . . . . .					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 119,736 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	20,822				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	26,747			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-5,925		-5,925
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code					
<b>11a</b> PROCESSING FEE . . . . .		900099	59,411	59,411			
<b>b</b> OTHER INCOME . . . . .		900099	16,055	16,055			
<b>c</b> _____ . . . . .							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			75,466				
<b>12 Total revenue.</b> See Instructions . . . . .			3,682,466	134,000	0	10,937	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,038,392	2,038,392		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	157,764	78,882	31,553	47,329
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	516,672	302,571	57,563	156,538
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	47,665	27,990	5,232	14,443
<b>9</b> Other employee benefits.	59,285	35,244	6,061	17,980
<b>10</b> Payroll taxes.	53,328	30,349	6,853	16,126
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	18,918	10,766	2,431	5,721
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.				
<b>13</b> Office expenses.	3,608	2,053	464	1,091
<b>14</b> Information technology.	29,626	16,860	3,807	8,959
<b>15</b> Royalties.				
<b>16</b> Occupancy.	49,453	28,143	6,355	14,955
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	13,551	7,712	1,741	4,098
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.	39,797		39,797	
<b>22</b> Depreciation, depletion, and amortization.	3,410	1,941	438	1,031
<b>23</b> Insurance.	6,135	3,492	788	1,855
<b>24</b> 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.)				
<b>a</b> SCHEDULE O TOTAL EXPENS	459,865	224,999	82,184	152,682
<b>b</b> FINANCIAL STABILITY PRO	162,621	162,621		
<b>c</b> SHARE THE WARMTH COSTS	39,267	39,267		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	3,699,357	3,011,282	245,267	442,808
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	73,613	<b>1</b>	77,228
	<b>2</b> Savings and temporary cash investments . . . . .	1,512,360	<b>2</b>	1,690,002
	<b>3</b> Pledges and grants receivable, net . . . . .	1,209,079	<b>3</b>	728,621
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	16,366	<b>9</b>	1,237
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	80,767		
	<b>b</b> Less accumulated depreciation	78,841	5,336	<b>10c</b> 1,926
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	28,977	<b>15</b>	5,355
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,845,731	<b>16</b>	2,504,369	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	99,528	<b>17</b>	59,829
	<b>18</b> Grants payable . . . . .	1,700,187	<b>18</b>	1,588,541
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	1,819	<b>25</b>	1,803
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,801,534	<b>26</b>	1,650,173
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	1,010,697	<b>27</b>	778,410
	<b>28</b> Temporarily restricted net assets . . . . .	33,500	<b>28</b>	75,786
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	1,044,197	<b>33</b>	854,196
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,845,731	<b>34</b>	2,504,369

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,682,466
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	3,699,357
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-16,891
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1,044,197
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-173,110
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	854,196

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> 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?</p>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2131877

**Name:** UNITED WAY OF CHESTER COUNTY INC

Form 990 (2017)

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**Form 990, Part III, Line 4a:**

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.

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

**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.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 12, 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)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 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)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 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)**. (Complete Part II )
- 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)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,429,752	4,305,551	4,413,162	4,048,421	3,537,529	20,734,415
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	4,429,752	4,305,551	4,413,162	4,048,421	3,537,529	20,734,415
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						20,734,415

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4	4,429,752	4,305,551	4,413,162	4,048,421	3,537,529	20,734,415
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,098	13,044	14,904	15,744	16,862	74,652
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	99,529	92,981	87,149	89,513	75,466	444,638
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						21,253,705
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	315,712

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.560%
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	97.510%

**16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2131877

**Name:** UNITED WAY OF CHESTER COUNTY INC

**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**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		1
<b>2</b> Aggregate value of contributions to (during year)		17
<b>3</b> Aggregate value of grants from (during year)		20,280
<b>4</b> Aggregate value at end of year		0

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**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.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		80,767	78,841	1,926
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,926

**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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESCHEAT RESERVES	1,803
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 1,803

