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Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization UNITED WAY OF CHESTER COUNTY INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 211 NORTH WALNUT STREET City or town, state or country, and ZIP + 4 WEST CHESTER, PA 19380	D Employer identification number 23-2131877
		E Telephone number 610-429-9400	G Gross receipts \$ 5,090,834.
		F Name and address of principal officer: CLAUDIA HELLEBUSH SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
		J Website: ▶ WWW.UNITEDWAYCHESTERCOUNTY.ORG	
		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: <u>TO SECURE FUNDS FOR MEMBER AGENCIES</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> 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)	3		27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		26
	5 Total number of employees (Part V, line 2a)	5		12
	6 Total number of volunteers (estimate if necessary)	6		1017
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		0.	
Revenue	8 Contributions and grants (Part VII, line 1d)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	5,469,678.	4,833,800.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,470.	41,885.	
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	36,074.	16,365.	
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	201,112.	198,784.	
		5,747,334.	5,090,834.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,329,393.	2,800,579.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	879,914.	830,667.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 421,963.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,406,817.	1,333,025.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,616,124.	4,964,271.		
19 Revenue less expenses. Subtract line 18 from line 12	131,210.	126,563.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	3,473,072.	3,069,448.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,094,752.	2,564,565.	
		378,320.	504,883.	

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: <u>Claudia Hellebush</u> Date: _____		
	Type or print name and title: CLAUDIA HELLEBUSH, PRESIDENT/CPO		
Paid Preparer's Use Only	Preparer's signature: <u>Buster Shaw</u> Firm's name (or yours if self-employed), address, and ZIP + 4: WHEELER, WOLFENDEN & DWARES, P.A. 4550 NEW LINDEN HILL ROAD, SUITE 201 WILMINGTON, DE 19808	Date: <u>9/9/10</u> Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): EIN: _____ Phone no: <u>(302) 254-8240</u>

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

SCANNED JUL 07 2010

P 11

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE MISSION OF THE UNITED WAY OF CHESTER COUNTY IS TO CREATE POSITIVE SUSTAINABLE CHANGES IN COMMUNITY CONDITIONS FOR ALL RESIDENTS IN NEED BY MOBILIZING THE CARING POWER OF THE CHESTER COUNTY COMMUNITY.

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 4,333,809. including grants of \$ 2,800,579.) (Revenue \$ 5,090,834.) UNITED WAY OF CHESTER COUNTY IS COMMITTED TO CREATING POSITIVE SUSTAINABLE CHANGES IN COMMUNITY CONDITIONS FOR ALL RESIDENTS IN NEED BY MOBILIZING THE CARING POWER OF THE CHESTER COUNTY COMMUNITY. THE WORK IS FOCUSED ON HEALTH AND HUMAN SERVICE NEEDS IN 4 AREAS: SUPPORTING CHILDREN & YOUTH, MEETING BASIC NEEDS, PROMOTING HEALTHY LIVING, AND STRENGTHENING FAMILIES. UWCC HARNESSSES THE COLLECTIVE STRENGTH OF THE COMMUNITY TO ADDRESS THE ROOT CAUSES OF PROBLEMS IN THESE AREAS.

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

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

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

4e Total program service expenses \$ 4,333,809.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
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?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
CLAUDIA HELLEBUSH PRESIDENT/CEO	40.00	X			X		112,350.	0.	17,108.	
CAROL AICHELE DIRECTOR	1.00	X					0.	0.	0.	
ALFRED RUNDLE, JR. DIRECTOR	1.00	X					0.	0.	0.	
CELESTE BARR DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL BARRETT DIRECTOR	1.00	X					0.	0.	0.	
EDWIN A BROWNLEY, JR DIRECTOR	1.00	X					0.	0.	0.	
RUSSELL J. CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH W. CARROLL DIRECTOR	1.00	X					0.	0.	0.	
ROSELLE CHARLIER DIRECTOR	1.00	X					0.	0.	0.	
ROBERT ESTY DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL GRIGALONIS DIRECTOR	1.00	X					0.	0.	0.	
MEG HABENICHT DIRECTOR	1.00	X					0.	0.	0.	
RICHARD P.S. HANNUM, JR DIRECTOR	1.00	X					0.	0.	0.	
STEPHON HINES DIRECTOR	1.00	X					0.	0.	0.	
JAMES P. HORGAN DIRECTOR	1.00	X					0.	0.	0.	
ROGER N. HUGGINS SECRETARY	1.00	X		X			0.	0.	0.	
EARL JOHNSON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JEFFERY MARCH DIRECTOR	1.00	X						0.	0.	0.
SHIRLEY MASON DIRECTOR	1.00	X						0.	0.	0.
WILLIAM T. MONAHAN DIRECTOR	1.00	X						0.	0.	0.
GERALD PARSONS DIRECTOR	1.00	X						0.	0.	0.
JERRY E. SHERIDAN DIRECTOR	1.00	X						0.	0.	0.
STEVE SHIHADAH BOARD CHAIR	1.00	X		X				0.	0.	0.
PETER J. SILVESTER, JR. DIRECTOR	1.00	X						0.	0.	0.
BRIAN SMITH DIRECTOR	1.00	X						0.	0.	0.
JOSEPH C. SPADA TREASURER	1.00	X		X				0.	0.	0.
KAREN STOUT DIRECTOR	1.00	X						0.	0.	0.
1b Total								112,350.	0.	17,108.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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. **NONE**

(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 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,833,800.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		4,833,800.			
	Program Service Revenue	2 a LEADERSHIP PROGRAM FEE	Business Code 900099	37,005.	37,005.	
b MEETING/EVENT RECEIPTS		900099	4,880.	4,880.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			41,885.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,365.		16,365.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PROCESSING FEE	900099	182,197.	182,197.			
	b OTHER INCOME	900099	16,587.	16,587.		
	c					
	d All other revenue					
e Total. Add lines 11a-11d		198,784.				
12 Total revenue. See instructions		5,090,834.	240,669.	0.	16,365.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	2,800,579.	2,800,579.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	129,456.	95,539.	24,208.	9,709.
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	517,704.	382,188.	26,098.	109,418.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,516.	40,246.	2,815.	11,455.
9 Other employee benefits	73,844.	54,512.	4,862.	14,470.
10 Payroll taxes	55,147.	40,709.	4,123.	10,315.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,873.	11,717.	1,187.	2,969.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,465.	2,558.	259.	648.
14 Information technology	24,322.	17,955.	1,818.	4,549.
15 Royalties				
16 Occupancy	78,548.	57,984.	5,873.	14,691.
17 Travel	17,104.	12,626.	1,279.	3,199.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,158.	854.	87.	217.
21 Payments to affiliates	45,141.		45,141.	
22 Depreciation, depletion, and amortization	13,006.	9,601.	972.	2,433.
23 Insurance	4,399.	3,247.	329.	823.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SCHEDULE 0 TOTAL EXPENS	933,204.	659,552.	89,448.	184,204.
b FINANCIAL STABILITY COS	62,639.	62,639.		
c PROCESSING FEES	52,863.			52,863.
d PROGRAM COSTS	41,375.	41,375.		
e LEADERSHIP TRAINING	39,928.	39,928.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,964,271.	4,333,809.	208,499.	421,963.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,155.	1	468,413.
	2 Savings and temporary cash investments	1,359,010.	2	860,916.
	3 Pledges and grants receivable, net	2,035,033.	3	1,705,016.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,920.	9	6,196.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,623.		
	b Less: accumulated depreciation	10b 72,597.	20,887.	10c 23,026.
	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		6,067.	15 5,881.
16 Total assets. Add lines 1 through 15 (must equal line 34)		3,473,072.	16 3,069,448.	
Liabilities	17 Accounts payable and accrued expenses	211,509.	17	65,224.
	18 Grants payable	2,875,259.	18	2,493,759.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	7,984.	25	5,582.
	26 Total liabilities. Add lines 17 through 25	3,094,752.	26	2,564,565.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	227,395.	27	299,536.
	28 Temporarily restricted net assets	150,925.	28	205,347.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	378,320.	33	504,883.	
34 Total liabilities and net assets/fund balances	3,473,072.	34	3,069,448.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4802060.	4999771.	5257307.	5469678.	4833800.	25362616.
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	4802060.	4999771.	5257307.	5469678.	4833800.	25362616.
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						25362616.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4802060.	4999771.	5257307.	5469678.	4833800.	25362616.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,269.	94,497.	71,722.	36,074.	16,365.	290,927.
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 IV.)	220,312.	197,529.	213,260.	201,112.	198,783.	1030996.
11 Total support. Add lines 7 through 10						26684539.
12 Gross receipts from related activities, etc. (see instructions)					12	221,709.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	95.05 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.79 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

11-4

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF CHESTER COUNTY INC.

