

# **Maternal and Child Health Consortium of Chester County, Inc.**

Financial Statements  
Year Ended December 31, 2023



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MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

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## **INDEPENDENT AUDITOR'S REPORT**

**Board of Directors  
Maternal and Child Health Consortium  
of Chester County, Inc.  
West Chester, Pennsylvania**

### **Opinion**

We have audited the accompanying financial statements of Maternal and Child Health Consortium of Chester County, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2023, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Maternal and Child Health Consortium of Chester County, Inc. as of December 31, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

### **Basis for Opinion**

We conducted our audit in accordance with U.S. generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Maternal and Child Health Consortium of Chester County, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Maternal and Child Health Consortium of Chester County, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Maternal and Child Health Consortium of Chester County, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Maternal and Child Health Consortium of Chester County, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

#### **Report on Summarized Comparative Information**

We have previously audited Maternal and Child Health Consortium of Chester County, Inc.'s 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated April 8, 2023. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022, is consistent, in all material respects, with the audited financial statements from which it has been derived.

BBD, LLP

**Philadelphia, Pennsylvania**  
**April 25, 2024**

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## STATEMENT OF FINANCIAL POSITION

December 31, 2023 with comparative totals for 2022

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
Cash	\$ 566,295	\$ 1,171,273
Certificates of deposit	86,019	84,013
Contributions and grants receivable	362,073	257,773
Prepaid expenses and other assets	8,545	6,848
Right of use asset - operating leases	32,646	112,764
Beneficial interest in assets held by community foundation	<u>31,809</u>	<u>27,768</u>
<b>Total assets</b>	<u>\$ 1,087,387</u>	<u>\$ 1,660,439</u>
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$ 175,355	\$ 121,175
Refundable advance	2,123	21,895
Operating lease obligation	<u>34,500</u>	<u>113,385</u>
<b>Total liabilities</b>	<u>211,978</u>	<u>256,455</u>
<b>NET ASSETS</b>		
Without donor restrictions	699,380	833,533
With donor restrictions	<u>176,029</u>	<u>570,451</u>
<b>Total net assets</b>	<u>875,409</u>	<u>1,403,984</u>
<b>Total liabilities and net assets</b>	<u>\$ 1,087,387</u>	<u>\$ 1,660,439</u>

See accompanying notes

**MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.****STATEMENT OF ACTIVITIES****Year ended December 31, 2023 with comparative totals for 2022**

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Totals</b>	
			<b><u>2023</u></b>	<b><u>2022</u></b>
<b>REVENUE AND SUPPORT</b>				
Grants	\$ 1,595,804	\$ -	\$ 1,595,804	\$ 1,316,782
Contributions	293,436	291,059	584,495	756,436
Other income	14,303	-	14,303	7,383
Change in value of beneficial interest in assets held by community foundation	4,041	-	4,041	(5,846)
Net assets released from restrictions	<u>685,481</u>	<u>(685,481)</u>	<u>-</u>	<u>-</u>
<b>Total revenue and support</b>	<u>2,593,065</u>	<u>(394,422)</u>	<u>2,198,643</u>	<u>2,074,755</u>
<b>EXPENSES</b>				
Program services				
Healthy Start	616,325	-	616,325	442,825
Family Benefits	580,369	-	580,369	569,404
Family Center and other	1,235,166	-	1,235,166	926,053
Supporting services				
Management and general	178,904	-	178,904	119,454
Fundraising	<u>116,454</u>	<u>-</u>	<u>116,454</u>	<u>165,047</u>
<b>Total expenses</b>	<u>2,727,218</u>	<u>-</u>	<u>2,727,218</u>	<u>2,222,783</u>
<b>CHANGE IN NET ASSETS</b>	(134,153)	(394,422)	(528,575)	(148,028)
<b>NET ASSETS</b>				
Beginning of year	<u>833,533</u>	<u>570,451</u>	<u>1,403,984</u>	<u>1,552,012</u>
<b>End of year</b>	<u>\$ 699,380</u>	<u>\$ 176,029</u>	<u>\$ 875,409</u>	<u>\$ 1,403,984</u>

**See accompanying notes**

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## STATEMENT OF FUNCTIONAL EXPENSES

Year ended December 31, 2023 with comparative totals for 2022

	Program Services			Supporting Services		Totals	
	Healthy Start	Family Benefits	Family Center and Other	Management and General	Fundraising	2023	2022
Personnel costs	\$ 487,989	\$ 484,766	\$ 902,687	\$ 91,634	\$ 91,376	\$ 2,058,452	\$ 1,594,748
Conferences and meetings	4,659	823	42,841	4,199	1,097	53,619	26,168
Dues and subscriptions	10,666	9,274	18,512	2,554	1,781	42,787	51,878
Equipment	3,929	3,659	9,099	16,725	648	34,060	28,869
Events	-	-	-	1,805	9,391	11,196	18,493
Insurance	394	315	721	4,523	47	6,000	3,521
IT and data support	12,232	13,099	30,772	1,671	742	58,516	60,867
Occupancy	30,048	24,537	69,260	1,981	1,575	127,401	116,010
Office	3,071	2,635	4,485	6,630	309	17,130	11,249
Partner payments	-	-	-	-	-	-	19,851
Professional fees	47,620	25,986	90,970	37,020	5,308	206,904	190,697
Travel	10,044	5,418	56,309	582	71	72,424	51,807
Miscellaneous	5,673	9,857	9,510	9,580	4,109	38,729	48,625
<b>Total expenses</b>	<b>\$ 616,325</b>	<b>\$ 580,369</b>	<b>\$ 1,235,166</b>	<b>\$ 178,904</b>	<b>\$ 116,454</b>	<b>\$ 2,727,218</b>	<b>\$ 2,222,783</b>

See accompanying notes

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## STATEMENT OF CASH FLOWS

Year ended December 31, 2023 with comparative totals for 2022

	<u>2023</u>	<u>2022</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<i>Change in net assets</i>	\$ (528,575)	\$ (148,028)
<i>Adjustments to reconcile change in net assets to net cash provided by (used for) operating activities</i>		
Change in value of beneficial interest in assets held by community foundation	(4,041)	5,846
(Increase) decrease in		
Contributions and grants receivable	(104,300)	(48,312)
Prepaid expenses and other assets	(1,697)	18,746
Right of use asset - operating leases	80,118	(112,764)
Increase (decrease) in		
Accounts payable and accrued expenses	54,180	(10,796)
Refundable advance	(19,772)	21,895
Operating lease obligation	<u>(78,885)</u>	<u>113,385</u>
<b>Net cash used for operating activities</b>	<u>(602,972)</u>	<u>(160,028)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Purchase of certificates of deposit	(86,019)	(84,013)
Proceeds from maturities of certificates of deposit	<u>84,013</u>	<u>83,603</u>
<b>Net cash used for investing activities</b>	<u>(2,006)</u>	<u>(410)</u>
<b>Change in cash</b>	(604,978)	(160,438)
<b>CASH</b>		
Beginning of year	<u>1,171,273</u>	<u>1,331,711</u>
<b>End of year</b>	<u>\$ 566,295</u>	<u>\$ 1,171,273</u>

See accompanying notes



# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

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### (1) NATURE OF OPERATIONS

Maternal and Child Health Consortium of Chester County, Inc. (the "**Organization**") helps low-income families and children overcome barriers to good health. Our mission is to advocate for and empower prenatal and parenting families to achieve healthy beginnings and a bright future through a caring culture of service. The Organization serves over 5,000 families in Chester County and Montgomery County every year through home-visiting, health care access and school readiness programs.