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,588,986
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,588,986
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,093,480	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,093,480
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	3,682,466

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,778,987
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	199,857	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	199,857
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,579,130
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,120,227	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,120,227
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	3,699,357

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-2131877

**Name:** UNITED WAY OF CHESTER COUNTY INC

## Supplemental 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 2014, 2015, AND 2016 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

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	PAY DIRECTS 398,085 DONOR SPECIFIED CONTRIBUTIONS 722,142 PROMOTIONAL EVENTS -26,747

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	PROMOTIONAL EVENTS 26,747 NON-OPERATING EXPENSES 173,110

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PAY DIRECTS 398,085 DONOR SPECIFIED CONTRIBUTIONS 722,142

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

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](http://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 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

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>LIVE UNITED IN MUSIC</b> (event type)	<b>COLOR 5K RUN/WALK</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	103,386	37,172		140,558
<b>2</b>	Less Contributions . . . . .	88,611	31,125		119,736
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	14,775	6,047		20,822
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	17,149	9,598		26,747
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				26,747
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-5,925

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	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	
<b>7</b>	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	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
 

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

**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 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

2017

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. Part II can be duplicated if additional space is needed

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 (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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 &amp; 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 &amp; 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-LEVELED VOLUNTEER &amp; 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHESTER COUNTY INTERMEDIATE UNIT 455 BOOT ROAD DOWNINGTOWN, PA 19335	23-6003597	501(C)3	25,242				THE CHESTER COUNTY INTERMEDIATE UNIT PROVIDES SERVICES TO THE 12 SCHOOL DISTRICTS IN CHESTER COUNTY THIS INCLUDES SERVICES TO NEARLY 86,000 PUBLIC AND NON-PUBLIC SCHOOL STUDENTS AND OVER 6,000 EDUCATORS CCIU'S MAJOR SERVICES INCLUDE SPECIAL EDUCATION AND COMPENSATORY EDUCATION PROGRAMS, CAREER, TECHNICAL AND CUSTOMIZED EDUCATION, MENTOR TRAINING AND STAFF DEVELOPMENT, TECHNOLOGY INITIATIVES, CONSORTIA FOR SCHOOL BUSINESS OPERATIONS, AND CURRICULUM SERVICES
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

**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
BIG BROTHERSBIG SISTERS SOUTHEASTERN PENNSLYVANIA 123 S BROAD STREET STE 218 PHILADELPHIA, PA 19109	23-1352034	501(C)3	196,675				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 DOWNINGTOWN AND WEST CHESTER, AND FROM CHESTER COUNTY BUSINESSES (SUCH AS ACME, PFIZER ANIMAL HEALTH, SUSQUEHANNA BANK, ETC)
YMCA OF GREATER BRANDYWINE BRANDYWINE YMCA 295 HURLEY ROAD COATESVILLE, PA 19320	23-1365994	501(C)3	54,644				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

**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
<p>CEREBRAL PALSY ASSOCIATION OF CHESTER COUNTY INC 749 SPINGDALE DRIVE EXTON, PA 19341</p>	<p>23-2233854</p>	<p>501(C)3</p>	<p>49,214</p>				<p>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</p>
<p>CHESPENN HEALTH SERVICES 2600 W 9TH STREET 2 NORTH CHESTER, PA 19013</p>	<p>23-7354899</p>	<p>501(C)3</p>	<p>58,126</p>				<p>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</p>

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHESTER COUNTY WOMENS SERVICES PO BOX 1224 COATESVILLE, PA 19320	23-2385983	501(C)3	10,740				CRISIS PREGNANCY COUNSELING
HOUSING AUTHORITY OF CHESTER COUNTY 30 W BARNARD STREET WEST CHESTER, PA 19382	23-1664337	501(C)3	10,000				THE MISSION OF THE HOUSING AUTHORITY OF CHESTER COUNTY IS TO PROVIDE, MANAGE AND DEVELOP QUALITY AFFORDABLE HOUSING FOR INDIVIDUALS AND FAMILIES WHILE PROMOTING SELF-SUFFICIENCY AND NEIGHBORHOOD REVITALIZATION THIS WILL BE ACHIEVED THROUGH MAXIMIZING OUR RESOURCES WHILE ALWAYS ENSURING THE FINANCIAL INTEGRITY OF THE AGENCY