Employer identification number

23-2131877

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) 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 Tax 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 8/17/06	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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
- a Revenues included in 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 XIV.

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

1a Is the organization an agent, trustee, 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		95,623.	72,597.	23,026.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				23,026.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
ESCHEAT RESERVES	1,722.
LEASE PAYABLE	3,860.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	5,582.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,090,834.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,964,271.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	126,563.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	126,563.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,087,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,087,459.
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 XIV.)	4b	2,003,375.
c	Add lines 4a and 4b	4c	2,003,375.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,090,834.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,960,895.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,960,895.
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 XIV.)	4b	2,003,376.
c	Add lines 4a and 4b	4c	2,003,376.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,964,271.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

EFFECTIVE JULY 1, 2009, THE ORGANIZATION ADOPTED ASC 740-10, INCOME TAX,

Part XIV Supplemental Information (continued)

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 2007, 2008 AND 2009 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. ANY INTEREST AND PENALTIES RELATED TO INCOME TAXES ARE INCLUDED IN INCOME TAX EXPENSE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No 1545-0047

2009

Open to Public
Inspection

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT CARE OF CHESTER COUNTY, INC. 201 SHARP LANE	23-2447144	501(C)3	34,200.	0.			THE ADULT DAY SERVICES PROGRAM IN EXTON PROVIDES A DAYTIME PROGRAM FOR FRAIL AND/OR DEPENDENT AMERICAN RED CROSS CONDUCTS LOCAL TRAININGS IN PERSONAL DISASTER
AMERICAN RED CROSS, SOUTHEASTERN PENNSYLVANIA CHAPTER - 23RD & CHESTNUT STREET	53-0196605	501(C)3	33,300.	0.			BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA (BBBS SEPA) PROVIDES AT-RISK YOUTH IN CHESTER
BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA - 123 S. BROAD STREET, STE 218	23-1352034	501(C)3	39,300.	0.			CHILD CARE PROGRAM - SERVES CHILDREN FROM AGES 6 WEEKS TO FIVE YEARS OF AGE. THE STAFF GUIDE AFTER SCHOOL-THE CARE CENTER'S AFTER SCHOOL AND LITERACY PROGRAM CONSISTS OF INDIVIDUAL HOME WORK
BRANDYWINE Y 295 HURLEY ROAD	23-1365994	501(C)3	46,400.	0.			CATHOLIC SOCIAL SERVICES IS COMMITTED TO
CARE CENTER FOUNDATION, INC. 127-129 SOUTH MATLACK STREET	23-2198117	501(C)3	52,500.	0.			
CATHOLIC SOCIAL SERVICES 605 EAST LINCOLN HIGHWAY	23-1352063	501(C)3	16,500.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

49.
0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: 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

Part IV Supplemental Information

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

Part IV Supplemental Information

ESTIMATE AND NEXT FISCAL YEAR PLAN) IS REVIEWED BY STAFF AND VOLUNTEERS.

IV. END OF THE YEAR REPORT

EACH AGENCY IS RESPONSIBLE FOR COMPLETING AN END OF THE YEAR REPORT AT THE COMPLETION OF THE FUNDING CYCLE. THIS REPORT SUMMARIZES METRICS OF THE FUNDED PROGRAM, OUTCOME MEASUREMENTS, AND WHAT WAS ACTUALLY ACCOMPLISHED. IT ALSO PROVIDES NARRATIVE ON WHETHER OR NOT METRICS WERE MET, AND WHAT IF ANY BARRIERS WERE IN PLACE TO REACHING SAID METRICS AND THE LESSONS LEARNED.

V. MULTI-LEVELED VOLUNTEER & 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ADULT CARE OF CHESTER COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ADULT DAY SERVICES PROGRAM IN EXTON PROVIDES A DAYTIME PROGRAM FOR FRAIL AND/OR DEPENDENT ADULTS UNDER THE SUPERVISION OF RN'S. THE PROGRAM INCLUDES THERAPEUTIC ACTIVITIES, INCLUDING MUSIC THERAPY, PLANNED AROUND THE INDIVIDUAL ASSESSMENT OF EACH

Part IV Supplemental Information

PERSON SERVED. NUTRITION IS PART OF THE PROGRAM WITH 2 SNACKS AND A NUTRITIOUS LUNCH BEING SERVED DAILY (INCLUDING SPECIAL DIETS). THE ADULT DAY SETTING (THERAPEUTIC MILIEU) PROVIDES THE OPPORTUNITY FOR THE DEVELOPMENT OF FRIENDSHIPS AND SOCIALIZATION IN A GROUP OF PEOPLE WHO HAVE LOST MANY LIFELONG FRIENDS AND PARTNERS. IN ADDITION, THE ADS PROGRAM PROVIDES OPPORTUNITIES FOR NEW LEARNING AND REMINISCENCE. RESPITE FOR THE FAMILY CAREGIVER IS EXTREMELY IMPORTANT. 

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS, SOUTHEASTERN PENNSYLVANIA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SERVICES - THE AMERICAN RED CROSS CONDUCTS LOCAL TRAININGS IN PERSONAL DISASTER PREPAREDNESS SKILLS LIKE ASSEMBLING AN EMERGENCY CUPPLIES KIT, MAKING AN EMERGENCY COMMUNICATIONS PLAN, AND GETTING INFORMED ABOUT LIFESAVING SKILLS LIKE CPR, AED AND FIRST AID. VOLUNTEER SERVICES - THE AMERICAN RED CROSS AGGRESSIVELY RECRUITS, INTERVIEWS, SCREENS, TRAINS, AND MOBILIZES VOLUNTEERS TO MAKE AN IMPACT IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSLYVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: 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).

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BRANDYWINE Y

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CARE CENTER FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL-THE CARE CENTER'S AFTER SCHOOL AND LITERACY PROGRAM CONSISTS OF INDIVIDUAL HOME WORK TUTORING ASSISTANCE COUPLED WITH LITERACY INSTRUCTION FOR CHILDREN IN GRADES 1 TO 6. PRESCHOOL - THE PRESCHOOL PROGRAM IS FOR CHILDREN AGES 3-5 WITH THE CURRICULUM BASED ON A BALANCED MIX OF LEARNING STYLES AND THEMES THAT MAKE THE LESSON PLANS BOTH EDUCATIONAL AND ENGAGING. SUMMER DAY CAMP - OPERATES AN 8-10 WEEKS DURING THE SUMMER AND INVOLVES BOTH RECREATIONAL AND EDUCATIONAL ACTIVITIES THAT ARE FUN AND INVOLVE ACADEMICS.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC SOCIAL SERVICES

CATHOLIC SOCIAL SERVICES IS COMMITTED TO TRANSFORMING LIVES, ELIMINATING POVERTY AND PROMOTING SELF-SUFFICIENCY OF ALL PEOPLE. IN ORDER TO IMPROVE THE WELL BEING AND INCREASE SELF-SUFFICIENCY FOR THE MEMBERS OF THE COATESVILLE COMMUNITY THE COATESVILLE COMMUNITY CENTER WILL PROVIDE SEVERAL PROGRAMS TO TRAIN INDIVIDUALS. SKILLS SUCH AS COMPUTER USE AND

