

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
CHESTER COUNTY FOOD BANK

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
650 PENNSYLVANIA DRIVE

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

D Employer identification number
27-0887311

E Telephone number
(610) 873-6000

G Gross receipts \$ 7,676,325

F Name and address of principal officer
LAWRENCE WELSCH
650 PENNSYLVANIA DRIVE
EXTON, PA 19341

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CHESTERCOUNTYFOODBANK.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2009

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE MOBILIZE OUR COMMUNITY TO ENSURE ACCESS TO REAL, HEALTHY FOOD

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	38
6 Total number of volunteers (estimate if necessary)	3,044
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,812,316	4,835,551
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	433,010	490,724
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,730	144,051
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,319,056	5,470,326
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,097,842	2,837,045
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,670,997	2,083,239
16a Professional fundraising fees (Part IX, column (A), line 11e)	495	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 396,921		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,064,087	1,287,907
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,833,421	6,208,191
19 Revenue less expenses Subtract line 18 from line 12	-514,365	-737,865

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	12,249,879	11,344,516
21 Total liabilities (Part X, line 26)	884,663	972,982
22 Net assets or fund balances Subtract line 21 from line 20	11,365,216	10,371,534

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-09-27

LAWRENCE WELSCH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00749373

Firm's name ▶ BBD LLP Firm's EIN ▶ 23-2896692

Firm's address ▶ 1835 MARKET STREET 3RD FLOOR Phone no (215) 567-7770
PHILADELPHIA, PA 19103

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE MOBILIZE OUR COMMUNITY TO ENSURE ACCESS TO REAL, HEALTHY FOOD BY RAISING, AND SOLICITING FUNDS FOR THE ACQUISITION, STORAGE, GROWING, COLLECTION AND DISTRIBUTION OF FOOD TO LOW INCOME CITIZENS OF CHESTER COUNTY, PA AT RISK OF HUNGER AND MALNUTRITION

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 \$ 5,124,779 including grants of \$ 2,837,045) (Revenue \$ 156,989)
See Additional Data

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

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

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

4e Total program service expenses ▶ 5,124,779

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	38		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
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)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a	
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		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>				14b	
15 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 instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN INTINARELLI CHAIR	5 00	X		X				0	0	0
(2) JOSEPH RIPER ESQ VICE-CHAIR	3 00	X		X				0	0	0
(3) SUZANNE JACKSON TREASURER	3 00	X		X				0	0	0
(4) NICOLE RIEGL SECRETARY	3 00	X		X				0	0	0
(5) ROBERT E FENZA DIRECTOR	1 00	X						0	0	0
(6) MILDRED JOYNER DIRECTOR	1 00	X						0	0	0
(7) BEVERLY ABBONIZIO DIRECTOR	1 00	X						0	0	0
(8) PETER KJELLERUP DIRECTOR	1 00	X						0	0	0
(9) KATE SHEEHAN DIRECTOR	1 00	X						0	0	0
(10) MATTHEW TUCKER DIRECTOR	1 00	X						0	0	0
(11) JOSE FRAZIER DIRECTOR	1 00	X						0	0	0
(12) JOE TANKLE DIRECTOR	1 00	X						0	0	0
(13) KEVIN MCDERMOTT DIRECTOR	1 00	X						0	0	0
(14) EMILY BROWN DIRECTOR	1 00	X						0	0	0
(15) DETIANA KUKA DIRECTOR	1 00	X						0	0	0
(16) BARBARA REISENWITZ DIRECTOR	1 00	X						0	0	0
(17) ANAND SOLANKI DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAWRENCE WELSCH EXECUTIVE DIRECTOR	40 00			X				106,243	0	17,257
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								106,243	0	17,257

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	235,286				
	d Related organizations	1d					
	e Government grants (contributions)	1e	821,279				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,778,986				
	g Noncash contributions included in lines 1a - 1f \$ _____		2,142,736				
	h Total. Add lines 1a-1f			4,835,551			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		279,714			279,714	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		2,343,646			
		c Gain or (loss)		2,132,636			
		d Net gain or (loss)		211,010			211,010
	8a Gross income from fundraising events (not including \$ _____ 235,286 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	15,145			
		c Net income or (loss) from fundraising events		28,083			-12,938
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b	202,269				
	c Net income or (loss) from sales of inventory		45,280	156,989	156,989		
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			5,470,326	156,989	0	477,786	