**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
<p>CHESTER COUNTY OIC 790 E MARKET STREET STE 10 WEST CHESTER, PA 19382</p>	<p>23-2122709</p>	<p>501(C)3</p>	<p>76,370</p>				<p>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</p>
<p>COATESVILLE AREA SENIOR CENTER 22 N 5TH AVENUE COATESVILLE, PA 19320</p>	<p>23-2040210</p>	<p>501(C)3</p>	<p>8,344</p>				<p>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</p>



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)3	78,555				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

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

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DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY PO BOX 832 WEST CHESTER, PA 19381	22-2606511	501(C)3	60,447				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	25,360				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

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<p>FAMILY SERVICE OF CHESTER COUNTY 310 N MATLACK STREET WEST CHESTER, PA 19380</p>	<p>23-1726329</p>	<p>501(C)3</p>	<p>76,560</p>				<p>RETIRED &amp; 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</p>
<p>SALVATION ARMY WEST CHESTER CORPS 701 NORTH BROAD STREET PHILADELPHIA, PA 19123</p>	<p>13-5562351</p>	<p>501(C)3</p>	<p>12,384</p>				<p>THE SALVATION ARMY, AN INTERNATIONAL MOVEMENT, IS AN EVANGELICAL PART OF THE UNIVERSAL CHRISTIAN CHURCH ITS MESSAGE IS BASED ON THE BIBLE ITS MINISTRY IS MOTIVATED BY THE LOVE OF GOD ITS MISSION IS TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION</p>

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<p>FRIENDS ASSOCIATION FOR CARE AND PROTECTION OF CHILDREN 206 N CHURCH STREET WEST CHESTER, PA 19380</p>	<p>23-1381006</p>	<p>501(C)3</p>	<p>54,442</p>				<p>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</p>
<p>HOME OF THE SPARROW 969 SWEDES FORD ROAD EXTON, PA 19341</p>	<p>23-2775004</p>	<p>501(C)3</p>	<p>23,280</p>				<p>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</p>

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HUMAN SERVICES INC 1140 MCDERMOTT DRIVE WEST CHESTER, PA 19380	23-1877090	501(C)3	19,000				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
NORTH STAR OF CHESTER COUNTY 1290 S HIGH STREET STE 209 WEST CHESTER, PA 19382	23-2713075	501(C)3	17,900				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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LEGAL AID SOUTHEASTERN PENNSYLVANIA CHESTER COUNTY DIVISION 222 N WALNUT STREET 2ND FLOOR WEST CHESTER, PA 19380	23-1901014	501(C)3	27,250				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
MATERNAL AND CHILD HEALTH CONSORTIUM 30 W BARNARD STREET WEST CHESTER, PA 19382	23-2775806	501(C)3	17,261				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 ADULT BASIC, 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

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NEIGHBORHOOD HEALTH AGENCIES INC 795 EAST MARSHALL STREET WEST CHESTER, PA 19380	23-2324782	501(C)3	6,993				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	22,000				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	52,825				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	25,282				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



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PHOENIXVILLE SENIOR CENTER 153 CHURCH STREET PHOENIXVILLE, PA 19460	23-2107124	501(C)3	13,296				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
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 8 SOUTH WAYNE STREET WEST CHESTER, PA 19382	23-1683247	501(C)3	14,530				PSEP 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

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SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 19380	23-2734615	501(C)3	59,649				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	40,716				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	34,386				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

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THE CRIME VICTIMS' CENTER OF CHESTER COUNTY INC 236 WEST MARKET STREET WEST CHESTER, PA 19382	23-2039284	501(C)3	41,208				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
THE GOOD SAMARITAN SHELTER INC PO BOX 551 PHOENIXVILLE, PA 19460	23-3011817	501(C)3	22,702				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