Part IV Supplemental Information

PRACTICAL ENGLISH, WILL BE TAUGHT TO HELP PARTICIPANTS BECOME MORE MARKETABLE IN THE COMMUNITY WORK ENVIRONMENT. THE CENTER WILL PROVIDE A SAFE PLACE FOR PARTICIPANTS TO GATHER, LEARN JOB SKILLS, AND INTEGRATE WITHIN THE LARGER COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

CEREBRAL PALSY ASSOCIATION OF CHESTER COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: CHESPENN HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT:

CHESTER COUNTY COMMUNITY DENTAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CENTER STRIVES TO REDUCE THE DISPARITIES IN DENTAL HEALTH CARE BY PROVIDING PREVENTIVE AND BASIC DENTAL SERVICES TO CHILDREN AND ADULTS WHO HAVE ENCOUNTERED BARRIERS IN ACCESSING CARE IN THE DENTAL SHORTAGE AREAS OF THE COUNTY. THE CENTER ACTS TO RAISE THE DENTAL HEALTH CONSCIOUSNESS OF THE COMMUNITY BY PROMOTING DENTAL HEALTH EDUCATION OUTREACH PROGRAMS AND ACTING AS A COMMUNITY DENTAL HEALTH RESOURCE. CCCDC SERVES CHILDREN AND THEIR FAMILIES WHO ARE ENROLLED IN GOVERNMENT INSURANCE PLANS SUCH AS MEDICAID AND CHIP; AND THE WORKING POOR WHO MIGHT HAVE PRIVATE INSURANCE, BUT COULDN'T AFFORD THE INSURANCE MANDATED CO-PAYS. THE CENTER IS A FULL SERVICE DENTAL OFFICE THAT OFFERS BASIC HYGIENE AND DENTAL TREATMENT AS WELL AS PREVENTION EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

CHESTER COUNTY COUNCIL BOY SCOUTS OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: SCOUTREACH BRINGS THE BENEFITS OF SCOUTING: ADULT & PEER MENTORSHIP, TEACHING GOOD CITIZENSHIP, LEADERSHIP, PHYSICAL FITNESS, AND ETHICAL DECISION MAKING, TO DISADVANTAGED, AT RISK, AND MINORITY YOUTH THROUGHOUT CHESTER COUNTY, THUS HELPING CHILDREN DEVELOP INTO HEALTHY PRODUCTIVE MEMBERS IN SOCIETY. SCOUTREACH IS

Part IV Supplemental Information

DESIGNED SPECIFICALLY FOR THOSE WHO HAVE ECONOMIC CHALLENGES AND WOULD OTHERWISE NOT BE ABLE TO PARTICIPATE; THEREFORE, THE PROGRAM COVERS THE COSTS OF PROGRAM SUPPLIES, FIELD TRIPS, UNIFORMS, MEMBERSHIP DUES, YOUTH AND LEADER'S HANDBOOKS, CAMP, VOLUNTEER CRIMINAL & CHILD ABUSE CHECKS, AND TRANSPORTATION AS NEEDED.

NAME OF ORGANIZATION OR GOVERNMENT: CHESTER COUNTY OIC

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: COATESVILLE AREA SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Part IV Supplemental Information

EFFECTIVE IN REDUCING THE RISK OF DISEASE, DISABILITY AND INJURY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY VOLUNTEERS IN MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY, YOUTH AND WOMEN'S ALLIANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP & AFTER SCHOOL BE COOL - PROGRAM IS DESIGNED FOR 6-12 YEAR OLDS AND INCLUDES AFTER SCHOOL AND SUMMER ACTIVITIES. THIS SAFE, STRUCTURED, NURTURING ENVIRONMENT PROVIDES AMPLE STAFF FOR HOMEWORK SUPPORT, RECREATION, COMPUTER ACTIVITIES, SNACKS AND A HOT NUTRITIOUS DINNER. DAY CARE - PROVIDE QUALITY CHILD CARE WITHIN A SAFE AND NUTURING ENVIRONMENT THAT PROMOTES THE PHYSICAL, SOCIAL, EMOTIONAL AND COGNITIVE DEVELOPMENT OF CHILDREN. GATEWAY SHELTER - HOMELESS SHELTER FOR WOMEN AND CHILDREN FOCUSING ON EMPLOYMENT, LIFE SKILLS, DAY CARE SERVICES, EDUCATION, SAVINGS AND PERMANENT HOUSING. MOTIVATED TEEN VISIONARIES - PROGRAM FOR TEENS AGE 13 - 17 AND ALLOWS TEENS WITH COURT-ORDERED COMMUNITY SERVICE HOURS TO BE GIVEN AN OPPORTUNITY TO COMPLETE HOURS AT THE FACILITY WITH ADULT SUPERVISION. ALLOWS TEENS A SAFE AND DRUG-FREE ATMOSPHERE TO SPEND TIME WITH EACH OTHER TO LEARN MORE ABOUT PEER PRESSURES, VIOLENCE, DRUGS AND ALCOHOL AND PROSOCIAL BEHAVIORS.

NAME OF ORGANIZATION OR GOVERNMENT:

CONSUMER CREDIT COUNSELING SERVICE OF DELAWARE VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL COUNSELING - HELP PEOPLE

Part IV Supplemental Information

REDUCE THEIR DEBTS THROUGH COUNSELING AND DEBT MANAGEMENT PLANS. CLIENTS MEET WITH A CERTIFIED CREDIT COUNSELOR TO EXAMINE THE CLIENT'S DEBTS, BUDGET, INCOME, AND ASSETS TO DETERMINE THE BEST COURSE OF ACTION.

NAME OF ORGANIZATION OR GOVERNMENT: CREATIVE HEALTH SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SCHOOL BASED BEHAVIORAL HEALTH ASSESSMENT SERVICES FOR ELEMENTARY LEVEL STUDENTS PROVIDES EXPEDITED ACCESS TO CRITICALLY NEEDED BEHAVIORAL HEALTH SERVICES VIA PARTICIPATING IN MULTIDISCIPLINARY TEAMS, CONSULTING WITH SCHOOL PERSONNEL AND FAMILIES, PROVIDING BEHAVIORAL HEALTH ASSESSMENTS, LINKING CHILDREN AND FAMILIES TO NEEDED SERVICES, AND OFFERING EDUCATION ON EXISTING AND NEWLY DEVELOPED LOCAL COMMUNITY RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: DOWNINGTOWN AREA SENIOR CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE ACTIVE OLDER ADULTS PROGRAM (AOAP)-DESIGNED SPECIFICALLY TO PROMOTE THE HEALTH, WELLNESS AND OVERALL INDEPENDENCE OF SENIOR PARTICIPANTS, THE ACTIVE OLDER ADULTS PROGRAM ALSO INCREASES OPPORTUNITIES FOR SOCIALIZATION AND PREVENTS ISOLATION THAT CAN LEAD TO DEPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICE OF CHESTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

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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.

NAME OF ORGANIZATION OR GOVERNMENT: FREEDOM VALLEY Y

(H) PURPOSE OF GRANT OR ASSISTANCE: THE FREEDOM VALLEY YMCA PROVIDES HIGH-QUALITY, SAFE, AND RELIABLE EARLY LEARNING AND CHILD CARE PROGRAMS THAT SUPPORT ACADEMIC SUCCESS IN SCHOOL, SOCIAL SKILLS, AND EMOTIONAL DEVELOPMENT. WE OFFER FULL-TIME CARE FOR PRESCHOOL CHILDREN AGES 6 WEEKS THROUGH 6 YEARS, WITH PROGRAMS THAT RUN YEAR ROUND, MONDAY THROUGH FRIDAY, FROM 6:30 AM TO 6:30 PM.