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,837,045	2,837,045		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,930	95,198	22,847	8,885
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,485,635	1,114,226	267,414	103,995
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,128	11,346	2,723	1,059
9 Other employee benefits	337,758	243,952	72,057	21,749
10 Payroll taxes	117,788	88,411	21,536	7,841
11 Fees for services (non-employees)				
a Management				
b Legal	8,440	5,460	2,980	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	28,531		28,531	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,060		58,060	
12 Advertising and promotion	132,646	2,232	105	130,309
13 Office expenses	152,059	3,516	104,830	43,713
14 Information technology	33,275	24,666	6,032	2,577
15 Royalties				
16 Occupancy	158,067	140,660	17,407	
17 Travel	55,702	39,385	12,394	3,923
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,804	9,568	8,540	3,696
20 Interest	21,637		21,637	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	196,422	168,923	15,714	11,785
23 Insurance	28,293	23,416	4,877	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	218,723	166,044	296	52,383
b VEHICLE EXPENSES	129,749	124,663	5,086	
c INDEPENDENT CONTRACTORS	19,040	19,040		
d DUES AND SUBSCRIPTIONS	16,547	4,720	10,967	860
e All other expenses	8,912	2,308	2,458	4,146
25 Total functional expenses. Add lines 1 through 24e	6,208,191	5,124,779	686,491	396,921
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	143,045	1	136,433
	2 Savings and temporary cash investments	81,672	2	81,581
	3 Pledges and grants receivable, net	149,445	3	254,531
	4 Accounts receivable, net	115,093	4	15,888
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	376,046	8	449,088
	9 Prepaid expenses and deferred charges	3,223	9	5,266
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,037,672		
	b Less accumulated depreciation	10b 1,235,816	3,896,241	10c 3,801,856
	11 Investments—publicly traded securities	7,435,744	11	6,547,873
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	49,370	14	
	15 Other assets See Part IV, line 11	0	15	52,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,249,879	16	11,344,516	
Liabilities	17 Accounts payable and accrued expenses	339,895	17	224,448
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	544,768	23	748,534
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	884,663	26	972,982
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,099,271	27	10,041,249
	28 Temporarily restricted net assets	265,945	28	330,285
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	11,365,216	33	10,371,534	
34 Total liabilities and net assets/fund balances	12,249,879	34	11,344,516	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,470,326
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,208,191
3	Revenue less expenses Subtract line 2 from line 1	3	-737,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,365,216
5	Net unrealized gains (losses) on investments	5	-223,435
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-32,382
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,371,534

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 27-0887311

Name: CHESTER COUNTY FOOD BANK

Form 990 (2018)

Form 990, Part III, Line 4a:

CHESTER COUNTY FOOD BANK IS THE CENTRAL HUNGER-RELIEF ORGANIZATION IN CHESTER COUNTY PENNSYLVANIA AT OUR CORE, WE PROVIDE FOR THE ACQUISITION, STORAGE, GROWING, COLLECTION AND DISTRIBUTION OF FOOD TO FOOD INSECURE RESIDENTS OF CHESTER COUNTY IN FISCAL YEAR 2019 WE DISTRIBUTED 3,218,723 POUNDS OF FOOD TO 153 FOOD PROVIDING AGENCIES, EQUATING TO MORE THAN 2,768,000 MEALS WE ACCOMPLISH THIS THROUGH A VARIETY OF MISSION CRITICAL PROGRAMS IN A FEW STRATEGIC AREAS, FOOD DISTRIBUTION, FOOD SECURITY INITIATIVES, AGRICULTURE, DIRECT DISTRIBUTION, AND WORKFORCE DEVELOPMENT FOOD DISTRIBUTION IS OUR PRIMARY FUNCTION AS AN ORGANIZATION WE PROCURE FOOD THROUGH A VARIETY OF SOURCES THAT INCLUDE CONTRIBUTIONS

Form 990, Part III, Line 4b:

FROM DONORS AND GOVERNMENT FUNDED PROGRAMS THIS ALLOWS US TO DISTRIBUTE FOOD THAT IS PROVIDED AT NO COST TO PANTRY PARTICIPANTS WHO MEET PRE-DETERMINED INCOME GUIDELINES AS THE CENTRAL HUNGER-RELIEF ORGANIZATION, WE ARE ABLE TO ENSURE A MORE EQUITABLE DISTRIBUTION OF RESOURCES THROUGHOUT THE COUNTY, REGARDLESS OF AN INDIVIDUAL COMMUNITY'S SUPPORT OF THEIR LOCAL FOOD PROVIDING AGENCY FOOD SECURITY INITIATIVES IS AN AREA OF OUR WORK THAT GOES BEYOND SIMPLY PROVIDING EMERGENCY SUPPLIES OF FOOD THROUGH OUR FOOD SECURITY INITIATIVES, WE COLLABORATE WITH OTHER COMMUNITY ORGANIZATIONS TO ADDRESS THE ROOT CAUSES OF HUNGER THROUGH PROGRAMS LIKE EATFRESH, BEST CHOICES, RAISED BED GARDENS AND SEED TO SUPPER ADDITIONALLY, WE SERVE

Form 990, Part III, Line 4c:

COMMUNITIES WITH LOW-FOOD ACCESS THROUGH OUR FRESH2YOU MOBILE MARKET, A ROVING FARMERS' MARKET FOCUSED ON FRESH, LOCAL PRODUCE TASTEIT! FOOD DEMONSTRATIONS HIGHLIGHT SEASONAL PRODUCE AT THE MARKET AND TEACH CUSTOMERS NEW KITCHEN SKILLS AT FRESH2YOU, CUSTOMERS ARE WELCOMED TO USE A VARIETY OF PAYMENT METHODS, INCLUDING SNAP BENEFITS AND FARMERS' MARKET NUTRITION PROGRAM VOUCHERS OFFERED TO WIC PARTICIPANTS AND QUALIFYING SENIORS ALL PURCHASES MADE WITH NUTRITION PROGRAMS ARE MATCHED WITH CCFB FUNDED VEGGIEBUCKS TO STRETCH SHOPPERS' DOLLARS EVEN FURTHER (CONTINUED ON SCHEDULE O)OUR AGRICULTURE PROGRAM IS AN HOMAGE TO CHESTER COUNTY'S DEEP AGRICULTURAL HERITAGE WITH THE GENEROUS SUPPORT OF OUR COUNTY COMMISSIONERS, WE ARE ABLE TO GROW THOUSANDS OF POUNDS OF PRODUCE FOR OUR PROGRAMS AT HISTORIC SPRINGTON MANOR FARM IN ADDITION TO ENGAGING OUR COMMUNITY VOLUNTEERS IN THE PLANTING, GROWING AND HARVESTING OF PRODUCE AT SPRINGTON MANOR, WE RAISE SEEDLINGS TO DISTRIBUTE AMONGST OUR RAISED BED GARDEN PARTICIPANTS WE ALSO MAINTAIN AN AWARD-WINNING RAISED BED DEMO GARDEN ON LOCATION AND HOUSE A LARGE HIGH TUNNEL TO EXTEND OUR GROWING SEASON THE AGRICULTURE PROGRAM IS RUN BY TWO ON-STAFF FARMERS WHO OVERSEE OPERATIONS AT SPRINGTON MANOR AND TWO OTHER LOCATIONS IN THE COUNTY DIRECT DISTRIBUTION PROGRAMS FILL GAPS OF NEED FOR THE MOST VULNERABLE IN OUR COMMUNITY FOR LOW-INCOME CHILDREN IN PARTICIPATING SCHOOLS, OUR BACKPACK PROGRAM PROVIDES A SUPPLY OF NUTRITIOUS FOOD ON FRIDAY AFTERNOONS TO SEND CHILDREN HOME WITH OVER THE WEEKEND DURING SUMMER MONTHS THE SUMMER STUDENT FOOD BOX PROGRAM IS A WAY FOR US TO PROVIDE NUTRITIOUS, EASY-TO-PREPARE, NON-PERISHABLE FOOD TO STUDENTS AND THEIR FAMILIES THE SENIOR BOX PROGRAM IS CCFB'S RENDITION OF THE FEDERAL COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) NOW SERVING MORE THAN 700 SENIORS, CCFB CAN TAILOR BOXES TO MEET THE SPECIFIC NEEDS OF OUR COMMUNITY AND LEVERAGE IT AS A POINT OF CONTACT WITH OUR SENIOR COMMUNITY FROM TIME TO TIME, FOOD INSECURE INDIVIDUALS PRESENT THEMSELVES TO THE FOOD BANK AND WE ARE ABLE TO PROVIDE THEM WITH AN EMERGENCY 3-DAY SUPPLY OF FOOD UNTIL THEY CAN CONNECT TO A REGULAR DISTRIBUTION - THIS IS THE FUNCTION OF OUR EMERGENCY FOOD BOX PROGRAM WORKFORCE DEVELOPMENT IS THE NEWEST INITIATIVE OF CHESTER COUNTY FOOD BANK RECOGNIZING UN/UNDEREMPLOYMENT AS ONE OF THE ROOT CAUSES OF FOOD INSECURITY, OUR FRESHSTART KITCHEN TEAM PROVIDES INDIVIDUALS WITH SIGNIFICANT BARRIERS TO EMPLOYMENT WITH THE KNIFE SKILLS AND LIFE SKILLS TO ENTER A NEW CAREER AND ACHIEVE SELF-EFFICACY THE PROGRAM PREPARES PARTICIPANTS THROUGH A 12-WEEK CULINARY ARTS TRAINING PROGRAM THAT INCLUDES LIFE SKILLS AND JOB READINESS, INTERNSHIP PLACEMENT AND JOB SEARCH ASSISTANCE