#### **Healthy Start Program**

The Maternal and Child Health Consortium's ("**MCHC**") Healthy Start Home Visiting Program is a vital initiative aimed at reducing the prevalence of low-birth-weight births and enhancing birth and maternal health outcomes for pregnant and parenting individuals with children aged 0-18 months. Through this program, MCHC's bilingual, bicultural Community Health Workers (CHW) deliver comprehensive perinatal services directly to participants' homes. These services encompass socio-emotional support, health education and hands-on parental involvement utilizing the evidence-based Parents as Teachers ("**PAT**") model. Home visits, occurring twice monthly for 1-2 hours, continue until the target child reaches 18 months old. The program conducts thorough health risk assessments and Adverse Childhood Experiences screenings (ACEs), ensuring appropriate interventions for participants with elevated scores. Additionally, screenings for perinatal depression are conducted using the Edinburgh Perinatal Depression Scale (EPDS) prenatally and postpartum, ensuring timely support for those at risk.

#### **Plans of Safe Care Program**

The Plans of Safe Care ("**POSC**") program offers tailored support for pregnant women, families, caregivers, and infants impacted by substance use disorders. A POSC is a comprehensive document outlining referrals and services aimed at ensuring the safety and well-being of substance-exposed infants. These plans address fundamental needs such as secure housing, medical care and mental health treatment, along with delivery and discharge arrangements, infant care essentials and postnatal support services including substance use treatment and home visiting programs. A dedicated POSC Coordinator collaborates with individuals to develop holistic strategies, establish support networks and provide access to relevant resources and free programs for pregnant women and new parents. Throughout the process, the program offers continuous encouragement and support to facilitate positive outcomes for families overcoming substance use disorders.

#### **Perinatal Periods of Risk Project**

The Perinatal Periods of Risk ("**PPOR**") Project is an analytical framework devised to scrutinize fetal and infant mortality within a specific community, with a particular emphasis on racial disparities in mortality rates. Originally initiated by the World Health Organization in 2004, PPOR has undergone adaptations by various organizations including CityMatCH, the Centers for Disease Control and Prevention and the Health Resources and Services Administration. MCHC has introduced the PPOR Project to Chester County, comprising three phases. Phase 1 identified the "Maternal Health/Prematurity" period as the highest risk period for infant mortality. Phase 2 pinpointed contributing factors such as limited prenatal and behavioral health resources, lack of awareness of county resources and dynamics within patient-provider relationships. Phase 3 involves the development of a community action plan spanning 2023-2025, aiming to foster trust among Black and African American families, advocate for mental well-being during the perinatal period, empower birthing people to advocate for themselves, promote diversity in the healthcare workforce, and improve coordination of health and social services.

#### **Language Access Project**

Language Access Project is a language interpretation service for families with limited English language proficiency who are involved in the child welfare system and referred by the Chester County Department of Children, Youth and Families. The program employs TCI Certified (The Community Interpreter national training) interpreters fluent in Spanish and Portuguese to liaise between families and CYF caseworkers.

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

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### **Family Benefits Program**

The Family Benefits Program extends crucial support to eligible individuals and families with children, facilitating access to essential provisions such as food and healthcare coverage. Through the program, participants receive expert guidance on navigating various state-subsidized health insurance schemes like Medicaid and CHIP, as well as food assistance programs such as SNAP and other public benefits initiatives like WIC and TANF. Services include assistance with eligibility assessments, renewal applications, troubleshooting, and comprehensive policy coverage comprehension. The program's dedicated follow-up ensures seamless approval and continuity of coverage, while its outreach efforts extend to providing training to other social service agencies. The program offers one-to-one enrollment assistance available at multiple locations across Chester County and parts of Montgomery County, including Pottstown and Norristown, and with bilingual staff proficient in Spanish and English.

### **Family Navigator Program**

The Family Navigator Program enhances access to a broader spectrum of community resources for Chester County residents. These encompass employment training and opportunities, assistance with housing, rent and utilities, provision of transportation information and guidance, access to domestic violence support services, as well as diversion programs tailored for families involved in the child welfare system or deemed at-risk.

### **Family Center Program**

The Family Center Program is a home-visiting program that supports low-income families with children aged 0-5 years-old in southern Chester County, preparing them for successful kindergarten entry. MCHC's bilingual, bicultural Parent Educators conduct bi-weekly home visits, delivering school readiness preparation and facilitating health insurance enrollment, peer connections and engaging parent-child educational activities. Using the PAT model, Parent Educators provide early childhood developmental education and foster hands-on parental involvement. They collaborate closely with families to address barriers hindering optimal school readiness, focusing on self-care and age-appropriate academic skills. The program culminates in an intensive Kindergarten Transition Program ("**KTP**") for five-year-old children, which immerses them in a simulated school environment. Concurrently, parents participate in parenting classes to bolster their ability to support their child's learning and navigate school systems effectively. The KTP includes a comprehensive assessment of each child's preschool skill mastery to ensure readiness for kindergarten. Through the Family Center Program, MCHC empowers families to lay a strong foundation for their children's educational success.

### **Life Skills Program**

The Life Skills Program is tailored to meet the unique needs of families with children who are involved with CYF. Program Coordinators conduct personalized home visits, addressing a wide array of parenting essentials based on each family's specific requirements. From establishing consistent daily routines and promoting proper hygiene practices to fostering healthy relationships and offering guidance on effective discipline strategies, our team covers it all. Program Coordinators serve as a vital lifeline for parents seeking assistance with crucial aspects such as securing stable housing, finding employment opportunities, or gaining valuable budgeting skills. By equipping caregivers with the necessary knowledge and resources, we empower them to navigate challenges effectively and prioritize their children's well-being, fostering stronger, more resilient families in the process.

### **Diversion Program**

The Diversion Program is a proactive initiative designed to provide support and resources for families at risk of involvement with the child welfare system. Our program offers tailored interventions and assistance aimed at addressing underlying issues and strengthening family stability. By providing personalized support, guidance, and access to community resources, we empower families to navigate challenges effectively and prevent the need for formal involvement with child welfare agencies.

# **MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2023**

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### **Family Group Decision Making Program**

The Family Group Decision Making Program helps families find their voice and reclaim their power in shaping their future. In three meetings over two months, our Bilingual Program Coordinators facilitate a transformative process that empowers families to address challenges head-on. Beginning with a pre-conference session, we bring together all involved parties—whether it's a school guidance counselor, family member, neighbor or CYF Caseworker—to lay the groundwork for constructive dialogue. Then, in a collaborative in-person meeting, the priority family and their chosen support system brainstorm solutions and craft a personalized action plan.