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS ASSOCIATION FOR CARE AND PROTECTION OF CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

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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.

NAME OF ORGANIZATION OR GOVERNMENT: HANDI-CRAFTERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PRE-VOCATIONAL TRAINING -PROGRAM PROVIDES SUPPORTIVE EMPLOYMENT FOR ADULTS WITH DISABILITIES. THIS SUPPORT-BASED EMPLOYMENT ALLOWS OUR CLIENTS TO GAIN THE WORK SKILLS NECESSARY FOR POSSIBLE COMPETITIVE EMPLOYMENT WHILE EARNING A PAY CHECK AND LEARNING SPECIFIC PRODUCTION SKILLS AS WELL. THESE PRODUCTION SKILLS INCLUDE ASSEMBLY, PACKAGING, COLLATING, MAILINGS, FREIGHT HANDLING, MACHINE-OPERATED PACKAGING, ETC. HAVING A JOB AND EARNING A PAYCHECK PROMOTES AN INDIVIDUAL'S INDEPENDENCE AND SELF-ESTEEM. IN ADDITION TO VOCATIONAL TRAINING/EMPLOYMENT, THE PROGRAM ALSO PROVIDES AND PROMOTES SOCIALIZATION AND INTEGRATION INTO THE COMMUNITY. AND FOR THOSE INDIVIDUALS FOR WHOM A DAY PROGRAM IS A NECESSITY IT ALSO SERVES AS A DAILY RESPITE FOR THE FAMILIES OF OUR CLIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: HOME OF THE SPARROW

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

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RESIDENCES AND ARE IN DAILY CONTACT WITH THE CLIENT.

NAME OF ORGANIZATION OR GOVERNMENT: HUMAN SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPACT- PROGRAM WHICH IS AN INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM. PROGRAM SERVES 30 ADOLESCENTS WHO HAVE A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN THEIR LEVEL OF FUNCTIONING. THE BROAD GOALS OF THE PROGRAM ARE TO MAINTAIN THE ADOLESCENTS IN THEIR HOME COMMUNITY, IMPROVE THEIR LEVEL OF FUNCTIONING AND A RETURN TO A LESS RESTRICTIVE EDUCATIONAL AND TREATMENT ENVIRONMENT. INSIGHT- INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM FOR CHILDREN WITH A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN LEVEL OF FUNCTIONING. GOAL OF THE PROGRAM IS TO MAINTAIN THE CHILD IN HIS HOME COMMUNITY, IMPROVE LEVEL OF FUNCTIONING AND RETURN TO A LESS-RESTRICTIVE EDUCATIONAL AND TREATMENT SETTING. STAP- SUMMER CAMP PROGRAM SERVING CHILDREN WITH A MENTAL HEALTH DIAGNOSIS AND SIGNIFICANT IMPAIRMENT IN LEVEL OF FUNCTIONING. PROGRAM PROVIDES A THERAPEUTIC MILIEU NOT AVAILABLE IN A TRADITIONAL CAMP SETTING BY OFFERING CHILDREN THE OPPORTUNITY TO EXPLORE NEW ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH HOUSING ASSISTANCE CORPORATION OF CHESTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE IHAC PROGRAM PROVIDES SERVICES TO NEEDY SINGLE PARENTS WITH DEPENDENT CHILDREN WHO ARE HOMELESS OR IMMINENTLY HOMELESS. PROVIDED SERVICES INCLUDE: FINANCIAL ASSISTANCE, SOCIAL AND EDUCATIONAL SUPPORT AND GUIDANCE THROUGH MENTORING SERVICES. FINANCIAL ASSISTANCE INCLUDES RENTAL AND BASIC NEEDS. EDUCATIONAL SUPPORT SERVICES INCLUDE FINANCIAL MANAGEMENT, EDUCATIONAL SUPPORT, PROGRAM WORKSHOPS FOR PERSONAL, FAMILY AND PROFESSIONAL DEVELOPMENT AND OTHER

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EDUCATIONAL OPPORTUNITIES AS REQUESTED BY PARTICIPANTS. CHILDREN, OF THE FAMILIES, RECEIVE ENCOURAGEMENT AND ASSISTANCE TO PARTICIPATE IN ACTIVITIES STANDARD FOR THE AVERAGE FAMILY. PARTICIPATING FAMILIES MAY REMAIN IN THE IHAC PROGRAM FOR UP TO THREE YEARS, DEPENDING UPON THEIR INDIVIDUAL NEED AND PROGRESS. THE VISION OF IHAC IS FOR EACH PARENT TO ACHIEVE THE HIGHEST POSSIBLE LEVEL OF FINANCIAL AND PERSONAL INDEPENDENCE SO THAT THEIR FAMILY WILL THRIVE AND PROSPER IN THE FUTURE.

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL AID SOUTHEASTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: MATERNAL AND CHILD HEALTH CONSORTIUM

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH INSURANCE ENROLLMENT INITIATIVE- PROGRAM FOR WOMEN, CHILDREN, AND FAMILIES WHICH INCLUDES COMMUNITY OUTREACH AND EDUCATION ABOUT SUBSIDIZED HEALTH INSURANCE, ENROLLMENT ASSISTANCE INTO MEDICAID, CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM), AND ADULT BASIC, AND ADVOCACY TO IMPROVE ACCESS TO HEALTH INSURANCE. THIS COUNTYWIDE EFFORT ALSO INCLUDES TWO COMMUNITY BASED HEALTH AND HUMAN SERVICE AGENCIES (LA COMUNIDAD HISPANA AND CATHOLIC SOCIAL SERVICES) WHO ENROLL UNINSURED ADULTS AND CHILDREN IN FREE AND LOW-COST HEALTH INSURANCE PROGRAMS, FOCUSING MAINLY ON LATINO CHILDREN, WHOSE FAMILIES FACE CULTURAL AND LINGUISTIC BARRIERS IN ENROLLING THEIR UNINSURED CHILDREN INTO HEALTH INSURANCE.

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NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HEALTH AGENCIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SENIOR HEALTHLINK (SHL) IS A UNIQUE PROGRAM THAT BRINGS HEALTH ASSESSMENT, MAINTENANCE AND EDUCATION SERVICES FREE OF CHARGE TO THE FRAIL ELDERLY AND HISPANIC COMMUNITIES IN CHESTER COUNTY. IT IS A THREE-PRONGED PROGRAM THAT INCLUDES THE FOLLOWING ELEMENTS: THE SHL HOME VISIT PROGRAM, WHICH PROVIDES A CLINICAL HOME NURSING PRACTICUM FOR UPPER LEVEL NURSING STUDENTS AS THEY VISIT THE ELDERLY AND CHRONICALLY ILL IN THEIR HOMES; THE SHL INFORMATION HOTLINE, A DEDICATED TELEPHONE LINE AVAILABLE TO THE GENERAL PUBLIC WHICH ENABLES HEALTHLINK STAFF TO ANSWER QUESTIONS, MAKE REFERRALS, AND TEACH ABOUT HEALTH ISSUES; AND THE SHL OUTREACH PROGRAM WITH A COORDINATOR CARRYING OUT COMMUNITY-BASED SCREENINGS FOR HIGH BLOOD PRESSURE, FALL RISK, VISION, STROKE RISK, AND OTHER HEALTH RELATED TOPICS. IN ADDITION, SHL OUTREACH PROVIDES FLU IMMUNIZATION CLINICS. THESE PROGRAMS ARE OFFERED AT SENIOR LIVING FACILITIES, SENIOR CENTERS AND YMCAS THROUGHOUT CHESTER COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE YOUTH AND FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TRUANCY PREVENTION PROGRAM (TPP), WAS CREATED BASED ON STUDIES THAT DEMONSTRATE THAT EDUCATION IS IMPORTANT IN SHAPING A CHILD'S SELF-ESTEEM, SOCIAL ABILITY AND CAREER DIRECTION. THE PROGRAM'S GOAL IS TO SUPPORT A CHILD'S SUCCESS IN ACHIEVING THE BENEFITS OFFERED BY EDUCATION. TPP PROVIDES STRATEGIES TO CHILDREN AND THEIR FAMILIES TO IMPROVE ATTENDANCE AND SCHOOL PERFORMANCE. THE PROGRAM ADAPTS ITSELF TO THE UNIQUE NEEDS OF THE IDENTIFIED CHILD.

