

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

F Name and address of principal officer:
CHRISTOPHER SAELLO
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.

3 Number of voting members of the governing body (Part VI, line 1a)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	9
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,077,438	3,560,474
9 Program service revenue (Part VIII, line 2g)	56,121	71,160
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,406	18,372
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,246	89,154
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,223,211	3,739,160
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,708,508	1,393,791
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	674,882	680,782
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶333,107		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	879,751	845,257
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,263,141	2,919,830
19 Revenue less expenses. Subtract line 18 from line 12	-39,930	819,330
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,035,980	1,950,889
21 Total liabilities (Part X, line 26)	1,376,243	602,914
22 Net assets or fund balances. Subtract line 21 from line 20	659,737	1,347,975

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 2020-11-11

CHRISTOPHER SAELLO PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00454914
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 \$ 2,361,593 including grants of \$ 1,393,791) (Revenue \$ 162,256)
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 ▶ 2,361,593

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (22); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 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); 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 2 columns: Question, Answer. 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (Own website, Another's website, Upon request); 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.

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

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

(A) 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) TIMOTHY T NELSON DIRECTOR	1.00	X						0	0	0
(9) CJ WITHERSPOON DIRECTOR	1.00	X						0	0	0
(10) BRIAN PARSONS TREASURER	1.00	X		X				0	0	0
(11) TONY SCHIEVERT DIRECTOR	1.00	X						0	0	0
(12) STEVE SHIHADDEH DIRECTOR	1.00	X						0	0	0
(13) CHARLES D KOCHKA DIRECTOR	1.00	X						0	0	0
(14) STEPHEN DIMARCO DIRECTOR	1.00	X						0	0	0
(15) JOSEPH O'BRIEN DIRECTOR	1.00	X						0	0	0
(16) DAVID ZIMMERMAN DIRECTOR	1.00	X						0	0	0
(17) CAROLYN BEAM SECRETARY	1.00	X		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) ALFRED RUNDLE JR DIRECTOR	1.00	X						0	0	0
(19) PETER J SILVESTER JR BOARD CHAIR	1.00	X		X				0	0	0
(20) CELESTE BARR DIRECTOR	1.00	X						0	0	0
(21) CHRIS SAELLO PRESIDENT / CEO	40.00			X			128,000	0	28,711	
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶										

1b Sub-Total ▶			
1c Total from continuation sheets to Part VII, Section A ▶			
1d Total (add lines 1b and 1c) ▶	128,000	0	28,711

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	79,700				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,480,774				
	g Noncash contributions included in lines 1a - 1f:\$	1g	40,259				
	h Total. Add lines 1a-1f			3,560,474			
Program Service Revenue	2a LEADERSHIP PROGRAM FEE	Business Code					
		900099	67,166	67,166			
	b MEETING/EVENT RECEIPTS	900099	3,994	3,994			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.			71,160				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		18,372			18,372	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a				
			(ii) Personal				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 79,700 of contributions reported on line 1c). See Part IV, line 18		8a	14,450			
		b Less: direct expenses	8b	16,392			
		c Net income or (loss) from fundraising events			-1,942		-1,942
	9a Gross income from gaming activities. See Part IV, line 19		9a				
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a SERVICE FEE	900099	49,497	49,497				
b OTHER INCOME	900099	41,599	41,599				
c							
d All other revenue							
e Total. Add lines 11a-11d			91,096				
12 Total revenue. See instructions			3,739,160	162,256	0	16,430	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,393,791	1,393,791		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	157,312	78,656	31,462	47,194
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	409,921	268,865	46,590	94,466
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,824	19,357	3,026	6,441
9 Other employee benefits	39,911	26,659	4,269	8,983
10 Payroll taxes	44,814	27,731	6,014	11,069
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,080	9,951	2,158	3,971
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,478	1,533	332	613
12 Advertising and promotion				
13 Office expenses	7,171	4,437	963	1,771
14 Information technology	33,890	20,971	4,548	8,371
15 Royalties				
16 Occupancy	67,515	41,778	9,061	16,676
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,732	6,022	1,306	2,404
20 Interest				
21 Payments to affiliates	29,944		29,944	
22 Depreciation, depletion, and amortization	867	537	116	214
23 Insurance	9,150	5,662	1,228	2,260
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCHEDULE O TOTAL EXPENS	520,094	307,307	84,113	128,674
b FINANCIAL STABILITY PRO	132,906	132,906		
c SHARE THE WARMTH COSTS	15,430	15,430		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,919,830	2,361,593	225,130	333,107
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	79,126	1	255,733	
	2 Savings and temporary cash investments	1,281,447	2	1,038,916	
	3 Pledges and grants receivable, net	668,806	3	642,626	
	4 Accounts receivable, net		4		
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	88,648			
	b Less: accumulated depreciation	80,389	1,246	10c	8,259
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,355	15	5,355	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,035,980	16	1,950,889		
Liabilities	17 Accounts payable and accrued expenses	45,772	17	52,238	
	18 Grants payable	1,329,404	18	412,489	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23	136,900	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,067	25	1,287	
	26 Total liabilities. Add lines 17 through 25	1,376,243	26	602,914	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	617,999	27	1,139,531	
	28 Net assets with donor restrictions	41,738	28	208,444	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	659,737	32	1,347,975		
33 Total liabilities and net assets/fund balances	2,035,980	33	1,950,889		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,739,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,919,830
3	Revenue less expenses. Subtract line 2 from line 1	3	819,330
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	659,737
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-131,092
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,347,975