### **Empowering Families Program**

In partnership with the Chester County Department of Children, Youth and Families, MCHC implemented the Empowering Families Program as a Child Welfare Initiative under the Family Center in 2021 in response to the prevalence of high risk families becoming involved in the child welfare system and to promote child abuse and neglect prevention at the community level. Parent Educators are certified to use the evidence-based PAT model to build family resiliency with up to 40 families per year from pregnancy up to age 5. Parent Educators meet with participant families twice monthly in their home for 2-3 years with the goal to keep families united and foster a stable environment.

### **Fatherhood Program**

The Fatherhood Program has worked with both parents of enrolled families since 2006. In 2017, MCHC expanded the program in order to fully engage father figures in their child's growth and address their unique challenges. As a part of home-visiting support, experienced mentors guide fathers in developing essential parenting skills, fostering healthy parent-child relationships and navigating personal challenges.

### **Diabetes and Heart Disease Prevention Program**

Healthy Start and Family Center staff provide one-to-one diabetes and heart disease prevention education during home visits and group sessions throughout the year that are free and open to the community. These sessions cover a comprehensive range of topics, including Type 1, Type 2 and gestational diabetes, as well as heart disease development and management. Participants gain insights into monitoring and comprehending vital health indicators like blood pressure and blood sugar levels, learn effective strategies for integrating exercise into daily life, and receive education on nutrition essentials such as portion control, interpreting nutrition labels, and budget-friendly shopping, supplemented by cooking demonstrations using common ingredients. This holistic approach underscores the program's dedication to promoting community health and well-being.

## **(2) SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Accounting**

The financial statements have been prepared on the accrual basis of accounting. As a result, revenues are recognized when earned and expenses are recognized when incurred.

### **Financial Statement Presentation**

The Organization reports information regarding its financial position and activities according to the following classes of net assets:

#### ***Without donor restrictions***

Net assets that are not subject to donor-imposed restrictions.

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

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### ***With donor restrictions***

Net assets that are subject to donor-imposed restrictions that will be satisfied by actions of the Organization and/or the passage of time. When a restriction is satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Also included in this category are net assets subject to donor-imposed restrictions that require the net assets be maintained indefinitely while permitting the Organization to expend the income generated in accordance with the provisions of the contribution. The Organization had no net assets required to be maintained indefinitely at December 31, 2023.

### **Fair Value Measurements of Assets and Liabilities**

Generally accepted accounting principles ("**GAAP**") define fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. GAAP establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Organization. Unobservable inputs reflect the Organization's assumptions about the inputs market participants would use in pricing the asset or liability based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels based on the inputs as follows:

**Level 1** – Valuations based on quoted prices in active markets for identical assets or liabilities that the Organization has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these assets and liabilities does not entail a significant degree of judgment.

**Level 2** – Valuations based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

**Level 3** – Valuations based on inputs that are unobservable, that is, inputs that reflect the Organization's own assumptions.

### **Certificates of Deposit**

Certificates of deposit are reported at fair value, using Level 2 inputs, with interest included in the statement of activities. Interest income is recorded as earned.

### **Contributions and Grants**

Contributions and grants received are recorded as net assets without donor restrictions or with donor restrictions depending on the absence or existence and nature of any donor restrictions. Donor-restricted contributions and grants whose restrictions are satisfied in the same period are reported as net assets without donor restrictions.

Unconditional contributions and grants are recognized as revenue when the related promise to give is received. Conditional contributions and grants are recognized as revenue when the conditions are satisfied.

The Organization had conditional contributions and grants receivable from the Commonwealth of Pennsylvania of \$1,101,551 and \$782,934 and Chester County of \$460,105 and \$363,484 at December 31, 2023 and 2022, respectively.

# **MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2023**

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### **Beneficial Interest in Assets Held by Community Foundation**

The Organization reports its beneficial interest in assets held by community foundation at the net asset value as received from the community foundation.

### **Leases**

The Organization has entered into various noncancelable operating leases for commercial space related to program and administrative facilities. In addition, the Organization has entered into operating leases for equipment. The Organization determines if an arrangement is a lease at inception.

Operating leases are recorded as right of use assets and lease liabilities in the statement of financial position. Leases with a term of twelve months or less are considered short term leases and are accounted for as an expense in statement of activities as rental payments are incurred.

Operating lease assets represent the Organization's right to use an underlying asset for the lease term and lease liabilities represent its obligation to make lease payments arising from the lease. Operating lease assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The Organization uses the implicit rate when readily determinable. When the lease does not provide an implicit rate, the Organization uses a secured borrowing rate based on the information available at commencement date in determining the present value of lease payments.

The Organization's lease terms may include options to extend if the option is considered reasonably certain to be exercised. Operating lease expense for lease payments are recognized on a straight-line basis over the lease term.

### **Functional Allocation of Expenses**

The costs of providing various program and supporting services have been summarized on a functional basis in the statements of activities and functional expenses. Expenses directly attributable to a specific functional area are reported as expenses of that functional area. Expenses not directly attributable to a specific functional area are allocated. Significant expenses that are allocated include personnel costs which are allocated based on estimates of time and effort.

### **Income Tax Status**

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an Organization other than a private foundation under Section 509(a)(1).

GAAP requires entities to evaluate, measure, recognize and disclose any uncertain income tax positions taken on their tax returns. GAAP prescribes a minimum threshold that a tax position is required to meet in order to be recognized in the financial statements. The Organization believes that it had no uncertain tax positions as defined in GAAP.

### **Concentration of Revenue and Credit Risk**

Financial instruments which subject the Organization to concentrations of credit risk consist primarily of cash and contributions and grants receivable. The Organization maintains cash deposits at various banks and financial institutions and at times these may exceed federally-insured limits. Contributions and grants receivable are reported at fair value using level 2 inputs and are expected to be collected in 2024.

Grants from the U.S. Department of Health and Human Services and Chester County comprised approximately 71% and 55% of total revenue and support for the years ended December 31, 2023 and 2022, respectively.

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

### Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets, liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

### Summarized Prior-Year Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the financial statements for the year ended December 31, 2022, from which the summarized information was derived.

### (3) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION

In November 1998, the Organization entered into an agreement with The Chester County Community Foundation (the "**Foundation**"), a community foundation, to establish an endowment fund (the "**Fund**") for the benefit of the Organization. The amount transferred by the Organization to the Foundation was \$18,430. No amounts were transferred for the years ended December 31, 2023 and 2022.

Pursuant to the terms of the agreement, the Organization irrevocably relinquished its right to the amount transferred in exchange for future distributions of the Fund's earnings. However, the Fund and distributions from the Fund are subject to the Foundation's ultimate control and discretion.

The terms of the agreement require the Foundation to make distributions to the Organization in accordance with a spending policy adopted annually by the Foundation's Board. The spending policy is established at a specified percentage of the Fund's average market value, whereby the specified percentage does not exceed five percent and the average market value is determined over a period of time not to exceed five years. No distributions were made to the Organization in 2023 and 2022.