NAME OF ORGANIZATION OR GOVERNMENT: OPEN HEARTH INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: JUMPSTART- THE ONLY CAR DONATION

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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.

NAME OF ORGANIZATION OR GOVERNMENT:

PHOENIXVILLE AREA CHILDREN'S LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: PHOENIXVILLE AREA COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SERVICES- PACS RECEIVES DAILY REQUESTS FOR FOOD FROM THE EMERGENCY PANTRY AS WELL AS FINANCIAL ASSISTANCE TO PAY FOR HOUSING, HEAT, ELECTRICITY, HEALTH NEEDS AND OTHER ESSENTIALS. INFORMATION & REFERRAL PROGRAM IS THE BASIC, AND USUALLY FIRST SERVICE USED TO GAIN ACCESS TO NEEDED SERVICES, BENEFITS AND OTHER

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RESOURCES. STAFF IS SKILLED AT ASSESSING NEEDS OF CALLERS; HELPING THEM DETERMINE OPTIONS AND THE BEST COURSE OF ACTION; INTERVENING IN CRISIS SITUATIONS AND ACTING AS ADVOCATES SO PEOPLE GET CONNECTED TO THE PROPER RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: PHOENIXVILLE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PHOENIXVILLE SENIOR ADULT ACTIVITY CENTER PROVIDES AFFORDABLE WELLNESS PROGRAMS THAT HELP OLDER ADULTS MAINTAIN THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL-BEING.

PREVENTATIVE HEALTH PROGRAMS AND FREE HEALTH SCREENINGS PROVIDE SENIORS WITH THE KNOWLEDGE AND SKILLS TO IMPROVE THEIR OVERALL HEALTH AND PRODUCE POSITIVE LONG TERM RESULTS FOR LEADING HEALTHIER LIVES. THE PROGRAMS ARE DESIGNED TO ATTRACT SENIORS WHO ARE STILL ACTIVE AND WANT TO STAY ACTIVE AND INVOLVED IN AND WITH THEIR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF CHESTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PPCC 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.

NAME OF ORGANIZATION OR GOVERNMENT:

SAFE HARBOR OF GREATER WEST CHESTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER- PROVIDES FOOD, SHELTER, AND RECOVERY OPPORTUNITIES IN A STRUCTURED ENVIRONMENT TO

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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.

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF CHESTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHESTER COUNTY HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: BILINGUAL PRENATAL CLINIC -TO INCREASE ACCESS FOR LOW-INCOME WOMEN, INCLUDING THE GROWING LATINA POPULATION, TO COMPREHENSIVE, COMPASSIONATE AND CULTURALLY SENSITIVE

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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.

NAME OF ORGANIZATION OR GOVERNMENT:

THE COAD GROUP (CHESTER COUNTY COUNCIL ON ADDICTIVE DISEASES)

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY PREVENTION- PROVIDE RELEVANT AND NEEDED PREVENTION, INTERVENTION AND EDUCATION SERVICES THAT ADDRESS THE CAUSES AND EFFECTS OF SUBSTANCE USE AND ABUSE. COAD'S INFORMATION AND REFERRAL HOTLINE AND COUNTY-WIDE RESOURCE LIBRARIES PROVIDE COMMUNITY MEMBERS WITH THE MEANS TO ANONYMOUSLY ACCESS REFERRALS TO TREATMENT OR INTERVENTION SERVICES, OR TO GAIN INCREASED KNOWLEDGE ABOUT SUBSTANCE ABUSE ISSUES FOR THEMSELVES, THEIR CHILDREN OR OTHER FAMILY MEMBERS AND FRIENDS. CALLERS TO THE HOTLINE ARE CONNECTED WITH CARING, PROFESSIONAL PREVENTION SPECIALISTS WHO TAKE THE TIME TO DETERMINE THE EXACT NEED OF EACH CLIENT AND ENSURE THAT THEY HAVE BEEN EQUIPPED WITH THE INFORMATION NEEDED TO TAKE THE NEXT VITAL STEP IN THEIR ROAD TO RECOVERY. VISITORS TO ONE OF THE 15 RESOURCE LIBRARIES HAVE AVAILABLE TO THEM A VARIETY OF PRINTED MATERIALS COVERING A WIDE RANGE OF SUBSTANCE USE ISSUES AS WELL AS INFORMATION ON HOW TO ACCESS ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT:

THE CRIME VICTIMS' CENTER OF CHESTER COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT SERVICES- COMPREHENSIVE, PRIVATE, NON-PROFIT AGENCY THAT PROVIDES SERVICES TO VICTIMS OF AND

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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.

NAME OF ORGANIZATION OR GOVERNMENT: THE GOOD SAMARITAN SHELTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY SHELTER & TRANSITIONAL HOUSING PROGRAM -PROVIDES HOUSING FOR UP TO FIVE MEN FOR UP TO 60 DAYS. THROUGHOUT THEIR STAY, CLIENTS ARE PROVIDED WITH DAILY MEALS AND CLOTHING IF NECESSARY. COUNSELING, CASE MANAGEMENT AND REFERRALS TO LOCAL HEALTH AGENCIES ARE ALSO PROVIDED.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY COATESVILLE CORPS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SHORT-TERM EMERGENCY MATERIAL AND FINANCIAL ASSISTANCE, PERSONAL SUPPORT, AND SINCERE COMPASSION TO FAMILIES AND INDIVIDUALS WHO ARE FACING A FINANCIAL CRISIS. EMERGENCY ASSISTANCE MAY INCLUDE, BUT IS NOT LIMITED TO ESSENTIAL NEEDS SUCH AS GROCERIES, UTILITY PAYMENTS, HEATING FUEL, RENT ASSISTANCE, MEDICAL (PRESCRIPTION) ASSISTANCE, CLOTHING AND FURNITURE ASSISTANCE.

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NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY OF WEST CHESTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RAILTON HOUSE HOMELESS PROGRAM IS AVAILABLE FOR HOMELESS AND TRANSIENT MEN WHO NEED BASIC TREATMENT, CASE MANAGEMENT, EMPLOYMENT, SAVINGS, SKILLS, AND PROGRAMS TO ENHANCE THEIR QUALITY OF LIFE. MEN WHO QUALIFY FOR THE PROGRAM MAY STAY UP TO 100 DAYS TO ACHIEVE THE BASIC GOALS OF THE PROGRAM. THE 20 BED SHELTER PROVIDES A STRUCTURED AND THERAPEUTIC ENVIRONMENT THAT PROMOTES BEHAVIOR MODIFICATION. THIS CRITICAL INTERVENTION PROVIDES CASE MANAGEMENT, LIFE SKILLS, BASIC NEEDS, AND THE TOOLS TO CREATE CHANGE IN THE LIVES OF THOSE LESS FORTUNATE LEFT TO THE HARSH CITY STREETS. SOCIAL SERVICE PROGRAM - TO PROVIDE CRISIS INTERVENTION, SOCIAL SERVICES AND NETWORKING TO FAMILIES. PROVIDES EMERGENCY ASSISTANCE TO LOW INCOME FAMILIES, INCLUDING ASSISTANCE WITH RENT, UTILITIES, PRESCRIPTIONS, TRANSPORTATION, SHELTER, SERVED MEALS, CLOTHING, DIAPERS AND FOOD.