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(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
SURREY SERVICES FOR SENIORS 60 SURREY WAY DEVON, PA 19333	23-2610145	501(C)3	17,409				SURREY'S MISSION IS TO HELP OLDER ADULTS LIVE WITH INDEPENDENCE AND DIGNITY AND TO CONTINUE AS ACTIVE MEMBERS OF THE COMMUNITY
THE SALVATION ARMY SERVICE EXTENSION (SERVICE UNITS) 101 EAST MARKET STREET WEST CHESTER, PA 19380	13-5562351	501(C)3	23,000				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	12,410				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 EXTREMETIES WHEN PATIENTS REQUIRE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLS), HOME HEALTH AIDES ASSIST THEM WITH BATHING, DRESSING, LIGHT HOUSEKEEPING, AND MEAL PREPARATION
BOY SCOUTS OF AMERICA 504 CONCORD ROAD WEST CHESTER, PA 19382	22-1576300	501(C)3	7,270				TO PREPARE YOUNG PEOPLE TO MAKE ETHICAL AND MORAL CHOICES OVER THIER LIFETIMES BY INSTILLING IN THE, THE VALUES OF THE SCOUT OATH AND LAW

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEER ENGLISH PROGRAM OF CHESTER COUNTY 790 E MARKET STREET STE 21 WEST CHESTER, PA 19382	22-2685077	501(C)3	18,460				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
WEST CHESTER AREA DAY CARE CENTER 501 EAST NIELDS STREET WEST CHESTER, PA 19382	23-1613599	501(C)3	71,298				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

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
WEST CHESTER AREA SENIOR CENTER 530 EAST UNION STREET WEST CHESTER, PA 19382	23-2149355	501(C)3	31,012				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
FOUNDATION FOR DELAWARE COUNTY PA 200 EAST STREET MEDIA, PA 19063	22-2540853	501(C)3	10,000				TO BUILD A HEALTHY COMMUNITY AND ENCOURAGE PHILANTHROPY IN DELAWARE COUNTY



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTH MENTORING PARTNERSHIP 20 LIBERTY BLVD MALVERN, PA 19355	26-1366523	501(C)3	29,200				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	35,000				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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A BETTER CHANCE STRATH HAVEN PA BOX 495 SWARTHMORE, PA 19081	23-7442931	501(C)3	10,000				A SOLID, NURTURING HOME ENVIRONMENT, FIRST-RATE ACADEMIC AND CULTURAL OFFERINGS, FRIENDSHIP AND MENTORING -- THESE ELEMENTS BRING LIMITLESS OPPORTUNITIES TO GIFTED YOUNG PEOPLE ABC STUDENTS EMERGE WITH THE PASSION, VISION AND CONFIDENCE THEY WILL NEED AS CREATIVE LEADERS IN A RAPIDLY-CHANGING WORLD
CHARLES A MELTON ARTS & EDUCATION CENTER 501 E MINER STREET WEST CHESTER, PA 19382	23-1381458	501(C)3	16,235				PROVIDE RECREATIONAL, CULTURAL AND SOCIAL SERVICES TO THE COMMUNITY