### (4) NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions were restricted for the following purposes and periods:

	<u>Balance</u> <u>December 31, 2022</u>	<u>Additions</u>	<u>Releases</u>	<u>Balance</u> <u>December 31, 2023</u>
Net assets spendable for specific purposes or future periods				
Healthy Start Program	\$242,801	\$186,299	\$(363,499)	\$ 65,601
Family Benefits	218,250	60,000	(215,264)	62,986
Family Center	70,787	17,260	(70,472)	17,575
Other	30,603	2,500	(28,236)	4,867
Available for future periods	<u>8,010</u>	<u>25,000</u>	<u>(8,010)</u>	<u>25,000</u>
	<u>\$570,451</u>	<u>\$291,059</u>	<u>\$(685,481)</u>	<u>\$176,029</u>
	<u>Balance</u> <u>December 31, 2021</u>	<u>Additions</u>	<u>Releases</u>	<u>Balance</u> <u>December 31, 2022</u>
Net assets spendable for specific purposes or future periods				
Healthy Start Program	\$313,906	\$211,250	\$(282,355)	\$242,801
Family Benefits	204,393	278,470	(264,613)	218,250
Family Center	107,976	40,990	(78,179)	70,787
Other	-	30,603	-	30,603
Available for future periods	<u>87,704</u>	<u>-</u>	<u>(79,694)</u>	<u>8,010</u>
	<u>\$713,979</u>	<u>\$561,313</u>	<u>\$(704,841)</u>	<u>\$570,451</u>

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

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### (5) LINE OF CREDIT

The Organization has a \$200,000 bank credit line, which bears interest at a variable rate per annum equal to 0.5% in excess of the Wall Street Prime Rate and expires in January 2025. Advances under this credit line are secured by the Organization's receivables. No advances were outstanding at December 31, 2023 and 2022.

### (6) OPERATING LEASES

The Organization has entered into various noncancelable operating leases for occupancy and equipment. The components of lease costs were as follows for the year ended December 31, 2023:

Operating lease costs – occupancy	\$66,550
Operating lease costs – equipment	<u>14,976</u>
Total operating lease costs	<u>81,526</u>
Short term lease costs – occupancy	11,206
Short term lease costs – equipment	<u>1,348</u>
Total short term lease costs	<u>12,554</u>
Total lease costs	<u>\$94,080</u>

As of December 31, 2023, the maturities of the Organization's lease liabilities were as follows:

<u>Year ending December 31,:</u>	<u>Operating Leases</u>
2024	\$34,872
Less: imputed interest	<u>(372)</u>
	<u>\$34,500</u>

The weighted average remaining lease term and weighted average discount rate were as follows as of December 31, 2023:

Weighted average remaining lease term (in years)	
Operating leases	.48 years
Weighted average remaining discount rate	3.79%

In December 2023, the Organization entered into a new lease agreement for its main office space at a new location. The lease began on March 1, 2024 and expires in March 2027. Future lease commitments are approximately \$50,000 annually through 2027.

### (7) RETIREMENT PLAN

The Organization has a 401(k) plan covering all employees who have reached the age of 21 and completed six months of service. The plan allows employees to defer a portion of their compensation, subject to the limitations in the Internal Revenue Code. The Organization makes matching contributions to the plan equal to a specified percentage of the employees' elective deferrals. The Organization's contributions to the plan were \$10,561 and \$5,718 for 2023 and 2022, respectively.

# MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.

## NOTES TO FINANCIAL STATEMENTS

December 31, 2023

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### (8) LIQUIDITY AND AVAILABILITY OF RESOURCES

The following reflects the Organization's financial assets as of the statement of financial position date, which has been reduced by financial assets not available within one year.

Cash	\$ 566,295
Certificates of deposit	86,019
Contributions and grants receivable	<u>362,073</u>
Total financial assets	1,014,387
Less: financial assets not available for general operations within one year	
Net assets restricted for specific purposes or future periods	<u>(151,029)</u>
Total financial assets available within one year	<u>\$ 863,358</u>

#### Liquidity Management

As part of the Organization's liquidity management, it invests cash in excess of daily requirements in short-term investments, typically certificates of deposit and money market funds. The Organization also has a line of credit available (**See Note 5**).

### (9) SUBSEQUENT EVENTS

Management has evaluated subsequent events through April 25, 2024, the date on which the financial statements were available to be issued. Except as disclosed below, no material subsequent events have occurred since December 31, 2023 that would require recognition or disclosure in the financial statements.

During 2024, the Organization was promised a capacity building grant from The Pew Charitable Trusts for \$1,000,000.



Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

**A For the 2023 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.</b> <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1475 PHOENIXVILLE PIKE 12</b> City or town, state or province, country, and ZIP or foreign postal code <b>WEST CHESTER, PA 19380</b> <b>F Name and address of principal officer: MILENA LANZ</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>23-2775806</b> <b>E Telephone number</b> <b>610-344-5370</b> <b>G Gross receipts \$ 2,194,602.</b> <b>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b> <b>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></b> If "No," attach a list. See instructions <b>H(c) Group exemption number</b> <b>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</b> <b>J Website: WWW.CCMCHC.ORG</b> <b>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</b> <b>L Year of formation: 1994</b> <b>M State of legal domicile: PA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER FAMILIES TO BUILD A HEALTHIER &amp; BRIGHTER FUTURE FOR THEIR CHILDREN.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3 12</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4 12</b> <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>5 49</b> <b>6</b> Total number of volunteers (estimate if necessary) <b>6 23</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a 0.</b> <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b 0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>2,067,858.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>5,751. 14,303.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-11,501. -6,098.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>2,062,108. 2,183,685.</b>	<b>Prior Year Current Year</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0. 0.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0. 0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>1,594,748. 2,058,452.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0. 0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>107,342.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>609,542. 657,849.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>2,204,290. 2,716,301.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-142,182. -532,616.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>1,660,439. 1,087,387.</b> <b>21</b> Total liabilities (Part X, line 26) <b>256,455. 211,978.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>1,403,984. 875,409.</b>	<b>Beginning of Current Year End of Year</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MILENA LANZ, EXECUTIVE DIRECTOR</b> Type or print name and title	Date  
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MELISSA DUNN</b> Firm's name <b>BBD, LLP</b> Firm's address <b>1835 MARKET STREET, SUITE 300 PHILADELPHIA, PA 19103</b>	Preparer's signature <b>MELISSA DUNN</b> Date <b>04/30/24</b> Check if self-employed <input type="checkbox"/> PTIN <b>P01278330</b> Firm's EIN <b>23-2896692</b> Phone no. <b>215-567-7770</b>

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.