NAME OF ORGANIZATION OR GOVERNMENT: THE SALVATION ARMY SERVICE EXTENSION

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICE UNIT -OPERATES A YEAR ROUND PROGRAM OF SERVICE DESIGNATED TO PROVIDE FAMILIES AND INDIVIDUALS WHO ARE FACING A FINANCIAL CRISIS WITH EMERGENCY SHORT-TERM FINANCIAL ASSISTANCE, PERSONAL SUPPORT AND SINCERE COMPASSION. EMERGENCY ASSISTANCE MAY INCLUDE, BUT IS NOT LIMITED TO ESSENTIAL NEEDS SUCH AS GROCERIES, UTILITY PAYMENTS, HEATING FUEL, RENT ASSISTANCE, MEDICAL (PRESCRIPTIONS) ASSISTANCE, CLOTHING AND FURNITURE, AID TO TRANSIENTS (LODGING & MEALS), ASSISTANCE TO FIRE AND DISASTER VICTIMS AND SEASONAL ASSISTANCE. SEASONAL ASSISTANCE MAY INCLUDE, BUT IS NOT LIMITED TO: SUMMER CAMPING PROGRAM FOR CHILDREN AND OLDER ADULTS, BACK TO SCHOOL ASSISTANCE AND HOLIDAY FOOD BASKETS AND GIFTS FOR CHILDREN.

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NAME OF ORGANIZATION OR GOVERNMENT:

VISTING NURSE ASSOCIATION OF POTTSTOWN AND VICINITY

(H) PURPOSE OF GRANT OR ASSISTANCE: HOME HEALTH CARE SERVICES -PROVIDED TO HOMEBOUND INDIVIDUALS THROUGHOUT MONTGOMERY AND CHESTER COUNTIES.

WORKING WITH THE CLIENTS' PHYSICIANS, REGISTERED NURSES SERVE AS CASE MANAGERS TO COORDINATE PATIENTS' CARE. SERVICES INCLUDE SKILLED NURSING; HOME HEALTH AIDES; MEDICAL SOCIAL WORK; PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY; AND PSYCHIATRIC NURSING. SKILLED NURSING INCLUDES SUCH HIGHLY TECHNICAL SERVICES AS IV INFUSION THERAPY, COMPLEX WOUND CARE MANAGED BY CERTIFIED WOUND AND OSTOMY NURSES. SERVICES OTHER THAN TRADITIONAL SERVICES OFFERED BY THE THERAPY DEPARTMENT ARE ELECTRICAL STIMULATION TO ENHANCE HEALING OF WOUNDS AND LYMPHEDEMA THERAPY TO DECREASE EDEMA (SWELLING) OF EXTREMETIES. WHEN PATIENTS REQUIRE ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLS), HOME HEALTH AIDES ASSIST THEM WITH BATHING, DRESSING, LIGHT HOUSEKEEPING, AND MEAL PREPARATION.

NAME OF ORGANIZATION OR GOVERNMENT: VNA COMMUNITY CARE SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY CARE SERVICES -PROVIDE QUALITY, COMPREHENSIVE COMMUNITY AND HOME HEALTH CARE WHICH INCLUDES: SKILLED NURSING, HOME HEALTH AIDE SERVICES, SOCIAL WORK, PHYSICAL, SPEECH AND OCCUPATIONAL THERAPY. INDIVIDUALS ACCESSING THESE SERVICES MUST HAVE A MEDICALLY-INDICATED HOME HEALTH NEED AS DIAGNOSED BY A PHYSICIAN. THESE PATIENTS REQUIRE A SKILLED LEVEL OF CARE; ARE NOT MOBILE ENOUGH TO ACCESS OUTPATIENT SERVICES AND ARE AT RISK FOR DETERIORATING PHYSICALLY. IF HOME HEALTH CARE IS NOT PROVIDED, THESE PATIENTS ARE AT-RISK OF BEING HOSPITALIZED OR RECEIVING SOME TYPE OF ACUTE CARE.

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NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEER ENGLISH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEER ENGLISH PROGRAM (VEP)

-PROVIDES FREE ENGLISH TUTORING TO THOUSANDS OF AMERICA'S NEWCOMERS. VEP HELPS LIMITED ENGLISH-SPEAKING ADULTS IN CHESTER COUNTY IMPROVE THEIR ENGLISH READING, WRITING, SPEAKING, AND LISTENING SKILLS. ANNUALLY, VEP SERVES ABOUT 225 STUDENTS FROM OVER 40 DIFFERENT COUNTRIES WITH THE HELP OF APPROXIMATELY 190 VOLUNTEER TUTORS.

NAME OF ORGANIZATION OR GOVERNMENT: WEST CHESTER AREA DAY CARE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 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.

NAME OF ORGANIZATION OR GOVERNMENT: WEST CHESTER AREA SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: 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

Part IV Supplemental Information

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.

NAME OF ORGANIZATION OR GOVERNMENT: WEST CHESTER AREA Y

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDCARE FINANCIAL ASSISTANCE -PROVIDES FINANCIAL ASSISTANCE TO FAMILIES YEAR-ROUND WHO ARE NOT ELIGIBLE FOR THE GOVERNMENT SUBSIDY PROGRAM CCIS. SINCE THERE IS A FOUR MONTH WAIT FOR FAMILIES TO BE ACCEPTED FOR CCIS, WE ALSO PROVIDE "GAP" COVERAGE FOR FAMILIES WHO QUALIFY FOR CCIS BY PROVIDING FINANCIAL ASSISTANCE UNTIL CCIS COVERAGE BEGINS. WCYMCA/PAL - AFTER-SCHOOL CAMP PROGRAM FOR AT-RISK, LOW INCOME CHILDREN AGES 5-13. PROGRAM IS DESIGNED TO SPECIFICALLY SERVE LOW-INCOME FAMILIES LIVING IN OR NEAR THE BOROUGH OF WEST CHESTER, WHO LACK A SUPPORT SYSTEM. PROGRAM FOCUSES ON PROVIDING KIDS WITH ACADEMIC SUPPORT, MENTORING, TUTORING, HOMEWORK HELP, HEALTHY FUN AND GAMES, SWIMMING, POSITIVE ROLE MODELING, ENCOURAGING PERSONAL DEVELOPMENT, WEEKLY INTERACTION WITH LOCAL POLICE, AND A VARIETY OF RECREATIONAL ACTIVITIES/OPPORTUNITIES.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

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

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(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	23-2233854	501(C)3	34,400.	0.			ADULT SERVICES - THE ADULT SERVICES PROGRAM PROVIDES SUPPORTS AND SERVICES FOR THE MANY THE CHESPENN FAMILY HEALTH CENTER AT COATESVILLE IS A FEDERALLY QUALIFIED
CHESPENN HEALTH SERVICES 2600 W. 9TH STREET, 2 NORTH	23-7354899	501(C)3	39,700.	0.			THE CENTER STRIVES TO REDUCE THE DISPARITIES IN DENTAL HEALTH CARE BY PROVIDING PREVENTIVE AND SCOUTREACH BRINGS THE BENEFITS OF SCOUTING: ADULT & PEER MENTORSHIP, TEACHING GOOD
CHESTER COUNTY COMMUNITY DENTAL CENTER - 744 E LINCOLN HIGHWAY, STE 120	06-1654816	501(C)3	15,000.	0.			ADULT BASIC LITERACY EDUCATION (ABLE) PROVIDES LITERACY (ACADEMIC AND WORKPLACE) TO ADULTS (AGE THE COATESVILLE AREA SENIOR CENTER OFFERS PROGRAMS THAT ENCOMPASS THE SERVICES OF CERTIFIED CVIM PROVIDES ACCESS TO DENTAL SERVICE IN CHESTER COUNTY TO THE UNINSURED WORKING POOR WHO HAVE NO CAMP & AFTER SCHOOL BE COOL - PROGRAM IS DESIGNED FOR 6-12 YEAR OLDS AND INCLUDES AFTER
CHESTER COUNTY COUNCIL BOY SCOUTS OF AMERICA - 504 S CONCORD RD	23-1365192	501(C)3	32,050.	0.			
CHESTER COUNTY OIC 790 E MARKET STREET, STE 10	23-2122709	501(C)3	78,900.	0.			
COATESVILLE AREA SENIOR CENTER 22 N. 5TH AVENUE	23-2040210	501(C)3	16,100.	0.			
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE	23-2944553	501(C)3	40,000.	0.			
COMMUNITY, YOUTH AND WOMEN'S ALLIANCE, INC. - 423 EAST LINCOLN HIGHWAY	23-1365995	501(C)3	42,000.	0.			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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SCHEDULE I-1
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 Department of the Treasury
 Internal Revenue Service