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2131877

Name: UNITED WAY OF CHESTER COUNTY INC

Form 990 (2019)

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.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CHESTER COUNTY INC

Employer identification number
23-2131877

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

The organization is not a private foundation because it is: (For lines 1 through 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,413,162	4,048,421	3,537,529	3,077,438	3,560,474	18,637,024
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	4,413,162	4,048,421	3,537,529	3,077,438	3,560,474	18,637,024
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						18,637,024

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	4,413,162	4,048,421	3,537,529	3,077,438	3,560,474	18,637,024
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	14,904	15,744	16,862	26,406	18,372	92,288
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	87,149	89,513	75,466	66,095	91,096	409,319
11 Total support. Add lines 7 through 10						19,138,631
12 Gross receipts from related activities, etc. (see instructions)					12	361,954

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.380 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	97.490 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		88,648	80,389	8,259
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,259

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,287

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,798,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,798,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	940,593
c	Add lines 4a and 4b	4c	940,593
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,739,160

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

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

1	Total expenses and losses per audited financial statements	1	2,110,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	131,092
e	Add lines 2a through 2d	2e	131,092
3	Subtract line 2e from line 1	3	1,979,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	940,593
c	Add lines 4a and 4b	4c	940,593
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,919,830

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 2016, 2017, AND 2018 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 433,560. DONOR SPECIFIED CONTRIBUTIONS 507,033. PROMOTIONAL EVENTS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	PROMOTIONAL EVENTS NON-OPERATING EXPENSES 131,092.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PAY DIRECTS 433,560. DONOR SPECIFIED CONTRIBUTIONS 507,033.

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) Total events
		LIVE UNITED IN MUSIC (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	94,150			94,150
2	Less: Contributions	79,700			79,700
3	Gross income (line 1 minus line 2)	14,450			14,450
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,392			16,392
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,392
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,942

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))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash 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 & PROGRAM SUMMARY REVIEW AGENCIES ARE GIVEN A NUMERICAL RATING THAT DIRECTLY CORRESPONDS TO THE RESULTS OF THE FOLLOWING KEY AREAS: A. AGENCY AND PROGRAM SUMMARY FINDINGS AS DETERMINED BY THE VISITATION B. RESULTS OF THE LOGIC MODEL/APPLICATION C. ALIGNMENT OF UWCC STRATEGIES D. ADHERENCE TO THE UWCC AGENCY PARTNERSHIP AGREEMENT E. FINANCIAL & BUDGET INFORMATION. THE FINANCIAL AND BUDGET INFORMATION REFERS TO AN AGENCY'S DETAILED FINANCIAL PLAN INCLUDING ASSESSMENT OF ITS ALTERNATE FUNDING SOURCES, FINANCIAL NEED AND RESOURCE DEVELOPMENT AND STEWARDSHIP. IN ASSESSING FINANCIAL MATTERS SPECIFICALLY, THE ORGANIZATION'S AUDIT, AGENCY AND PROGRAM BUDGETS (PREVIOUS YEAR ACTUAL, CURRENT YEAR PLAN, CURRENT YEAR ESTIMATE AND NEXT FISCAL YEAR PLAN) IS REVIEWED BY STAFF AND VOLUNTEERS. IV. END OF THE YEAR REPORT EACH AGENCY IS RESPONSIBLE FOR COMPLETING AN END OF THE YEAR REPORT AT THE COMPLETION OF THE FUNDING CYCLE. THIS REPORT SUMMARIZES METRICS OF THE FUNDED PROGRAM, OUTCOME MEASUREMENTS, AND WHAT WAS ACTUALLY ACCOMPLISHED. IT ALSO PROVIDES NARRATIVE ON WHETHER OR NOT METRICS WERE MET, AND WHAT IF ANY BARRIERS WERE IN PLACE TO REACHING SAID METRICS AND THE LESSONS LEARNED. V. MULTI-LEVELLED VOLUNTEER & STAFF REVIEW KEY VOLUNTEERS AND STAFF MEET MONTHLY TO REVIEW AND PROVIDE FEEDBACK ON ALL STAGES OF THE FUND DISTRIBUTION PROCESS AND DISCUSS AGENCY/PROGRAM ISSUES. COMMUNITY IMPACT TEAMS COMPRISED OF COMMUNITY VOLUNTEERS FROM ALL SECTORS MEET EVERY OTHER MONTH AND REPORT ON THE VISITATION AND ASSESSMENT PROCESS. THE IMPACT COUNCIL, WHICH CONSISTS OF THE CHAIRS OF EACH COMMUNITY IMPACT TEAM AND BOARD REPRESENTATION ALSO MEETS EVERY OTHER MONTH TO DISCUSS REPORTS AND FINDING FROM THE TEAMS. THIS BODY ALSO MEETS IN MAY TO DETERMINE FUNDING LEVELS FOR PARTNER AGENCIES BASED ON THE ABOVE ASSESSMENT PROCESS. THE BOARD HAS FINAL APPROVAL OF FUNDING RECOMMENDATIONS AND IS UPDATED ON ISSUES AS APPROPRIATE THROUGHOUT THE YEAR.</p>