Form 990 (2023)

23-2775806 Page 2

**Part III** Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:  
**TO ADVOCATE FOR AND EMPOWER PRENATAL AND PARENTING FAMILIES TO ACHIEVE HEALTHY BEGINNINGS AND A BRIGHT FUTURE THROUGH A CARING CULTURE OF SERVICE.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ **616,325.** including grants of \$ ) (Revenue \$ )  
**HEALTHY START PORGRAM - THE MATERNAL AND CHILD HEALTH CONSORTIUM'S (MCHC) HEALTHY START HOME VISITING PROGRAM IS A VITAL INITIATIVE AIMED AT REDUCING THE PREVALENCE OF LOW-BIRTH-WEIGHT BIRTHS AND ENHANCING BIRTH AND MATERNAL HEALTH OUTCOMES FOR PREGNANT AND PARENTING INDIVIDUALS WITH CHILDREN AGED 0-18 MONTHS. THROUGH THIS PROGRAM, MCHC'S BILINGUAL, BICULTURAL COMMUNITY HEALTH WORKERS (CHW) DELIVER COMPREHENSIVE PERINATAL SERVICES DIRECTLY TO PARTICIPANTS' HOMES. THESE SERVICES ENCOMPASS SOCIO-EMOTIONAL SUPPORT, HEALTH EDUCATION, AND HANDS-ON PARENTAL INVOLVEMENT UTILIZING THE EVIDENCE-BASED PARENTS AS TEACHERS (PAT) MODEL. HOME VISITS, OCCURRING TWICE MONTHLY FOR 1-2 HOURS, CONTINUE UNTIL THE TARGET CHILD REACHES 18 MONTHS OLD. [CONT ON SCHEDULE O]**
- 4b (Code: ) (Expenses \$ **580,369.** including grants of \$ ) (Revenue \$ )  
**FAMILY BENEFITS PROGRAM - THE FAMILY BENEFITS PROGRAM EXTENDS CRUCIAL SUPPORT TO ELIGIBLE INDIVIDUALS AND FAMILIES WITH CHILDREN, FACILITATING ACCESS TO ESSENTIAL PROVISIONS SUCH AS FOOD AND HEALTHCARE COVERAGE. THROUGH THE PROGRAM, PARTICIPANTS RECEIVE EXPERT GUIDANCE ON NAVIGATING VARIOUS STATE-SUBSIDIZED HEALTH INSURANCE SCHEMES LIKE MEDICAID AND CHIP, AS WELL AS FOOD ASSISTANCE PROGRAMS SUCH AS SNAP AND OTHER PUBLIC BENEFITS INITIATIVES LIKE WIC AND TANF. SERVICES INCLUDE ASSISTANCE WITH ELIGIBILITY ASSESSMENTS, RENEWAL APPLICATIONS, TROUBLESHOOTING, AND COMPREHENSIVE POLICY COVERAGE COMPREHENSION. THE PROGRAM'S DEDICATED FOLLOW-UP ENSURES SEAMLESS APPROVAL AND CONTINUITY OF COVERAGE, WHILE ITS OUTREACH EFFORTS EXTEND TO PROVIDING TRAINING TO OTHER SOCIAL SERVICE AGENCIES. [CONT ON SCHEDULE O]**
- 4c (Code: ) (Expenses \$ **663,918.** including grants of \$ ) (Revenue \$ )  
**FAMILY CENTER PROGRAM - THE FAMILY CENTER PROGRAM IS A HOME-VISITING PROGRAM THAT SUPPORTS LOW-INCOME FAMILIES WITH CHILDREN AGED 0-5 YEARS-OLD IN SOUTHERN CHESTER COUNTY, PREPARING THEM FOR SUCCESSFUL KINDERGARTEN ENTRY. MCHC'S BILINGUAL, BICULTURAL PARENT EDUCATORS CONDUCT BI-WEEKLY HOME VISITS, DELIVERING SCHOOL READINESS PREPARATION AND FACILITATING HEALTH INSURANCE ENROLLMENT, PEER CONNECTIONS, AND ENGAGING PARENT-CHILD EDUCATIONAL ACTIVITIES. USING THE PARENTS AS TEACHERS (PAT) MODEL, PARENT EDUCATORS PROVIDE EARLY CHILDHOOD DEVELOPMENTAL EDUCATION AND FOSTER HANDS-ON PARENTAL INVOLVEMENT. THEY COLLABORATE CLOSELY WITH FAMILIES TO ADDRESS BARRIERS HINDERING OPTIMAL SCHOOL READINESS, FOCUSING ON SELF-CARE AND AGE-APPROPRIATE ACADEMIC SKILLS. [CONT ON SCHEDULE O]**
- 4d Other program services (Describe on Schedule O.)  
(Expenses \$ **571,248.** including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses **2,431,860.**

Form 990 (2023)

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Form 990 (2023)

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**Part IV Checklist of Required Schedules**

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

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Form 990 (2023)

23-2775806 Page **4**

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	<b>12</b>
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Form 990 (2023)

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**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
<b>2a</b> 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>2a</b> 49		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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 as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	N/A	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	N/A	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

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**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>12</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>12</b>		
<b>2</b> 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?	<b>2</b>		<b>X</b>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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 on Schedule O	<b>9</b>			<b>X</b>

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

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

**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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - 610-344-5370**  
**1475 PHOENIXVILLE PIKE, 12, WEST CHESTER, PA 19380**

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MILENA LANZ EXECUTIVE DIRECTOR	40.00			X				140,000.	0.	11,269.
(2) ALLISON G. RICHARDS PRESIDENT	6.00	X		X				0.	0.	0.
(3) WENDY SHARPE VICE PRESIDENT	1.50	X		X				0.	0.	0.
(4) ELIZABETH PILACIK, CPA TREASURER	6.00	X		X				0.	0.	0.
(5) MOJDEH SABERIN, MD SECRETARY	1.50	X		X				0.	0.	0.
(6) MARGARET SCHNEIDER BOARD MEMBER	1.50	X						0.	0.	0.
(7) JOEL MCFADDEN BOARD MEMBER	1.50	X						0.	0.	0.
(8) SARAH PILACIK BOARD MEMBER	1.50	X						0.	0.	0.
(9) REBECCA POLSS BOARD MEMBER	1.50	X						0.	0.	0.
(10) BILL GAYLE BOARD MEMBER	1.50	X						0.	0.	0.
(11) KHUSHBOO GARG BOARD MEMBER	1.50	X						0.	0.	0.
(12) TOMAS ZAMBRANO FERNANDEZ BOARD MEMBER	1.50	X						0.	0.	0.
(13) LEE ANN SULLIVAN BOARD MEMBER	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b> .....								140,000.	0.	11,269.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								140,000.	0.	11,269.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	25,964.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	48,518.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,595,804.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	505,194.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			14,303.			14,303.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 48,518. of contributions reported on line 1c). See Part IV, line 18 .....						
<b>8a</b>			4,819.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	10,917.					
<b>c</b> Net income or (loss) from fundraising events .....			-6,098.			-6,098.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....							
		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....							
		<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			2,183,685.	0.	0.	8,205.	