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COATESVILLE YOUTH INITIATIVE 50 SOUTH FIRST AVENUE COATESVILLE, PA 19320	46-3277499	501(C)3	32,312				ENHANCE AND IMPROVE THE KNOWLEDGE AND EXPERIENCES OF THE YOUTH OF THE GREATER COATESVILLE AREA
CHILD GUIDANCE RESOURCE CENTER 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501(C)3	20,000				WITH OVER 59 YEARS OF SERVICE, CHILD GUIDANCE IS COMMITTED TO CREATING AND SUSTAINING HEALTHY, SECURE COMMUNITIES THROUGH HIGHLY QUALIFIED CLINICAL SERVICES OUR WORK ADVOCATES FOR, AND MAINTAINS THE HEALTH AND WELL-BEING OF THE CLIENTS WE SERVE VITAL TO THIS COMMITMENT IS AN OUTSTANDING CLINICAL AND SUPPORT STAFF THAT PROVIDES SERVICES OF UNPARALLELED VALUE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRENCH AND PICKERING CREEKS CONS TRUST 511 KIMBERTON ROAD PHOENIXVILLE, PA 19460	23-6429095	501(C)3	10,000				TO PRESERVE, STEWARD, AND CONNECT PEOPLE TO THE LAND IN NORTHERN CHESTER COUNTY
GOOD WORKS PO BOX 1441 COATESVILLE, PA 19320	23-2513834	501(C)3	5,457				TRANSFORMING LIVES BY REPAIRING HOMES FOR LOW INCOME FAMILIES AND SHARING THE HOPE FOUND IN JESUS CHRIST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARTNERS IN OUTREACH PO BOX 21 CHESTER SPRINGS, PA 19425	27-2391809	501(C)3	6,300				PROVIDE COMPASSION IN MOMENTS OF NEED, RECOGNIZING OPPORTUNITIES, AND INSPIRING BOTH THOSE WHO GIVE AND THOSE WHO RECEIVE
HANDI-CRAFTERS INC 215 BARLEY SHEAF ROAD THORNDALE, PA 19372	23-1609968	501(C)3	17,818				OVER 50 YEARS AGO, A DEDICATED GROUP OF PARENTS GATHERED WITH A VISION THAT VISION BECAME THE MISSION TO GIVE INDIVIDUALS WITH SPECIAL NEEDS A PURPOSE PROVIDING MEANINGFUL WORK WAS THEIR ANSWER! THE VISION, HOPE AND PASSION OF THOSE PARENTS IS THE CORNERSTONE OF WHAT WE DO TODAY AT HANDI-CRAFTERS

**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
THORNCROFT THERAPEUTIC HORSEBACK RIDING 190 LINE RD MALVERN, PA 19355	23-2218431	501(C)3	5,127				OUR MISSION IS TO DEVELOP THE PHYSICAL AND EMOTIONAL WELL-BEING OF ALL PEOPLE INCLUDING THOSE WITH SPECIAL NEEDS WE ARE COMMITTED TO PERSONAL GROWTH AND EDUCATION IN AN EQUESTRIAN ENVIRONMENT OF RESPECT AND LOVE
UNITED WAY OF MADISON COUNTY AL 701 ANDREW JACKSON WAY NE HUNTSVILLE, AL 35801	63-0366294	501(C)3	7,674				UNITED WAY OF MADISON COUNTY IS WORKING TO CREATE THE KIND OF COMMUNITY WE ALL WANT TO LIVE IN WHERE EVERY CHILD GRADUATES AND ACHIEVES THEIR DREAMS, WHERE EVERY PERSON HAS A GOOD JOB THAT ALLOWS THEM TO FULLY PROVIDE FOR THEIR FAMILY, AND WHERE EVERY FAMILY IS STRONGER BECAUSE THEY ARE HEALTHY WE WORK TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY BY ENGAGING PEOPLE AND ORGANIZATIONS TO ADVANCE EDUCATION, INCOME AND HEALTH OUTCOMES FOR ALL WE INVITE YOU TO JOIN WITH US TOGETHER, UNITED, WE CAN INSPIRE HOPE AND CREATE A BETTER FUTURE FOR EVERYONE THAT CALLS MADISON COUNTY HOME THAT'S WHAT IT MEANS TO LIVE UNITED