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERSBIG SISTERS SOUTHEASTERN PENNSLYVANIA 123 S BROAD STREET STE 218 PHILADELPHIA, PA 19109	23-1352034	501(C)3	178,275				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	53,015				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.

(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
CEREBRAL PALSY ASSOCIATION OF CHESTER COUNTY INC 749 SPINGDALE DRIVE EXTON, PA 19341	23-2233854	501(C)3	18,675				ADULT SERVICES - THE ADULT SERVICES PROGRAM PROVIDES SUPPORTS AND SERVICES FOR THE MANY NEEDS OF ADULTS WITH SEVERE PHYSICAL DISABILITIES IN ORDER TO HELP THEM THROUGH DIFFICULTIES THAT MAY THREATEN THEIR HEALTH AND INDEPENDENCE. THE PROGRAM PROVIDES IN-HOME CASE MANAGEMENT AND DIRECT SERVICES TO ADULTS AGES 18 TO 60 WHO ARE PHYSICALLY DISABLED BUT MENTALLY ALERT. COMMUNITY SOCIAL SERVICES - CSS IS A PROGRAM THAT INCLUDES A SET OF RELATED SERVICES FOR INDIVIDUALS WITH PHYSICAL DISABILITIES SO THAT THEY CAN LEAD HEALTHY LIVES IN THE COMMUNITY. EARLY INTERVENTION PROGRAM - THIS PROGRAM PROVIDES COMPREHENSIVE SERVICES TO CHILDREN AND FAMILIES WHO ARE DEVELOPMENTAL DELAYED AND/OR DISABLED IN THEIR HOMES AND THE COMMUNITY (SETTINGS LIKE DAYCARE CENTERS AND COMMUNITY PLAYGROUNDS). THESE SERVICES INCLUDE: FAMILY TRAINING, SPECIAL INSTRUCTION, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, SOCIAL WORK AND NURSING SERVICES.
CHESPENN HEALTH SERVICES 2600 W 9TH STREET 2 NORTH CHESTER, PA 19013	23-7354899	501(C)3	11,250				THE CHESPENN FAMILY HEALTH CENTER AT COATESVILLE IS A FEDERALLY QUALIFIED HEALTH CENTER ("FQHC") THAT HAS BEEN PROVIDING PRIMARY HEALTH CARE AND PRENATAL SERVICES TO THE LOW-INCOME, UNINSURED AND UNDERINSURED RESIDENTS OF COATESVILLE AND SURROUNDING COMMUNITIES SINCE JULY 2005. THE HEALTH CENTER PROVIDES QUALITY HEALTH CARE TO ALL INDIVIDUALS REGARDLESS OF THEIR ABILITY TO PAY. SERVICES PROVIDED AT THIS CENTER CURRENTLY INCLUDE COMPREHENSIVE FAMILY HEALTH CARE, PRENATAL SERVICES, HIV/AIDS CARE, SOCIAL SERVICES, AN IN-HOUSE LABORATORY, DENTAL CARE (THROUGH CHESTER COUNTY COMMUNITY DENTAL CENTER), AND A VARIETY OF COMMUNITY HEALTH EDUCATION AND OUTREACH EFFORTS.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER COUNTY OIC 790 E MARKET STREET STE 10 WEST CHESTER, PA 19382	23-2122709	501(C)3	16,249				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.
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)3	35,756				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.

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PHOENIXVILLE AREA COMMUNITY SERVICES 257 CHURCH STREET PHOENIXVILLE, PA 19460	23-1902190	501(C)3	9,230				THE MISSION OF PHOENIXVILLE AREA COMMUNITY SERVICES IS TO ASPIRE TO BE THE LEAD RESOURCE FOR FOOD INSECURITY IN THE COMMUNITY.
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY PO BOX 832 WEST CHESTER, PA 19381	22-2606511	501(C)3	13,239				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.