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**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	151,269.	137,820.	6,734.	6,715.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,582,840.	1,452,130.	58,048.	72,662.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,270.	3,562.	6,669.	39.
<b>9</b> Other employee benefits	179,892.	164,015.	10,137.	5,740.
<b>10</b> Payroll taxes	134,181.	117,915.	10,046.	6,220.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	206,904.	164,576.	37,020.	5,308.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	17,130.	10,191.	6,630.	309.
<b>14</b> Information technology	58,516.	56,103.	1,671.	742.
<b>15</b> Royalties				
<b>16</b> Occupancy	127,401.	123,845.	1,981.	1,575.
<b>17</b> Travel	72,424.	71,771.	582.	71.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	53,619.	48,323.	4,199.	1,097.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	6,000.	1,430.	4,523.	47.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	42,787.	38,452.	2,554.	1,781.
<b>b MISCELLANEOUS</b>	39,008.	25,040.	9,580.	4,388.
<b>c EQUIPMENT</b>	34,060.	16,687.	16,725.	648.
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,716,301.	2,431,860.	177,099.	107,342.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,056,078.	<b>1</b>	563,761.
	<b>2</b> Savings and temporary cash investments .....	199,208.	<b>2</b>	88,553.
	<b>3</b> Pledges and grants receivable, net .....	257,773.	<b>3</b>	362,073.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,848.	<b>9</b>	8,545.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	0.		
	<b>b</b> Less: accumulated depreciation .....	0.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	140,532.	<b>15</b>	64,455.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,660,439.	<b>16</b>	1,087,387.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	121,175.	<b>17</b>	175,355.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	135,280.	<b>25</b>	36,623.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	256,455.	<b>26</b>	211,978.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	833,533.	<b>27</b>	699,380.
	<b>28</b> Net assets with donor restrictions .....	570,451.	<b>28</b>	176,029.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	1,403,984.	<b>32</b>	875,409.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	1,660,439.	<b>33</b>	1,087,387.

Form **990** (2023)

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,183,685.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,716,301.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-532,616.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,403,984.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	4,041.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	875,409.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> <b>X</b> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> <b>X</b> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.** Employer identification number  
**23-2775806**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1517168.	1833220.	2198981.	2067858.	2175480.	9792707.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1517168.	1833220.	2198981.	2067858.	2175480.	9792707.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						8,870.
<b>6 Public support.</b> Subtract line 5 from line 4.						9783837.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	1517168.	1833220.	2198981.	2067858.	2175480.	9792707.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5,507.	5,183.	4,623.	5,751.	14,303.	35,367.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	3,350.		5,780.	6,992.	4,819.	20,941.
<b>11 Total support.</b> Add lines 7 through 10						9849015.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,235.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.34	%
<b>15</b>	Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.07	%
<b>16a 33 1/3% support test - 2023.</b>	If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>b 33 1/3% support test - 2022.</b>	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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2023.</b>	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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2022.</b>	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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b>	If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

Schedule A (Form 990) 2023

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

  

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Schedule A (Form 990) 2023

23-2775806 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENTS REVENUE

2019 AMOUNT: \$ 3,350.

2021 AMOUNT: \$ 3,805.

2022 AMOUNT: \$ 5,360.

2023 AMOUNT: \$ 4,819.

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 1,975.

2022 AMOUNT: \$ 1,632.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Employer identification number

**23-2775806**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization <b>MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.</b>	Employer identification number <b>23-2775806</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>303,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,186,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>105,503.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-2775806

## Part II

[illegible]

Name of organization

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Employer identification number

**23-2775806**

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Employer identification number  
**23-2775806**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<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" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2023

<b>Part III</b>	<b>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets</b> <i>(continued)</i>
-----------------	---

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
- e** ☐ Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ..... ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

<b>Part V</b>	<b>Endowment Funds</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
---------------	---

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

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

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

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

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

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

- (i) Unrelated organizations? .....
- (ii) Related organizations? .....
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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

<b>Part VI</b>	<b>Land, Buildings, and Equipment</b>
----------------	---------------------------------------

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	0.
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Schedule D (Form 990) 2023

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Schedule D (Form 990) 2023

23-2775806 Page **3**

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY	
(2) FOUNDATION	31,809.
(3) RIGHT OF USE ASSET - OPERATING LEASES	32,646.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	64,455.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCE	2,123.
(3) OPERATING LEASE OBLIGATION	34,500.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	36,623.

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

Schedule D (Form 990) 2023

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Schedule D (Form 990) 2023

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,198,643.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,041.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,041.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,194,602.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-10,917.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-10,917.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,183,685.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,727,218.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	10,917.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,917.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,716,301.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,716,301.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

**UNCERTAIN TAX POSITIONS UNDER ASC 740**

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY  
UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES  
A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE  
RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT IT  
HAD NO UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN VALUE OF INTEREST IN CHESTER COUNTY COMMUNITY  
FOUNDATION

4,041.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES -10,917.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES 10,917.

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

**Attach to Form 990 or Form 990-EZ.**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public Inspection**

Name of the organization **MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

**Employer identification number**  
23-2775806

## Part I

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

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

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

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total .....</b>						

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

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

23-2775806 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		FALL GALA (event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	53,337.			53,337.
	2 Less: Contributions .....	48,518.			48,518.
	3 Gross income (line 1 minus line 2) .....	4,819.			4,819.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	7,991.			7,991.
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	2,926.			2,926.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				10,917.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-6,098.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

23-2775806 Page 3

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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



<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.** Employer identification number  
**23-2775806**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2023

## Schedule J (Form 990) 2023

Page 2

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

[illegible]

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**MATERNAL AND CHILD HEALTH CONSORTIUM OF  
CHESTER COUNTY, INC.**

Employer identification number  
**23-2775806**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE PROGRAM CONDUCTS THOROUGH HEALTH RISK ASSESSMENTS AND ADVERSE  
CHILDHOOD EXPERIENCES SCREENINGS (ACES), ENSURING APPROPRIATE  
INTERVENTIONS FOR PARTICIPANTS WITH ELEVATED SCORES. ADDITIONALLY,  
SCREENINGS FOR PERINATAL DEPRESSION ARE CONDUCTED USING THE EDINBURGH  
PERINATAL DEPRESSION SCALE (EPDS) PRENATALLY AND POSTPARTUM, ENSURING  
TIMELY SUPPORT FOR THOSE AT RISK.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE PROGRAM OFFERS ONE-TO-ONE ENROLLMENT ASSISTANCE AVAILABLE AT  
MULTIPLE LOCATIONS ACROSS CHESTER COUNTY AND PARTS OF MONTGOMERY  
COUNTY, INCLUDING POTTSTOWN AND NORRISTOWN, AND WITH BILINGUAL STAFF  
PROFICIENT IN SPANISH AND ENGLISH.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

THE PROGRAM CULMINATES IN AN INTENSIVE KINDERGARTEN TRANSITION PROGRAM  
(KTP) FOR FIVE-YEAR-OLD CHILDREN, WHICH IMMERSSES THEM IN A SIMULATED  
SCHOOL ENVIRONMENT. CONCURRENTLY, PARENTS PARTICIPATE IN PARENTING  
CLASSES TO BOLSTER THEIR ABILITY TO SUPPORT THEIR CHILD'S LEARNING AND  
NAVIGATE SCHOOL SYSTEMS EFFECTIVELY. THE KTP INCLUDES A COMPREHENSIVE  
ASSESSMENT OF EACH CHILD'S PRESCHOOL SKILL MASTERY TO ENSURE READINESS  
FOR KINDERGARTEN. THROUGH THE FAMILY CENTER PROGRAM, MCHC EMPOWERS  
FAMILIES TO LAY A STRONG FOUNDATION FOR THEIR CHILDREN'S EDUCATIONAL