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CONSUMER CREDIT COUNSELING SERVICE OF DELAWARE VALLEY - 1608 WALNUT STREET, TENTH FLOOR	23-1671903	501(C)3	7,000.	0.			FINANCIAL COUNSELING - HELP PEOPLE REDUCE THEIR DEBTS THROUGH COUNSELING AND DEBT MANAGEMENT
CREATIVE HEALTH SERVICES, INC. 11 ROBINSON STREET	23-1522060	501(C)3	13,800.	0.			SCHOOL BASED BEHAVIORAL HEALTH ASSESSMENT SERVICES FOR ELEMENTARY LEVEL STUDENTS PROVIDES
DOMESTIC VIOLENCE CENTER OF CHESTER COUNTY	22-2605511	501(C)3	48,700.	0.			THE ACTIVE OLDER ADULTS PROGRAM (AOAP) - DESIGNED SPECIFICALLY TO PROMOTE THE HEALTH, WELLNESS AND RETIRED & SENIOR
DOWNTOWN AREA SENIOR CENTER, INC. - 983 EAST LANCASTER AVENUE	23-2346238	501(C)3	16,400.	0.			VOLUNTEER PROGRAM - LINKS INDIVIDUALS AGE 55+ WHO WISH TO CONTRIBUTE TO THE FREEDOM VALLEY YMCA
FAMILY SERVICE OF CHESTER COUNTY 310 N. MATLACK STREET	23-1726329	501(C)3	89,000.	0.			PROVIDES HIGH-QUALITY, SAFE, AND RELIABLE EARLY LEARNING AND CHILD CARE FAMILY EMERGENCY SHELTER
FREEDOM VALLEY Y 2460 BOULEVARD OF THE GENERAL	23-1401544	501(C)3	35,000.	0.			- PROVIDES A SAFE, DIGNIFIED LIVING ENVIRONMENT FOR HOMELESS PRE-VOCATIONAL TRAINING
FRIENDS ASSOCIATION FOR CARE AND PROTECTION OF CHILDREN - 206 N. CHURCH STREET	23-1381006	501(C)3	60,300.	0.			- PROGRAM PROVIDES SUPPORTIVE EMPLOYMENT FOR ADULTS WITH DISABILITIES.
HANDI-CRAFTERS, INC. 215 BARLEY SHEAF ROAD	23-1609968	501(C)3	8,600.	0.			

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HOME OF THE SPARROW 969 SWEDSFORD ROAD	23-2775004	501(C)3	21,600.	0.			TRANSITIONAL HOUSING - PROVIDES A SAFE, STRUCTURED ENVIRONMENT WHERE WOMEN AND CHILDREN IMPACT- PROGRAM WHICH IS AN INTENSIVE MENTAL HEALTH DAY-TREATMENT PROGRAM. PROGRAM SERVES THE IHAC PROGRAM PROVIDES SERVICES TO NEEDY SINGLE PARENTS WITH DEPENDENT CHILDREN WHO ARE HOMELESS
HUMAN SERVICES, INC. 1140 MCDERMOTT DRIVE	23-1877090	501(C)3	18,900.	0.			LEGAL AID PROVIDES QUALITY LEGAL REPRESENTATION TO LOW-INCOME PEOPLE, TO HEALTH INSURANCE ENROLLMENT INITIATIVE- PROGRAM FOR WOMEN, CHILDREN, AND FAMILIES
INTERFAITH HOUSING ASSISTANCE CORPORATION OF CHESTER COUNTY - 1290 S. HIGH STREET, STE 209	23-2713075	501(C)3	11,500.	0.			SENIOR HEALTHLINK (SHL) IS A UNIQUE PROGRAM THAT BRINGS HEALTH ASSESSMENT, MAINTENANCE AND EDUCATION
LEGAL AID SOUTHEASTERN PENNSYLVANIA - 222 N. WALNUT STREET, 2ND FLOOR	23-1901014	501(C)3	20,900.	0.			TRUANCY PREVENTION PROGRAM (TPP), WAS CREATED BASED ON STUDIES THAT DEMONSTRATE THAT JUMPSTART- THE ONLY CAR DONATION PROGRAM THAT ACTUALLY GIVES DONATED CARS TO PEOPLE WHO NEED
MATERNAL AND CHILD HEALTH CONSORTIUM - 30 W. BARNARD STREET	23-2775806	501(C)3	39,100.	0.			
NEIGHBORHOOD HEALTH AGENCIES, INC. 795 EAST MARSHALL STREET	23-2324782	501(C)3	23,000.	0.			
NEW LIFE YOUTH AND FAMILY SERVICES 405 WILLOWBROOK LANE	23-1433895	501(C)3	26,100.	0.			
OPEN HEARTH INC. 101 N. MAIN STREET, STE A-1	23-2652023	501(C)3	13,100.	0.			

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UNITED WAY OF CHESTER COUNTY INC.
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PHOENIXVILLE AREA CHILDREN'S LEARNING CENTER - 310 MAIN STREET	23-1658931	501(C)3	73,100.	0.			CHILDREN'S LEARNING CENTER- PROGRAM HAS BEEN PROVIDING AFFORDABLE, QUALITY CHILD CARE
PHOENIXVILLE AREA COMMUNITY SERVICES - 257 CHURCH STREET	23-1902190	501(C)3	41,700.	0.			EMERGENCY SERVICES- PACS RECEIVES DAILY REQUESTS FOR FOOD FROM THE EMERGENCY PANTRY AS WELL
PHOENIXVILLE SENIOR CENTER 153 CHURCH STREET	23-2107124	501(C)3	16,100.	0.			THE PHOENIXVILLE SENIOR ADULT ACTIVITY CENTER PROVIDES AFFORDABLE WELLNESS PROGRAMS THAT
PLANNED PARENTHOOD OF CHESTER COUNTY - 8 SOUTH WAYNE STREET	23-1683247	501(C)3	34,500.	0.			PPCC HAS ESTABLISHED ITSELF AS A RECOGNIZED SOURCE OF QUALITY, AFFORDABLE REPRODUCTIVE
SAFE HARBOR OF GREATER WEST CHESTER, INC. - 20 N. MATLACK ST	23-2734615	501(C)3	39,100.	0.			EMERGENCY SHELTER- PROVIDES FOOD, SHELTER, AND RECOVERY OPPORTUNITIES IN A
THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE	23-1604737	501(C)3	39,000.	0.			ADVOCACY & FAMILY SUPPORT- PROVIDE ADVOCACY AND IMPROVING THE QUALITY OF LIFE FOR PERSONS WITH BILINGUAL PRENATAL CLINIC
THE CHESTER COUNTY HOSPITAL 701 EAST MARSHALL STREET	23-0469150	501(C)3	30,000.	0.			-TO INCREASE ACCESS FOR LOW-INCOME WOMEN, INCLUDING THE GROWING COMMUNITY PREVENTION-
THE COAD GROUP (CHESTER COUNTY COUNCIL ON ADDICTIVE DISEASES) - 930 EAST LANCASTER AVENUE	23-6461750	501(C)3	12,000.	0.			PROVIDE RELEVANT AND NEEDED PREVENTION, INTERVENTION AND

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SCHEDULE I-1 (Form 990)
 Department of the Treasury
 Internal Revenue Service

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 Employer identification number: **23-2131877**