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHESTER COUNTY FOOD BANK

Employer identification number

27-0887311

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,910,791	4,701,717	4,075,824	4,812,316	4,835,551	23,336,199
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,910,791	4,701,717	4,075,824	4,812,316	4,835,551	23,336,199
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						217,339
6	Public support. Subtract line 5 from line 4						23,118,860

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	4,910,791	4,701,717	4,075,824	4,812,316	4,835,551	23,336,199
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,754	119,459	117,454	148,023	279,714	762,404
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	43,056	39,925	82,676	139,388	15,145	320,190
11	Total support. Add lines 7 through 10						24,418,793
12	Gross receipts from related activities, etc (see instructions)					12	202,269

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.680%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	94.690%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISC - 2014 AMOUNT \$ 43,056 2015 AMOUNT \$ 39,925 2016 AMOUNT \$ 82,676 2017 AMOUNT \$ 139,388 SPECIAL EVENT INCOME - 2018 AMOUNT \$ 15,145

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CHESTER COUNTY FOOD BANK

Employer identification number
27-0887311

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)

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		760,000		760,000
b Buildings		3,222,481	507,339	2,715,142
c Leasehold improvements				
d Equipment		1,055,191	728,477	326,714
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,801,856

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,293,241
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-223,435
b	Donated services and use of facilities	2b	46,798
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-28,531
e	Add lines 2a through 2d	2e	-205,168
3	Subtract line 2e from line 1	3	5,498,409
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-28,083
c	Add lines 4a and 4b	4c	-28,083
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	5,470,326

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

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

1	Total expenses and losses per audited financial statements	1	6,254,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	46,798
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	28,083
e	Add lines 2a through 2d	2e	74,881
3	Subtract line 2e from line 1	3	6,179,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,531
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	28,531
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	6,208,191

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 27-0887311

Name: CHESTER COUNTY FOOD BANK

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY UNCERTAIN TAX POSITIONS GAAP PRESCRIBES A MINIMUM RECOGNITION 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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES -28,531

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES -28,083

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES 28,083

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Name of the organization

CHESTER COUNTY FOOD BANK

Employer identification number

27-0887311

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CHAMPIONS AGAINST HUNGER DINNER (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	250,431			250,431
	2 Less Contributions	235,286			235,286
	3 Gross income (line 1 minus line 2)	15,145			15,145
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,000			1,000
	8 Entertainment				
	9 Other direct expenses	27,083			27,083
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,083
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-12,938	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CHESTER COUNTY FOOD BANK