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PHOENIXVILLE AREA SENIOR CENTER 153 CHURCH STREET PHOENIXVILLE, PA 19460	23-2107124	501(C)3	9,130				THE PHOENIXVILLE AREA SENIOR CENTER EXISTS TO SERVE, SUPPORT AND ENHANCE THE LIVES OF ALL SENIOR CITIZENS, 55 YEARS OF AGE AND OLDER BY PROVIDING OPPORTUNITIES IN THE WAY OF PROGRAMS AND ACTIVITIES DESIGNED TO PROMOTE ACTIVE, INDEPENDENT, HEALTHY LIFESTYLES.
FAMILY SERVICE OF CHESTER COUNTY 310 N MATLACK STREET WEST CHESTER, PA 19380	23-1726329	501(C)3	70,249				RETIRED & SENIOR VOLUNTEER PROGRAM- LINKS INDIVIDUALS AGE 55+ WHO WISH TO CONTRIBUTE TO THEIR COMMUNITY THROUGH VOLUNTEER SERVICE WITH AREA AGENCIES AND NON-PROFIT ORGANIZATIONS THAT SERVE THE CRITICAL NEEDS OF THE COMMUNITY. STAFF RECRUIT, EXTENSIVELY INTERVIEW, TRAIN WHEN NECESSARY AND PLACE VOLUNTEERS ACCORDING TO THEIR SKILLS, INTERESTS, CAREER BACKGROUND, AND LIFE EXPERIENCE. COUNSELING PROGRAM- THERAPISTS CONSISTENTLY HELP FAMILY MEMBERS AND FAMILIES AS UNITS TO REGAIN STABILITY DURING PERIODS OF CRISIS. THERAPISTS HELP FAMILY MEMBERS AND UNITS TO STRENGTHEN THEIR PERSONAL AND INTERPERSONAL SKILLS, AS WELL AS THEIR SKILLS IN NEGOTIATING THE SOCIAL SYSTEMS WITH WHICH THEY INTERACT ON A DAILY BASIS. PROGRAM ADDRESSES ROOT PROBLEMS THAT INTERFERE WITH PERSONS' ABILITIES TO TAKE ADVANTAGE OF AND SUCCEED IN THE NUMEROUS PROGRAMS DESIGNED TO MOVE FAMILIES TOWARDS SELF-SUFFICIENCY OR THAT INTERFERE WITH THEIR ABILITIES TO SUSTAIN THEIR PREVIOUS LEVEL OF SUCCESSFUL LIVING.

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

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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>21,259</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>10,122</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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THE GOOD SAMARITAN SHELTER INC PO BOX 551 PHOENIXVILLE, PA 19460	23-3011817	501(C)3	10,885				GOOD SAMARITAN SERVICES GIVES IMMEDIATE HELP TO PEOPLE WHO ARE EXPERIENCING HOMELESSNESS, AND HELPS THOSE AT RISK OF BECOMING HOMELESS, BY RESTORING THEIR LIVES TO STABILITY. WE ENGAGE THE COMMUNITY TO SUPPORT THESE EFFORTS.
THE SALVATION ARMY SERVICE EXTENSION (SERVICE UNITS) 101 EAST MARKET STREET WEST CHESTER, PA 19380	13-5562351	501(C)3	15,000				A UNIT CONSISTS OF VOLUNTEERS FROM THE COMMUNITY WHO HAVE BEEN ORGANIZED TO ASSIST THE SALVATION ARMY WITH ITS RELIGIOUS AND CHARITABLE ACTIVITIES. THE SALVATION ARMY SERVICE EXTENSION PROGRAM IS FUNDED THROUGH GENEROUS DONATIONS FROM INDIVIDUALS WHO CARE ABOUT HELPING OTHERS.

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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	6,550				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.
SURREY SERVICES FOR SENIORS 60 SURREY WAY DEVON, PA 19333	23-2610145	501(C)3	6,376				SURREY INSPIRES AND ENABLES ALL OF US, AS WE AGE, TO LIVE WITH INDEPENDENCE AND DIGNITY, AND AS ENGAGED MEMBERS OF THE COMMUNITY.

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<p>OPEN HEARTH INC 101 N MAIN STREET STE A-1 SPRING CITY, PA 19475</p>	<p>23-2652023</p>	<p>501(C)3</p>	<p>89,761</p>				<p>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.</p>
<p>PHOENIXVILLE AREA CHILDREN'S LEARNING CENTER 310 MAIN STREET PHOENIXVILLE, PA 19460</p>	<p>23-1658931</p>	<p>501(C)3</p>	<p>16,750</p>				<p>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.</p>

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NORTH STAR OF CHESTER COUNTY 330 W MARKET STREET WEST CHESTER, PA 19382	23-2713075	501(C)3	6,270				NORTH STAR OF CHESTER COUNTY, FORMERLY INTERFAITH HOUSING ASSISTANCE CORPORATION OF CHESTER COUNTY, GUIDES CHESTER COUNTY'S SINGLE WORKING PARENTS WITH DEPENDENT CHILDREN, WHO ARE AT RISK OF HOMELESSNESS, TOWARD STABILITY AND FINANCIAL INDEPENDENCE. WE HELP OUR PARTICIPANT FAMILIES REMAIN IN CLEAN, SAFE, AFFORDABLE HOUSING AS THEY WORK TO SECURE THEIR FUTURE THROUGH A STRUCTURED PROGRAM OF FINANCIAL ASSISTANCE, MENTORING AND SUPPORTIVE SERVICES.
VOLUNTEER ENGLISH PROGRAM 790 E MARKET STREET STE 21 WEST CHESTER, PA 19382	22-2685077	501(C)3	6,510				THE VOLUNTEER ENGLISH PROGRAM CONNECTS VOLUNTEERS WITH ADULT ENGLISH LANGUAGE LEARNERS TO PROVIDE ONE-TO-ONE TUTORING AND CULTURAL ENRICHMENT THAT EMPOWERS IMMIGRANTS TO BE SUCCESSFUL.