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF PALM BEACH COUNTY FL 4775 ROSEMARY AVE SUITE 230 WEST PALM BEACH, FL 33401	59-0683258	501(C)3	30,200				TO ENSURE THAT EVERYONE IN PALM BEACH COUNTY FLORIDA HAS ACCESS TO THE BASICS, A QUALITY EDUCATION, A PLACE TO LIVE, FINANCIAL STABILITY, GOOD MEDICAL CARE, AND ENOUGH TO EAT
UNITED WAY OF THE SOUTHERN TIER NY 518 NORTH NEVADA AVE COLORADO SPRINGS, CO 80903	84-0511799	501(C)3	28,052				UNITE AND PRIORITIZE RESOURCES TO IMPROVE THE QUALITY OF LIFE OF EVERY PERSON AND EVERY FAMILY IN OUR COMMUNITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHESTER COUNTY COUNCIL BOY SCOUTS OF AMERICA 504 SOUTH CONCORD ROAD WEST CHESTER, PA 19382	23-1365192	501(C)3	5,000				TO DELIVER EFFECTIVE PROGRAMS WHICH DEVELOP THE CHARACTER, SELF-RELIANCE, CITIZENSHIP VALUES AND LEADERSHIP OF CHESTER COUNTY YOUTH
CHESTER COUNTY HOSPITAL FOUNDATION 701 E MARSHALL STREET WEST CHESTER, PA 19380	23-2267407	501(C)3	34,386				COMMUNITY HEALTH CARE SUPPORT THROUGH THE CHESTER COUNTY HOSPITAL AND OTHER AFFILIATES



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIRTHRIGHT OF WEST CHESTER 112 SOUTH HIGH STREET WEST CHESTER, PA 19382	23-2205767	501(C)3	9,164				PROVIDING SERVICES SUCH AS COUNSELING, PREGNANCY TESTS, LOCATING SHELTER FOR PREGNANT WOMEN, PROVIDING BASIC BABY NECESSITIES INCLUDING DIAPERS, CLOTHING AND SUPPLIES
PIKES PEAK UNITED WAY CO 300 NASSER CIVIC CENTER PLAZA SUITE 220 CORNING, NY 14830	16-1451041	501(C)3	51,180				TO IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> CLAUDIA HELLEBUSH PRESIDENT / CEO	(i)	122,544	0	0	0	33,412	155,956	0
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (UNITED WAY OF CHESTER COUNTY INC) and 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, and (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? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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)**

**Noncash Contributions**

OMB No 1545-0047

**2017**

▶ **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](http://www.irs.gov/form990)**

**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 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	77,569	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**

	Yes	No
<b>30a</b> 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?		No
<b>b</b> If "Yes," describe the arrangement in Part II		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
<b>b</b> If "Yes," describe in Part II		
<b>33</b> 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)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**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

**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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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	ANYONE MAY REQUEST TO INSPECT THE ORGANIZATIONAL DOCUMENTS AT THE ORGANIZATION'S MAIN LOCATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	NON-OPERATING EXPENSES -173,110

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A	PROGRAM EXPENSES BANK FEES 2,124 MISCELLANEOUS 902 MEMBERSHIP DUES 421 POSTAGE 1,190 PRINTING & SUPPLIES 25,569 PROCESSING FEES 313 SERVICE AGREEMENTS 2,690 UTILITIES 1,950 PAY DIRECTS 398,085 TRANSFER TO FUNDRAISING AND M&G (208,245) TOTAL OTHER PROGRAM \$ 224,999 MANAGEMENT AND GENERAL EXPENSES BANK FEES 479 MISCELLANEOUS 204 MEMBERSHIP DUES 95 POSTAGE 269 PRINTING & SUPPLIES 5,773 PROCESSING FEES 71 SERVICE AGREEMENTS 607 UTILITIES 441 TRANSFER FROM PROGRAM 74,245 TOTAL OTHER M&G EXPENSES \$ 82,184 FUNDRAISING EXPENSES BANK FEES 1,129 MISCELLANEOUS 479 MEMBERSHIP DUES 224 POSTAGE 632 PRINTING & SUPPLIES 13,586 PROCESSING FEES 166 SERVICE AGREEMENTS 1,429 UTILITIES 1,037 TRANSFER FROM PROGRAM 134,000 TOTAL OTHER FUNDRAISING EXPENSES \$ 152,682