Employer identification number

27-0887311

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 62
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE DEPARTMENT OF HUMAN SERVICES (DHS) AT THE COUNTY OF CHESTER SERVES AS THE LEAD AGENCY IN THE COUNTY FOR STATE SFPP AND TEFAP PROGRAMS THE CHESTER COUNTY FOOD BANK SERVES AS THE WAREHOUSE AND DISTRIBUTOR OF FOOD UNDER THOSE PROGRAMS THE DHS OFFICE MANAGES THE CONTRACTS WITH PANTRIES WHO RECEIVE GOVERNMENT PROVIDED FOOD THE CHESTER COUNTY FOOD BANK DETERMINES THE AMOUNT OF PERCENTAGE OF FOOD THAT IS ALLOCATED TO EACH PANTRY EVERY YEAR, AND NOTIFIES DHS OF THE DISTRIBUTION MADE TO EACH PANTRY
PART IV- ADDITIONAL INFORMATION	THE CHESTER COUNTY FOOD BANK SERVES AS THE CENTRAL LOCATION IN THE COUNTY TO RECEIVE GOVERNMENT FOOD FOOD IS STORED IN THE FOOD BANK'S WAREHOUSE, AND THEN IS DELIVERED TO EACH PANTRY BASED ON THE GUIDELINES ESTABLISHED BY DHS THE FOOD BANK RECEIVES QUARTERLY REPORTS FROM THE PANTRIES ON THE NUMBER OF HOUSEHOLDS/INDIVIDUALS THAT EACH PANTRY SERVED IN TURN, THE FOOD BANK PROVIDES THE COUNTY DHS WITH QUARTERLY REPORTS ON (A) THE FOOD DISTRIBUTIONS MADE BY THE FOOD BANK TO THE VARIOUS PANTRIES AND (B) THE INFORMATION ON FOOD DISTRIBUTION FROM EACH PANTRY'S QUARTERLY REPORT THE REPORTS ARE AUDITED ANNUALLY BY THE STATE DEPARTMENT OF AGRICULTURE'S BUREAU OF FOOD DISTRIBUTION DISTRIBUTION OF NON-GOVERNMENT FOOD DONATIONS THROUGH THE GLEANING PROGRAMS AND THROUGH FOOD DRIVES IS DETERMINED BY THE CHESTER COUNTY FOOD BANK BASED ON NEED AND NUMBERS SERVED

Additional Data

Software ID:
Software Version:
EIN: 27-0887311
Name: CHESTER COUNTY FOOD BANK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COATESVILLE CENTER FOR COMMUNITY HEALTH 1001 LINCOLN HWY EAST COATESVILLE, PA 19320	23-3047695	501(C)(3)		17,446	AVERAGE WHOLESAL	FOOD	CHARITABLE FOOD
CHURCH STREET TOWERS APARTMENTS 222 N CHURCH ST WEST CHESTER, PA 19380	23-1664337	GOV'T - CCHA		5,640	AVERAGE WHOLESAL	FOOD	CHARITABLE FOOD

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

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KING TERRACE 300 HIGH ST PHOENIXVILLE, PA 19460	23-1664337	GOV'T - CCHA		16,759	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CHILD CAREER AND DEVELOPMENT CENTER 1525 LINCOLN HWY COATESVILLE, PA 19320	23-6003597	501(C)(3)		8,971	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

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WEST CHESTER UNIVERSITY RESOURCE PANTRY 700 SOUTH HIGH STREET WEST CHESTER, PA 19383	23-3054174	501(C)(3)		10,710	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
OXFORD AREA SCHOOL DISTRICT 125 BELL TOWER LANE OXFORD, PA 19363	23-6005360	GOV'T - OXFORD AREA		6,087	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLINC - PHOENIXVILLE 143 CHURCH ST PHOENIXVILLE, PA 19460	23-3072363	501(C)(3)		5,879	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
ACT IN FAITH OF GREATER WEST CHESTER 212 S HIGH STREET WEST CHESTER, PA 19382	27-4033006	501(C)(3)		13,464	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

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ALIANZA' S LATINO OUTREACH 148 CHURCH ST PHOENIXVILLE, PA 19465	47-4293491	501(C)(3)		33,478	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
ASH PARK TERRACE 70 S 3RD AVE COATESVILLE, PA 19320	23-3002577	501(C)(3)		10,988	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