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PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA 8 SOUTH WAYNE STREET WEST CHESTER, PA 19382	23-1683247	501(C)3	7,402				PPSEP HAS ESTABLISHED ITSELF AS A RECOGNIZED SOURCE OF QUALITY, AFFORDABLE REPRODUCTIVE HEALTH CARE AND PREVENTION EDUCATION WITHIN THE CHESTER COUNTY COMMUNITY. CLINICAL SERVICES AT THE CENTER INCLUDE COMPREHENSIVE, PREVENTIVE GYNECOLOGIC HEALTH CARE; FULL FAMILY PLANNING AND CONTRACEPTIVE SERVICES; SCREENING, DIAGNOSIS AND LIMITED TREATMENT SERVICES; FREE AND CONFIDENTIAL TESTING, TREATMENT, AND COUNSELING FOR SEXUALLY TRANSMITTED INFECTIONS.
SAFE HARBOR OF CHESTER COUNTY INC 20 N MATLACK ST WEST CHESTER, PA 19380	23-2734615	501(C)3	18,710				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.

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THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	23-1604737	501(C)3	19,652				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.
CHESTER COUNTY HOSPITAL FOUNDATION 701 EAST MARSHALL STREET WEST CHESTER, PA 19380	23-0469150	501(C)3	17,835				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.

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PARKESBURG POINT YOUTH CENTER PO BOX 731 PARKESBURG, PA 19365	03-0399261	501(C)3	13,893				THE POINT'S MISSION IS TO EMPOWER YOUTH AND THEIR FAMILIES TO LIVE VICTORIOUSLY BY OFFERING A SAFE, ENGAGING AND SPIRIT-FILLED ENVIRONMENT.
THE CRIME VICTIMS' CENTER OF CHESTER COUNTY INC 236 WEST MARKET STREET WEST CHESTER, PA 19382	23-2039284	501(C)3	11,464				DIRECT SERVICES-COMPREHENSIVE, PRIVATE, NON-PROFIT AGENCY THAT PROVIDES SERVICES TO VICTIMS OF AND WITNESSES TO SEXUAL ASSAULT AND OTHER CRIMES (AND THEIR FAMILIES) WHO LIVE IN OR ARE VICTIMIZED IN CHESTER COUNTY. SERVICES INCLUDE BUT ARE NOT LIMITED TO HOTLINE SUPPORT, CRISIS RESPONSE, ACCOMPANIMENT TO MEDICAL/POLICE/CRIMINAL JUSTICE AND OTHER PROCEDURES, MEDICAL/LEGAL/PERSONAL ADVOCACY, VICTIM RIGHTS NOTIFICATION AND SERVICES, ASSISTANCE WITH FILING FOR CRIME VICTIM'S COMPENSATION, INDIVIDUAL AND GROUP SUPPORTIVE COUNSELING, ASSISTANCE WITH NON-CRIMINAL LEGAL MATTERS INCLUDING PROTECTION FROM ABUSE ORDERS, INTAKE AND ASSESSMENT, AND INFORMATION AND REFERRAL ON ISSUES THAT WILL ASSIST VICTIMS AND/OR THEIR SIGNIFICANT OTHERS MANAGE THE EFFECTS OF THEIR VICTIMIZATION. PREVENTION/EDUCATION -PROGRAM IS DESIGNED TO EDUCATE THE COMMUNITY ABOUT VIOLENCE PREVENTION, VICTIMS' ISSUES, AND TO INCREASE PUBLIC AWARENESS OF THE DEBILITATING EFFECTS OF CRIME AND VIOLENCE ON THE INDIVIDUAL.

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WEST CHESTER AREA DAY CARE CENTER 501 EAST NIELDS STREET WEST CHESTER, PA 19382	23-1613599	501(C)3	22,368				DAY CARE CENTER -TO PROVIDE A QUALITY, EARLY CHILDHOOD EDUCATION PROGRAM THAT DEVELOPS CHILDREN EMOTIONALLY, SOCIALLY, INTELLECTUALLY, AND PHYSICALLY IN A SAFE AND NURTURING ENVIRONMENT ESPECIALLY THOSE WITH THE GREATEST FINANCIAL NEED. BY IMPLEMENTING A DEVELOPMENTALLY APPROPRIATE CURRICULUM FOR CHILDREN AGED 6 WEEKS THROUGH KINDERGARTEN, WE ADDRESS EVERY CHILD'S EDUCATIONAL NEEDS. PROVIDE FREE NUTRITIONALLY BALANCED MEALS AND FORMULA FOR THE INFANTS.
WEST CHESTER AREA SENIOR CENTER 530 EAST UNION STREET WEST CHESTER, PA 19382	23-2149355	501(C)3	21,491				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.