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THE CRIME VICTIMS' CENTER OF CHESTER COUNTY, INC. - 236 WEST MARKET STREET	23-2039284	501(C)3	50,900.	0.			DIRECT SERVICES - COMPREHENSIVE, PRIVATE, NON-PROFIT AGENCY THAT PROVIDES SERVICES TO EMERGENCY SHELTER & TRANSITIONAL HOUSING PROGRAM - PROVIDES HOUSING FOR UP TO FIVE MEN FOR UP PROVIDES SHORT-TERM EMERGENCY MATERIAL AND FINANCIAL ASSISTANCE, PERSONAL SUPPORT, AND RAILTON HOUSE HOMELESS PROGRAM IS AVAILABLE FOR HOMELESS AND TRANSIENT MEN WHO NEED BASIC SERVICE UNIT - OPERATES A YEAR ROUND PROGRAM OF SERVICE DESIGNATED TO PROVIDE FAMILIES AND HOME HEALTH CARE SERVICES - PROVIDED TO HOMEBOUND INDIVIDUALS THROUGHOUT MONTGOMERY AND CHESTER COMMUNITY CARE SERVICES - PROVIDE QUALITY, COMPREHENSIVE COMMUNITY AND HOME HEALTH CARE VOLUNTEER ENGLISH PROGRAM (VEP) - PROVIDES FREE ENGLISH TUTORING TO THOUSANDS OF AMERICA'S	
THE GOOD SAMARITAN SHELTER, INC. PO BOX 551	23-3011817	501(C)3	11,000.	0.				
THE SALVATION ARMY COATESVILLE CORPS - 669 EAST LINCOLN HIGHWAY	13-5562351	501(C)3	17,500.	0.				
THE SALVATION ARMY OF WEST CHESTER 101 EAST MARKET STREET	13-5562351	501(C)3	85,500.	0.				
THE SALVATION ARMY SERVICE EXTENSION - 701 NORTH BEDFORD ST	13-5562351	501(C)3	21,500.	0.				
VISTING NURSE ASSOCIATION OF POTTSTOWN AND VICINITY - 1963 EAST HIGH STREET	23-1352574	501(C)3	11,200.	0.				
VNA COMMUNITY CARE SERVICES, INC. 525 HIGHLANDS BOULEVARD	23-1365315	501(C)3	12,900.	0.				
VOLUNTEER ENGLISH PROGRAM 790 E MARKET STREET, STE 21	22-2685077	501(C)3	7,000.	0.				

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SCHEDULE I-1 (Form 990)
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 Employer identification number: **23-2131877**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHESTER AREA DAY CARE CENTER 501 EAST NIELDS STREET	23-1613599	501(C)3	75,000.	0.			DAY CARE CENTER -TO PROVIDE A QUALITY, EARLY CHILDHOOD EDUCATION PROGRAM THAT DEVELOPS HEALTH & WELLNESS PROGRAM ADDRESSES THREE PRIMARY NEEDS FACING OLDER ADULTS TODAY: CONGREGATE CHILDCARE FINANCIAL ASSISTANCE -PROVIDES FINANCIAL ASSISTANCE TO FAMILIES YEAR-ROUND WHO
WEST CHESTER AREA SENIOR CENTER 530 EAST UNION STREET	23-2149355	501(C)3	22,600.	0.			
WEST CHESTER AREA Y 605 AIRPORT RD	23-1365994	501(C)3	64,100.	0.			

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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
JEFFERY MARCH	INDIVIDUAL IS A KEY	0.	INDIVIDUAL		X
JOSEPH C. SPADA	INDIVIDUAL IS A KEY	0.	INDIVIDUAL		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF CHESTER COUNTY INC.

Employer identification number
23-2131877

FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD OF DIRECTORS MAKES ALL DECISIONS. THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THEY REVIEW IT AT THE BOARD MEETING BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL EMPLOYEES, BOARD OF DIRECTORS, AND VOLUNTEERS HAVE TO SIGN A CODE OF ETHICS POLICY, WHICH INCLUDES THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: UNITED WAY OF CHESTER COUNTY STAFF COMPENSATION POLICY ENSURES THAT IT IS ABLE TO RETAIN THE SERVICES OF HIGH QUALITY EMPLOYEES BY PROVIDING A REASONABLE COMPENSATION PACKAGE - THAT IS, COMPENSATION THAT WOULD ORDINARILY BE PAID FOR SIMILAR SERVICES BY SIMILAR ORGANIZATIONS UNDER SIMILAR CIRCUMSTANCES.

THE CEO IS AUTHORIZED TO MAKE DECISIONS REGARDING MANAGEMENT LEVEL EMPLOYEES' COMPENSATION AND THE EXECUTIVE COMMITTEE AND THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS ARE AUTHORIZED TO MAKE DECISIONS REGARDING THE CEO'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: ANYONE MAY REQUEST TO INSPECT THE ORGANIZATIONAL DOCUMENTS AT THE ORGANIZATION'S MAIN LOCATION.

FORM 990, PART XI, LINE 2C

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public
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Name of the organization

UNITED WAY OF CHESTER COUNTY INC.

Employer identification number

23-2131877

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT.

NO POLICIES OR PROCEDURES HAVE CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JEFFERY MARCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

INDIVIDUAL IS A KEY EMPLOYEE AT A BANK THE ORGANIZATION MAINTAINS FUNDS

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS A BOARD MEMBER AT UWCC.

(A) NAME OF PERSON: JOSEPH C. SPADA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

INDIVIDUAL IS A KEY EMPLOYEE AT A BANK THE ORGANIZATION MAINTAINS FUNDS

(D) DESCRIPTION OF TRANSACTION: INDIVIDUAL IS A BOARD MEMBER AT UWCC.

PART IX, STATEMENT OF FUNCTIONAL EXPENSES, LINE 24A

DETAIL OF SCHEDULE O EXPENSES

PROGRAM EXPENSES:

YOUTH DEVELOPMENT \$ 30,000

BANK FEES 1,851

MISCELLANEOUS 4,095

MEETINGS & EVENTS 4,665

MEMBERSHIP DUES 867

POSTAGE 13,100

PRINTING & SUPPLIES 28,072

PROMOTIONAL EVENTS 287

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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UNITED WAY OF CHESTER COUNTY INC.

Employer identification number
23-2131877

SERVICE AGREEMENTS	3,459
TELEPHONE	3,830
UTILITIES	5,406
RECRUITMENT	64
FINRA DISBURSEMENT	6,285
AGENCY ALLOCATION	
ADJUSTMENT	(46,025)
PAY DIRECTS	853,947
TRANSFER TO FUNDRAISING	
& M&G	(250,351)
TOTAL OTHER PROGRAM	\$ 659,552

MANAGEMENT AND GENERAL EXPENSES:

BANK FEES	\$ 188
MISCELLANEOUS	415
MEETINGS AND EVENTS	473
MEMBERSHIP DUES	88
POSTAGE	1,327
PRINTING & SUPPLIES	2,843
PROMOTIONAL EVENTS	29
SERVICE AGREEMENTS	350
TELEPHONE	388
UTILITIES	548
RECRUITMENT	6
TRANSFER FROM PROGRAM	82,793
TOTAL M&G EXPENSES	\$89,448

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932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Name of the organization

UNITED WAY OF CHESTER COUNTY INC.

Employer identification number

23-2131877

FUNDRAISING EXPENSES:

BANK FEES	\$	469
MISCELLANEOUS		1,038
MEETINGS AND EVENTS		1,182
MEMBERSHIP DUES		220
POSTAGE		3,319
PRINTING & SUPPLIES		7,112
PROMOTIONAL EVENTS		73
SERVICE AGREEMENTS		876
TELEPHONE		971
UTILITIES		1,370
RECRUITMENT		16
TRANSFER FROM PROGRAM		167,558
TOTAL FUNDRAISING EXPENSES	\$	184,204