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BRANDYWINE CENTER 744 E LINCOLN HWY COATESVILLE, PA 19320	20-5094609	501(C)(3)		7,858	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CALN ELEMENTARY SCHOOL 3609 LINCOLN HWY THORNDALE, PA 19372	76-1511909	501(C)(3)		9,419	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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CHESTER COUNTY FAMILY ACADEMY 323 E GAY ST WEST CHESTER, PA 19380	23-2920158	501(C)(3)		23,492	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CHESTNUT COURT APARTMENTS 3213 140 E CHESTNUT ST COATESVILLE, PA 19320	23-2839183			19,875	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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CHURCH OF THE GOOD SAMARITAN FOOD 212 W LANCASTER AVE PAOLI, PA 19301	23-1352382	501(C)(3)		57,319	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CHURCH OF THE LOVING SHEPHERD 1066 S NEW ST WEST CHESTER, PA 19382	23-1703033	501(C)(3)		20,241	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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CHURCH OF THE NAZARENE 240 STATE RD WEST GROVE, PA 19390	23-7366924	501(C)(3)		51,336	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CITY GATE SHELTER 17 N 7TH AVENUE COATESVILLE, PA 19320	23-2179593	501(C)(3)		20,178	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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COATESVILLE AREA SENIOR CENTER 22 N FIFTH AVE COATESVILLE, PA 19320	23-2040210	501(C)(3)		32,731	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
COATESVILLE COMMUNITY FOOD CO-OP 800 S FIRST AVE COATESVILLE, PA 19320	23-3041953	501(C)(3)		50,715	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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COATESVILLE SALVATION ARMY 669 E LINCOLN HWY COATESVILLE, PA 19320	13-5562351	501(C)(3)		63,064	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
COATESVILLE TOWERS 669 E LINCOLN HWY COATESVILLE, PA 19320	27-0635843			51,452	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

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COMMUNITY YOUTH WOMANS AL 423 E LINCOLN HWY COATESVILLE, PA 19320	23-1365995	501(C)(3)		178,445	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
CORNERSTONE CHRISTIAN FELLOWSHIP 426 W GAY ST WEST CHESTER, PA 19380	23-2559231	501(C)(3)		20,611	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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COVENTRY FOOD PANTRY 845 S HANOVER ST POTTSTOWN, PA 19465	47-1092427	501(C)(3)		41,874	AVERAGE WHOLESAL	FOOD	CHARITABLE FOOD
DOWNTOWN AREA SENIOR CENTER 983 E LANCASTER AVE DOWNTOWN, PA 19335	23-2346238	501(C)(3)		13,448	AVERAGE WHOLESAL	FOOD	CHARITABLE FOOD