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ORION COMMUNITIES 237 BRIDGE STREET PHOENIXVILLE, PA 19460	23-2074061	501(C)3	7,600				ORION BELIEVES THAT EVERY PERSON DESERVES SHELTER, FOOD, CLOTHING, TRANSPORTATION, ACCESS TO HEALTHCARE AND HUMAN INTERACTION. ORION LISTENS AT THE STREET LEVEL AND RESPONDS TO THE UNMET NEEDS OF OUR MOST VULNERABLE NEIGHBORS WITH CREATIVITY, COMPASSION AND COLLABORATION.
YOUTH MENTORING PARTNERSHIP 20 LIBERTY BLVD MALVERN, PA 19355	26-1366523	501(C)3	16,110				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.

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
LIFE TRANSFORMING MINISTRIES 643 E LINCOLN HIGHWAY COATESVILLE, PA 19320	23-2989224	501(C)3	12,500				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.
WEST CHESTER FOOD CUPBOARD 431 S BOLMAR STREET WEST CHESTER, PA 19382	46-1420690	501(C)3	28,117				THE WEST CHESTER FOOD CUPBOARD COMMITS TO PROVIDE A VARIETY OF FRESH AND NONPERISHABLE HEALTHY FOOD ITEMS TO WEST CHESTER RESIDENTS IN NEED BECAUSE NO ONE SHOULD GO HUNGRY

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
THE CLINIC - PHOENIXVILLE 143 CHURCH STREET PHOENIXVILLE, PA 19460	23-3072363	501(C)3	6,370				THE CLINIC PROVIDES QUALITY HEALTH CARE TO THE UNINSURED AND UNDERSERVED, IN AN ATMOSPHERE THAT FOSTERS DIGNITY AND RESPECT.
COATESVILLE YOUTH INITIATIVE 50 SOUTH FIRST AVENUE COATESVILLE, PA 19320	46-3277499	501(C)3	10,500				ENHANCE AND IMPROVE THE KNOWLEDGE AND EXPERIENCES OF THE YOUTH OF THE GREATER COATESVILLE AREA.

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
CHILD GUIDANCE RESOURCE CENTER 2000 OLD WEST CHESTER PIKE HAVERTOWN, PA 19083	23-1490061	501(C)3	15,942				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.
PARTNERS IN OUTREACH PO BOX 21 CHESTER SPRINGS, PA 19425	27-2391809	501(C)3	6,540				PROVIDE COMPASSION IN MOMENTS OF NEED; RECOGNIZING OPPORTUNITIES, AND INSPIRING BOTH THOSE WHO GIVE AND THOSE WHO RECEIVE

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
HANDI-CRAFTERS INC 215 BARLEY SHEAF ROAD THORNDALE, PA 19372	23-1609968	501(C)3	11,880				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.
BARCLAY FRIENDS 700 N FRANKLIN STREET WEST CHESTER, PA 19380	23-2088476	501(C)3	5,050				REFLECTING THE QUAKER CONCERN FOR OLDER PEOPLE, OUR MISSION IS TO CONTINUOUSLY IMPROVE CARE OF THE AGING ACROSS THE CONTINUUM OF SERVICES WE PROVIDE. WE ASPIRE TO THE HIGHEST PROFESSIONAL AND HUMANITARIAN STANDARDS WHILE PROVIDING CARE AND SERVICES IN A SUPPORTIVE AND COMPASSIONATE ATMOSPHERE.

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
UNITED WAY OF MADISON COUNTY AL 701 ANDREW JACKSON WAY NE HUNTSVILLE, AL 35801	63-0366294	501(C)3	10,376				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
BRANDYWINE GRACE CHURCH 40 WEST PENNSYLVANIA AVENUE DOWNINGTON, PA 19335	26-4600864	501(C)3	5,650				ACCORDING TO CHRIST'S COMMAND, OUR MISSION IS TO MAKE DISCIPLES BY REACHING PEOPLE WITH THE GOSPEL, BUILDING THEM UP IN THE GOSPEL, AND RELEASING THEM WITH THE GOSPEL.

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
CLARIFI 1635 MARKET STREET STE 510 PHILADELPHIA, PA 19103	23-1671903	501(C)3	7,025				WE CREATE HOPE BY HELPING PEOPLE IDENTIFY AND SECURE THE MOST IMPORTANT ASSETS IN THEIR LIVES.
CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DRIVE EXTON, PA 19341	27-0887311	501(C)3	35,267				MOBILIZE THE COMMUNITY TO ENSURE ACCESS TO REAL, HEALTHY FOOD

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
DOWNINGTON COMMUNITIES THAT CARE PO BOX 194 DOWNINGTON, PA 19335	82-1339531	501(C)3	10,000				TO EMPOWER YOUTH TO MAKE POSITIVE CHOICES TO REACH THEIR FULL POTENTIAL
FAMILY PROMISE OF SOUTHERN CHESTER COUNTY PO BOX 394 KENNET SQUARE, PA 19348	35-2518819	501(C)3	15,000				FAMILY PROMISE OF SOUTHERN CHESTER COUNTY HELPS CHILDREN AND THEIR FAMILIES EXPERIENCING HOMELESSNESS ACHIEVE LASTING SELF-SUFFICIENCY AND STABILITY BY PROVIDING SHELTER, MEALS, AND COMPREHENSIVE SUPPORT SERVICES THROUGH A NETWORK OF CONGREGATIONS AND VOLUNTEERS.