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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SUCCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PLANS OF SAFE CARE PROGRAM - THE PLANS OF SAFE CARE (POSC) PROGRAM

OFFERS TAILORED SUPPORT FOR PREGNANT WOMEN, FAMILIES, CAREGIVERS, AND

INFANTS IMPACTED BY SUBSTANCE USE DISORDERS. A POSC IS A COMPREHENSIVE

DOCUMENT OUTLINING REFERRALS AND SERVICES AIMED AT ENSURING THE SAFETY

AND WELL-BEING OF SUBSTANCE-EXPOSED INFANTS. THESE PLANS ADDRESS

FUNDAMENTAL NEEDS SUCH AS SECURE HOUSING, MEDICAL CARE, AND MENTAL

HEALTH TREATMENT, ALONG WITH DELIVERY AND DISCHARGE ARRANGEMENTS,

INFANT CARE ESSENTIALS, AND POSTNATAL SUPPORT SERVICES INCLUDING

SUBSTANCE USE TREATMENT AND HOME VISITING PROGRAMS. A DEDICATED POSC

COORDINATOR COLLABORATES WITH INDIVIDUALS TO DEVELOP HOLISTIC

STRATEGIES, ESTABLISH SUPPORT NETWORKS, AND PROVIDE ACCESS TO RELEVANT

RESOURCES AND FREE PROGRAMS FOR PREGNANT WOMEN AND NEW PARENTS.

THROUGHOUT THE PROCESS, THE PROGRAM OFFERS CONTINUOUS ENCOURAGEMENT AND

SUPPORT TO FACILITATE POSITIVE OUTCOMES FOR FAMILIES OVERCOMING

SUBSTANCE USE DISORDERS.

PERINATAL PERIODS OF RISK PROJECT - THE PERINATAL PERIODS OF RISK

(PPOR) PROJECT IS AN ANALYTICAL FRAMEWORK DEVISED TO SCRUTINIZE FETAL

AND INFANT MORTALITY WITHIN A SPECIFIC COMMUNITY, WITH A PARTICULAR

EMPHASIS ON RACIAL DISPARITIES IN MORTALITY RATES. ORIGINALLY INITIATED

BY THE WORLD HEALTH ORGANIZATION IN 2004, PPOR HAS UNDERGONE

ADAPTATIONS BY VARIOUS ORGANIZATIONS INCLUDING CITYMATCH, THE CENTERS

FOR DISEASE CONTROL AND PREVENTION, AND THE HEALTH RESOURCES AND

SERVICES ADMINISTRATION. MCHC HAS INTRODUCED THE PPOR PROJECT TO

CHESTER COUNTY, COMPRISING THREE PHASES. PHASE 1 IDENTIFIED THE

Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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"MATERNAL HEALTH/PREMATURITY" PERIOD AS THE HIGHEST RISK PERIOD FOR INFANT MORTALITY. PHASE 2 PINPOINTED CONTRIBUTING FACTORS SUCH AS LIMITED PRENATAL AND BEHAVIORAL HEALTH RESOURCES, LACK OF AWARENESS OF COUNTY RESOURCES, AND DYNAMICS WITHIN PATIENT-PROVIDER RELATIONSHIPS. PHASE 3 INVOLVES THE DEVELOPMENT OF A COMMUNITY ACTION PLAN SPANNING 2023-2025, AIMING TO FOSTER TRUST AMONG BLACK AND AFRICAN AMERICAN FAMILIES, ADVOCATE FOR MENTAL WELL-BEING DURING THE PERINATAL PERIOD, EMPOWER BIRTHING PEOPLE TO ADVOCATE FOR THEMSELVES, PROMOTE DIVERSITY IN THE HEALTHCARE WORKFORCE, AND IMPROVE COORDINATION OF HEALTH AND SOCIAL SERVICES.

LANGUAGE ACCESS PROJECT - LANGUAGE ACCESS PROJECT IS A LANGUAGE INTERPRETATION SERVICE FOR FAMILIES WITH LIMITED ENGLISH LANGUAGE PROFICIENCY WHO ARE INVOLVED IN THE CHILD WELFARE SYSTEM AND REFERRED BY THE CHESTER COUNTY DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES. THE PROGRAM EMPLOYS TCI CERTIFIED (THE COMMUNITY INTERPRETER NATIONAL TRAINING) INTERPRETERS FLUENT IN SPANISH AND PORTUGUESE TO LIAISE BETWEEN FAMILIES AND CYF CASEWORKERS.

FAMILY NAVIGATOR PROGRAM - THE FAMILY NAVIGATOR PROGRAM ENHANCES ACCESS TO A BROADER SPECTRUM OF COMMUNITY RESOURCES FOR CHESTER COUNTY RESIDENTS. THESE ENCOMPASS EMPLOYMENT TRAINING AND OPPORTUNITIES, ASSISTANCE WITH HOUSING, RENT, AND UTILITIES, PROVISION OF TRANSPORTATION INFORMATION AND GUIDANCE, ACCESS TO DOMESTIC VIOLENCE SUPPORT SERVICES, AS WELL AS DIVERSION PROGRAMS TAILORED FOR FAMILIES INVOLVED IN THE CHILD WELFARE SYSTEM OR DEEMED AT-RISK.

LIFE SKILLS PROGRAM - THE LIFE SKILLS PROGRAM IS TAILORED TO MEET THE

Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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UNIQUE NEEDS OF FAMILIES WITH CHILDREN WHO ARE INVOLVED WITH CYF.

PROGRAM COORDINATORS CONDUCT PERSONALIZED HOME VISITS, ADDRESSING A WIDE ARRAY OF PARENTING ESSENTIALS BASED ON EACH FAMILY'S SPECIFIC REQUIREMENTS. FROM ESTABLISHING CONSISTENT DAILY ROUTINES AND PROMOTING PROPER HYGIENE PRACTICES TO FOSTERING HEALTHY RELATIONSHIPS AND OFFERING GUIDANCE ON EFFECTIVE DISCIPLINE STRATEGIES, OUR TEAM COVERS IT ALL. PROGRAM COORDINATORS SERVE AS A VITAL LIFELINE FOR PARENTS SEEKING ASSISTANCE WITH CRUCIAL ASPECTS SUCH AS SECURING STABLE HOUSING, FINDING EMPLOYMENT OPPORTUNITIES, OR GAINING VALUABLE BUDGETING SKILLS. BY EQUIPPING CAREGIVERS WITH THE NECESSARY KNOWLEDGE AND RESOURCES, WE EMPOWER THEM TO NAVIGATE CHALLENGES EFFECTIVELY AND PRIORITIZE THEIR CHILDREN'S WELL-BEING, FOSTERING STRONGER, MORE RESILIENT FAMILIES IN THE PROCESS.