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FRENCH CREEK MANOR 501 MASON ST PHOENIXVILLE, PA 19460	55-0834110	501(C)(3)		47,579	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
GAUDENZIA 110 WESTTOWN RD WEST CHESTER, PA 19382	23-1706895	501(C)(3)		14,773	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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GLENMOORE SALVATION ARMY FOOD PANTRY 570 FAIRVIEW RD GLENMOORE, PA 19343	13-5562351	501(C)(3)		54,614	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
GREAT VALLEY FOOD CUPBOARD 945 NORTH VALLEY RD DEVON, PA 19333	23-6278545	501(C)(3)		32,284	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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HEARTS IN HANDS COMMUNITY CENTER 1 LENAPE RD HONEY BROOK, PA 19344	45-5185136	501(C)(3)		18,755	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
HONEY BROOK FOOD PANTRY 5064 HORSESHOE PIKE HONEY BROOK, PA 19344	47-1786657	501(C)(3)		68,815	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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HOPEWELL MANOR 58 E MAIN ST ELVERSON, PA 19520	26-3391487	501(C)(3)		9,522	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
JUBILEE EVANGELIST CHURCH 920 E LINCOLN HWY COATESVILLE, PA 19320	23-2722278	501(C)(3)		108,180	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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KENNETT AREA COMMUNITY SERVICES 138 W CEDAR ST KENNETT SQUARE, PA 19348	23-2215441	501(C)(3)		78,741	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
KENNETT AREA SENIOR CENTER 427 S WALNUT ST KENNETT SQUARE, PA 19348	23-1943595	501(C)(3)		24,411	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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KINGSWAY INDEPENDENT CHURCH 55 MORRIS ST COATESVILLE, PA 19320	23-3030710	501(C)(3)		34,776	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
OCTORARA AREA FOOD CUPBOARD 714 W MAIN ST PARKESBURG, PA 19365	46-2858877	501(C)(3)		186,262	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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OXFORD AREA SENIOR CENTER 12 E LOCUST ST OXFORD, PA 19363	23-2469157	501(C)(3)		47,042	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
OXFORD CHURCH OF GOD 198 BARNSLEY RD OXFORD, PA 19363	51-0585874	501(C)(3)		70,286	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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OXFORD NEIGHBORHOOD SERVICES 33 N 3RD ST OXFORD, PA 19363	23-7231577	501(C)(3)		95,297	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
PANTRY OF PLENTY 420 S SANDY HILL RD COATESVILLE, PA 19320	23-2084331	501(C)(3)		27,805	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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PAOLI PRESBYTERIAN CHURCH 225 S VALLEY RD PAOLI, PA 19301	23-1365258	501(C)(3)		9,529	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
PATHSTONE 421 MCFARLAN RD KENNETT SQUARE, PA 19348	16-1183242	501(C)(3)		8,120	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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PEOPLE 'S PANTRY AT CHURCH ROAD 384 E LANCASTER AVE MALVERN, PA 19355	27-3351047	501(C)(3)		8,776	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
PHILABUNDANCE 3616 S GALLOWAY ST PHILADELPHIA, PA 19148	23-2290505	501(C)(3)		8,721	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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PHOENIXVILLE ADMINISTRATIVE BUILDIN 386 CITY LANE AVE PHOENIXVILLE, PA 19460	23-1667978	501(C)(3)		6,976	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
PHOENIXVILLE AREA COMMUNITY SERVICE 257 CHURCH ST PHOENIXVILLE, PA 19460	23-1902190	501(C)(3)		40,728	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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PHOENIXVILLE SENIOR CENTER 153 CHURCH ST PHOENIXVILLE, PA 19460	23-2107124	501(C)(3)		15,384	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
SAFE HARBOR OF WEST CHESTER 20 N MATLACK ST WEST CHESTER, PA 19380	23-2794615	501(C)(3)		13,869	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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SALVATION ARMY WEST CHESTER 101 E MARKET ST WEST CHESTER, PA 19380	13-5562351	501(C)(3)		6,333	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
SHARE FOOD PROGRAM 2901 W HUNTING PARK AVE PHILADELPHIA, PA 19129	23-2360819	501(C)(3)		11,767	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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SPRING CITY FOOD PANTRY 145 CHESTNUT ST SPRING CITY, PA 19475	23-1356237	501(C)(3)		63,400	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
ST PETERS EPISCOPAL CHURCH 123 CHURCH ST PHOENIXVILLE, PA 19460	23-1689873	501(C)(3)		21,822	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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ST JOSEPH' S HOUSE 640 BUCK RUN ROAD COATESVILLE, PA 19320	25-1850337	501(C)(3)		51,386	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
ST PETER PLACE 111 CHURCH ST PHOENIXVILLE, PA 19460	22-2524251	501(C)(3)		32,697	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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TABERNACLE BAPTIST CHURCH 819 COATES ST COATESVILLE, PA 19320	23-2248940	501(C)(3)		125,313	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
THE BLESSING HOUSE 197 LEARY RD HONEY BROOK, PA 19344	23-2544572	501(C)(3)		35,118	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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TICK TOCK EARLY LEARNING CENTER 1694 BALTIMORE PIKE AVONDALE, PA 19311	23-1646698	501(C)(3)		6,646	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
TRINITY HOUSE 15 LEOPARD RD BERWYN, PA 19312	23-1365258	501(C)(3)		12,306	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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VINCENT HEIGHTS 333 VINCENT HEIGHTS CIR SPRING CITY, PA 19475	36-2167731	501(C)(3)		50,214	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
WEST CHESTER AREA DAY CARE 501 E NIELDS ST WEST CHESTER, PA 19382	23-1613599	501(C)(3)		16,107	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHESTER AREA SENIOR CENTER 530 E UNION ST WEST CHESTER, PA 19382	23-2149355	501(C)(3)		9,974	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD
WEST CHESTER FOOD CUPBOARD 545 E GAY ST WEST CHESTER, PA 19380	46-1420690	501(C)(3)		231,729	AVERAGE WHOLESale	FOOD	CHARITABLE FOOD

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHESTER COUNTY FOOD BANK

Employer identification number

27-0887311

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	239,160	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	709,607	1,886,630	PRODUCT VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	5	16,946	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	PART 1, LINE 19 - NUMBER OF CONTRIBUTIONS IS REPORTED IN POUNDS REVENUE REPORTED BASED ON PER-POUND VALUE AS DETERMINED BY FEEDING AMERICA, EXCEPT FOR DONATIONS RECEIVED FROM GOVERNMENT CONTRACTS WHICH IS RECORDED AT USDA VALUES

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
CHESTER COUNTY FOOD BANK

Employer identification number

27-0887311

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY POTENTIAL CONFLICTS OF INTEREST. COMPLIANCE WITH POLICY IS MONITORED BY THE GOVERNANCE COMMITTEE. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	SALARY FOR EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE EXECUTIVE COMMITTEE BASED ON COMPARABLE DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT MANAGEMENT'S DISCRETION