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
GOOD NEIGHBORS HOME REPAIR 224 E STREET ROAD KENNET SQUARE, PA 19348	11-3839742	501(C)3	17,715				?OUR MISSION IS TO RESTORE HOPE AND DIGNITY TO QUALIFIED LOW-INCOME HOMEOWNERS BY REPAIRING THEIR HOMES AS AN EXPRESSION OF OUR LOVE FOR JESUS CHRIST.
GOOD WORKS PO BOX 1441 COATESVILLE, PA 19320	23-2513834	501(C)3	19,087				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.

(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
GARAGE COMMUNITY AND YOUTH CENTER 115 S UNION STREET KENNET SQUARE, PA 19348	10-0007967	501(C)3	13,000				OUR MISSION IS TO EMPOWER YOUTH TO PURSUE THEIR POTENTIAL ACADEMICALLY, RELATIONALLY, AND SPIRITUALLY.
COMMUNITY YOUTH AND WOMEN'S ALLIANCE 423 E LINCOLN HIGHWAY COATESVILLE, PA 19320	23-1365995	501(C)3	20,226				PROVIDE SERVICES FOR WOMEN WITH CHILDREN IN COATESVILLE INCLUDING HOMELESS SHELTER, DRUG AND ALCHOHOL REHAB, AND FOOD CUPBOARD.

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
THE HICKMAN 400 N WALNUT STREET WEST CHESTER, PA 19380	23-1352144	501(C)3	5,052				THE HICKMAN IS A SENIOR LIVING COMMUNITY LOCATED IN THE HEART OF WEST CHESTER, PENNSYLVANIA. GUIDED BY QUAKER PRINCIPLES AND TRADITION, THE HICKMAN PROVIDES INDIVIDUALIZED CARE AND ASSISTANCE TO OLDER ADULTS WHO SEEK A SAFE AND AFFORDABLE LIVING ENVIRONMENT.
HONEY BROOK FOOD PANTRY 5064 HORSESHOE PIKE HONEY BROOK, PA 19344	47-1786657	501(C)3	8,000				OUR MISSION IS TO SERVE PEOPLE WITH RESPECT WHILE EMPOWERING THEM TOWARD FOOD SECURITY AND INDEPENDENCE.

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
KENNETT AREA COMMUNITY SERVICES PO BOX 1025 KENNET SQUARE, PA 19348	23-2215441	501(C)3	40,520				STRENGTHENING THE COMMUNITY IN SOUTHERN CHESTER COUNTY THROUGH FOOD, HOUSING AND CRISIS SERVICES.
BRANDYWINE VALLEY SPCA 1212 PHOENIXVILLE PIKE WEST CHESTER, PA 19380	23-1381030	501(C)3	5,903				PET ADOPTION SERVICES

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
UNITED WAY OF SAN DIEGO COUNTY CA 4699 MURPHY CANYON ROAD SAN DIEGO, CA 92123	95-2213995	501(C)3	6,512				UWSD COLLABORATES ON THE BEST WAYS TO SUPPORT EARLY CHILDHOOD SUCCESS, YOUTH SUCCESS, AND FAMILY STABILITY BY IDENTIFYING WHAT'S WORKING AND BUILDING ON PROVEN PRACTICES SUPPORTED BY SOLID DATA AND OUR PARTNERS' EXPERTISE.
LA COMUNIDAD HISPANA INC 731 W CYPRESS STREET KENNET SQUARE, PA 19348	23-2041915	501(C)3	36,429				WE CHANGE LIVES BY SERVING SOUTHERN CHESTER COUNTY AS THE LEADING PROVIDER OF INTEGRATED HEALTH AND COMMUNITY SERVICES.

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
UNITED WAY OF GRTR PHILA AND SOUTHER NJ PO BOX 15760 PHILADELPHIA, PA 19103	23-1556045	501(C)3	5,196				TO END INTERGENERATIONAL POVERTY IN OUR REGION BY HARNESSING, LEVERAGING AND STRATEGICALLY INVESTING THE COLLECTIVE POWER OF DONORS, ADVOCATES AND VOLUNTEERS, TO HELP INDIVIDUALS AND FAMILIES BREAK THE CYCLE OF POVERTY.
CHESTER COUNTY WOMENS SERVICES PO BOX 1224 COATESVILLE, PA 19320	23-2385983	501(C)3	6,109				CRISIS PREGNANCY COUNCELING.