DIVERSION PROGRAM - THE DIVERSION PROGRAM IS A PROACTIVE INITIATIVE DESIGNED TO PROVIDE SUPPORT AND RESOURCES FOR FAMILIES AT RISK OF INVOLVEMENT WITH THE CHILD WELFARE SYSTEM. OUR PROGRAM OFFERS TAILORED INTERVENTIONS AND ASSISTANCE AIMED AT ADDRESSING UNDERLYING ISSUES AND STRENGTHENING FAMILY STABILITY. BY PROVIDING PERSONALIZED SUPPORT, GUIDANCE, AND ACCESS TO COMMUNITY RESOURCES, WE EMPOWER FAMILIES TO NAVIGATE CHALLENGES EFFECTIVELY AND PREVENT THE NEED FOR FORMAL INVOLVEMENT WITH CHILD WELFARE AGENCIES.

FAMILY GROUP DECISION MAKING PROGRAM - THE FAMILY GROUP DECISION MAKING PROGRAM HELPS FAMILIES FIND THEIR VOICE AND RECLAIM THEIR POWER IN SHAPING THEIR FUTURE. IN THREE MEETINGS OVER TWO MONTHS, OUR BILINGUAL PROGRAM COORDINATORS FACILITATE A TRANSFORMATIVE PROCESS THAT EMPOWERS FAMILIES TO ADDRESS CHALLENGES HEAD-ON. BEGINNING WITH A PRE-CONFERENCE



Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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SESSION, WE BRING TOGETHER ALL INVOLVED PARTIES-WHETHER IT'S A SCHOOL GUIDANCE COUNSELOR, FAMILY MEMBER, NEIGHBOR, OR CYF CASEWORKER-TO LAY THE GROUNDWORK FOR CONSTRUCTIVE DIALOGUE. THEN, IN A COLLABORATIVE IN-PERSON MEETING, THE PRIORITY FAMILY AND THEIR CHOSEN SUPPORT SYSTEM BRAINSTORM SOLUTIONS AND CRAFT A PERSONALIZED ACTION PLAN.

EMPOWERING FAMILIES PROGRAM - IN PARTNERSHIP WITH THE CHESTER COUNTY DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES, MCHC IMPLEMENTED THE EMPOWERING FAMILIES PROGRAM AS A CHILD WELFARE INITIATIVE UNDER THE FAMILY CENTER IN 2021 IN RESPONSE TO THE PREVALENCE OF HIGH RISK FAMILIES BECOMING INVOLVED IN THE CHILD WELFARE SYSTEM AND TO PROMOTE CHILD ABUSE AND NEGLECT PREVENTION AT THE COMMUNITY LEVEL. PARENT EDUCATORS ARE CERTIFIED TO USE THE EVIDENCE-BASED PAT MODEL TO BUILD FAMILY RESILIENCY WITH UP TO 40 FAMILIES PER YEAR FROM PREGNANCY UP TO AGE 5. PARENT EDUCATORS MEET WITH PARTICIPANT FAMILIES TWICE MONTHLY IN THEIR HOME FOR 2-3 YEARS WITH THE GOAL TO KEEP FAMILIES UNITED AND FOSTER A STABLE ENVIRONMENT.

FATHERHOOD PROGRAM - THE FATHERHOOD PROGRAM HAS WORKED WITH BOTH PARENTS OF ENROLLED FAMILIES SINCE 2006. IN 2017, MCHC EXPANDED THE PROGRAM IN ORDER TO FULLY ENGAGE FATHER FIGURES IN THEIR CHILD'S GROWTH AND ADDRESS THEIR UNIQUE CHALLENGES. AS A PART OF HOME-VISITING SUPPORT, EXPERIENCED MENTORS GUIDE FATHERS IN DEVELOPING ESSENTIAL PARENTING SKILLS, FOSTERING HEALTHY PARENT-CHILD RELATIONSHIPS, AND NAVIGATING PERSONAL CHALLENGES.

DIABETES AND HEART DISEASE PREVENTION PROGRAM - HEALTHY START AND FAMILY CENTER STAFF PROVIDE ONE-TO-ONE DIABETES AND HEART DISEASE

Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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PREVENTION EDUCATION DURING HOME VISITS AND GROUP SESSIONS THROUGHOUT THE YEAR THAT ARE FREE AND OPEN TO THE COMMUNITY. THESE SESSIONS COVER A COMPREHENSIVE RANGE OF TOPICS, INCLUDING TYPE 1, TYPE 2, AND GESTATIONAL DIABETES, AS WELL AS HEART DISEASE DEVELOPMENT AND MANAGEMENT. PARTICIPANTS GAIN INSIGHTS INTO MONITORING AND COMPREHENDING VITAL HEALTH INDICATORS LIKE BLOOD PRESSURE AND BLOOD SUGAR LEVELS, LEARN EFFECTIVE STRATEGIES FOR INTEGRATING EXERCISE INTO DAILY LIFE, AND RECEIVE EDUCATION ON NUTRITION ESSENTIALS SUCH AS PORTION CONTROL, INTERPRETING NUTRITION LABELS, AND BUDGET-FRIENDLY SHOPPING, SUPPLEMENTED BY COOKING DEMONSTRATIONS USING COMMON INGREDIENTS. THIS HOLISTIC APPROACH UNDERSCORES THE PROGRAM'S DEDICATION TO PROMOTING COMMUNITY HEALTH AND WELL-BEING.

EXPENSES \$ 571,248. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

ELIZABETH PILACIK, TREASURER OF THE BOARD, AND SARAH PILACIK, BOARD MEMBER, HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

GOVERNING BODY REVIEW OF FORM 990

PRIOR TO ITS FILING WITH THE IRS, A FINAL COPY OF THE FORM 990 IS CIRCULATED TO EACH VOTING MEMBER OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

ANNUALLY EMPLOYEES AND BOARD MEMBERS MUST COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE WHICH IDENTIFIES ANY POTENTIAL CONFLICTS. ADDITIONALLY, SUPERVISORS REGULARLY MEET WITH THEIR STAFF TO DISCUSS OUT OF BUSINESS

Name of the organization	MATERNAL AND CHILD HEALTH CONSORTIUM OF CHESTER COUNTY, INC.	Employer identification number 23-2775806
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ACTIVITIES TO BECOME AWARE OF ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

PROCESS FOR DETERMINING COMPENSATION

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DISCUSSED AND DETERMINED SOLELY  
BY THE ORGANIZATION'S BOARD OF DIRECTORS. ON AN ANNUAL BASIS, THE BOARD  
REVIEWS THE PERFORMANCE OF THE ORGANIZATION AND HOW THE EXECUTIVE DIRECTOR  
HAS CONTRIBUTED TO THE ORGANIZATION'S PERFORMANCE. THE BOARD THEN SETS  
COMPENSATION AND GOALS THAT ARE APPROPRIATE FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC AVAILABILITY OF OTHER DOCUMENTS

COPIES OF MCHC'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 ARE  
PROVIDED UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF INTEREST IN CHESTER COUNTY COMMUNITY

FOUNDATION 4,041.