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
COATESVILLE AREA SENIOR CENTER 22 N 5TH AVENUE COATESVILLE, PA 19320	23-2040210	501(C)3	7,000				THE COATESVILLE AREA SENIOR CENTER OFFERS PROGRAMS THAT ENCOMPASS THE SERVICES OF CERTIFIED FITNESS INSTRUCTORS AND OTHER PROFESSIONALS EDUCATING AREA SENIORS ON HOW TO LIVE HEALTHIER, INDEPENDENT LIVES. THROUGH EDUCATION ON HEALTHY LIFESTYLES WE ASSIST THE SENIORS IN MAKING BEHAVIORAL CHANGES THAT HAVE PROVEN TO BE EFFECTIVE IN REDUCING THE RISK OF DISEASE, DISABILITY, AND INJURY.
HOUSING AUTHORITY OF CHESTER COUNTY 30 W BERNARD STREET WEST CHESTER, PA 19382	23-1664337	501(C)3	17,000				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
HUMAN SERVICES 1140 MCDERMOTT DRIVE WEST CHESTER, PA 19380	23-1877090	501(C)3	7,500				IMPACT - PROGRAM WHICH IS AN INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM. PROGRAM SERVES 30 ADOLESCENTS WHO HAVE A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN THEIR LEVEL OF FUNCTIONING. THE BROAD GOALS OF THE PROGRAM ARE TO MAINTAIN THE ADOLESCENTS IN THEIR HOME COMMUNITY, IMPROVE THEIR LEVEL OF FUNCTIONING AND 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 THERAPEUTIC MILIEU NOT AVAILABLE IN A TRADITIONAL CAMP SETTING BY OFFERING CHILDREN THE OPPORTUNITY TO EXPLORE NEW ACTIVITIES.
OXFORD NEIGHBORHOOD SERVICES CENTER 35 N THIRD STREET OXFORD, PA 19363	23-7231577	501(C)3	10,130				OXFORD AREA NEIGHBORHOOD SERVICEQWS CENTER (NSC) EMPOWERS PEOPLE EXPERIENCING A CRISIS OR SUDDEN HARDSHIP BY PROVIDING DIRECT ASSISTANCE AND/OR CONNECTING THEM TO AVAILABLE RESOURCES.

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
SALVATION ARMY WEST CHESTER PA CORPS PO BOX 689 WEST CHESTER, PA 19380	13-5562351	501(C)3	6,279				THE SALVATION ARMY, AN INTERNATIONAL MOVEMENT, IS AN EVANGELICAL PART OF THE 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.
SILO PO BOX 22 OXFORD, PA 19363	82-2595175	501(C)3	15,000				SILO IS A WELCOMING AND DIVERSE GROUP OF FRIENDS WHO COME TOGETHER TO SERVE, INSPIRE, AND LOVE OTHERS 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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

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>1a 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 idemnification 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 idemnification 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 idemnification 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 If any of the boxes on 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>	1b									
<p>2 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 on Line 1a?</p>	2									
<p>3 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 checked="" 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 checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" 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 checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" 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 checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 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>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 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>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 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>	7	No								
<p>8 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>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization UNITED WAY OF CHESTER COUNTY INC

Employer identification number 23-2131877

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the 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 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 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) CAROL BEAM	INDIVIDUAL IS A KEY EMPLOYEE AT A BANK THE ORGANIZATION MAINTAINS FUNDS		INDIVIDUAL IS A BOARD MEMBER 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

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	40,259	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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't 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
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

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

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NON-OPERATING EXPENSES -131,092.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT OR THE PROCESS FOR SELECTING THE INDEPENDENT ACCOUNTANT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A</p>	<p>PROGRAM EXPENSES: BANK FEES 2,248 CALL CENTER 14,433 MISCELLANEOUS 457 MEMBERSHIP DUES 5,064 POSTAGE 2,901 PRINTING & SUPPLIES 18,055 PROCESSING FEES 38 RESOURCE DEV OUTSOURCING 5,515 SERVICE AGREEMENTS 2,062 UTILITIES 2,774 PAY DIRECTS 433,560 TRANSFER TO FUNDRAISING AND M&G (179,800) TOTAL OTHER PROGRAM \$ 307,307 MANAGEMENT AND GENERAL EXPENSES: BANK FEES 488 CALL CENTER 3,129 MISCELLANEOUS 99 MEMBERSHIP DUES 1,099 POSTAGE 629 PRINTING & SUPPLIES 3,915 PROCESSING FEES 9 RESOURCE DEV OUTSOURCING 1,196 SERVICE AGREEMENTS 447 UTILITIES 602 TRANSFER FROM PROGRAM 72,500 TOTAL OTHER M&G EXPENSES \$ 84,113 FUNDRAISING EXPENSES: BANK FEES 897 CALL CENTER 5,761 MISCELLANEOUS 182 MEMBERSHIP DUES 2,021 POSTAGE 1,158 PRINTING & SUPPLIES 7,207 PROCESSING FEES 15 RESOURCE DEV OUTSOURCING 2,202 SERVICE AGREEMENTS 823 UTILITIES 1,108 TRANSFER FROM PROGRAM 107,300 TOTAL OTHER FUNDRAISING EXPENSES \$ 128,674</p>