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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning Jul 1 , 2013, and ending Jun 30 , 2014

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial 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) 650 PENNSYLVANIA DRIVE
Room/suite

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 $ 8,302,744.

F Name and address of principal officer LARRY WELSCH 1208 HORSESHOE PIKE DOWNINGTOWN PA 19335

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)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.CHESTERCOUNTYFOODBANK.ORG

H(c) Group exemption number ►

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: RAISE AND SOLICIT 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 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)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	4,211
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,070,535.	5,865,556.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	429,076.	-120,563.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,490.	47,993.
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,535,101.	5,792,986.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,471,935.	2,562,883.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	482,257.	645,128.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	18,413.	15,620.
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	614,085.	1,006,220.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,586,690.	4,229,851.
19	Revenue less expenses Subtract line 18 from line 12	1,948,411.	1,563,135.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,392,950.	10,903,509.
21	Total liabilities (Part X, line 26)	694,116.	354,940.
22	Net assets or fund balances Subtract line 21 from line 20	8,698,834.	10,548,569.

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SCANNED DEC 03 2014

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 11/3/14

LARRY WELSCH
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BONNIE KORENGEL, CPA	Preparer's signature: Bonnie W. Korengel	Date: 10/27/14	Check ☐ if self-employed; PTIN: P00359498
Firm's name ► UMBREIT KORENGEL AND ASSOCIATES P.C			Firm's EIN ► 20-1036865
Firm's address ► 714 E BALTIMORE PIKE KENNETT SQUARE PA 19348			Phone no (610) 444-3222

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

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 11/08/13 Form **990** (2013)

917

9

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:

RAISE AND SOLICIT FUNDS FOR THE ACQUISITION, STORAGE, GROWING, COLLECTION AND DISTRIBUTION OF FOOD

See Form 990, Page 2, Part III, Line 1 (continued)

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 3,738,095. including grants of $ 2,562,883.) (Revenue $ 0.)

PROVIDE FOR THE ACQUISITION, STORAGE, GROWING, COLLECTION AND DISTRIBUTION OF FOOD TO LOW INCOME CITIZENS OF CHESTER COUNTY. DISTRIBUTED OVER 2,100,000 POUNDS OF FOOD TO 218 ORGANIZATIONS PROVIDING OVER 1,750,000 MEALS.

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

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

4d Other program services. (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 3,738,095.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	24a		X
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
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? If so, complete Schedule L, Part II	26		X
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? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
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? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
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	X	

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 19		
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		
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 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	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		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Pennsylvania

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► TREASURER 650 PENNSYLVANIA DR EXTON PA 19341 (610) 873-6000

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

1 a 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☒ Check this box if 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) LAWRENCE WELSCH EXECUTIVE DIRECTOR	40.00				X			81,322.	0.	6,731.
(2) ROBERT MCNEIL CHAIRMAN	25.00	X		X				0.	0.	0.
(3) PETER FLYNN CO-VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) SUZANNE JACKSON, CPA TREASURER	3.00	X		X				0.	0.	0.
(5) MARIETTA MYERS SECRETARY	3.00	X		X				0.	0.	0.
(6) JARVIS BERRY DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERT FENZA DIRECTOR	1.00	X						0.	0.	0.
(8) ADELE CORBETT DIRECTOR	1.00	X						0.	0.	0.
(9) MILDRED JOYNER DIRECTOR	1.00	X						0.	0.	0.
(10) MATTHEW KELLY DIRECTOR	1.00	X						0.	0.	0.
(11) PETER KJELLERUP DIRECTOR	1.00	X						0.	0.	0.
(12) RUTHIE KRANZ-CARL CO-VICE PRESIDENT	3.00	X		X				0.	0.	0.
(13) MRS J MAXWELL MORAN DIRECTOR	1.00	X						0.	0.	0.
(14) BARBARA NISSEL 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			
(15) JEFFREY MARCH DIRECTOR	1.00	X						0.	0.	0.
(16) KENNETH MUMMA DIRECTOR	1.00	X						0.	0.	0.
(17) DICK VERMEIL DIRECTOR	1.00	X						0.	0.	0.
(18) JOSEPH RIPER DIRECTOR	1.00	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								81,322.	0.	6,731.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								81,322.	0.	6,731.

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 ► 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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	291,433.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	435,819.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,138,304.			
	g Noncash contributions included in lines 1a-1f $		2,525,870.			
	h Total. Add lines 1a-1f		5,865,556.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		63,000.	0.	0.	63,000.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,332,093.	970,000.			
	b Less cost or other basis and sales expenses	1,256,685.	1,228,971.			
	c Gain or (loss)	75,408.	-258,971.			
	d Net gain or (loss)		-183,563.	0.	0.	-183,563.
	8a Gross income from fundraising events (not including $ 291,433. of contributions reported on line 1c). See Part IV, line 18	a	52,047.			
	b Less direct expenses	b	24,102.			
	c Net income or (loss) from fundraising events		27,945.		0.	27,945.
	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	11,545.			
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory		11,545.	11,545.	0.	0.
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue		8,503.	8,503.	0.	0.
	e Total. Add lines 11a-11d		8,503.			
	12 Total revenue. See instructions		5,792,986.	20,048.	0.	-92,618.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,562,883.	2,562,883.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,688.	77,152.	6,068.	3,468.
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	457,718.	337,686.	61,983.	58,049.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,580.	5,776.	947.	857.
9 Other employee benefits	43,758.	33,344.	5,470.	4,944.
10 Payroll taxes	49,384.	37,631.	6,173.	5,580.
11 Fees for services (non-employees)				
a Management				
b Legal	3,733.	0.	3,733.	0.
c Accounting	56,316.	0.	55,456.	860.
d Lobbying				
e Professional fundraising services See Part IV, line 17	15,620.			15,620.
f Investment management fees	17,966.	0.	17,966.	0.
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,199.	439.	9,760.	0.
12 Advertising and promotion	12,202.	4,820.	4,999.	2,383.
13 Office expenses	84,315.	1,359.	67,103.	15,853.
14 Information technology				
15 Royalties				
16 Occupancy	51,591.	43,852.	7,739.	0.
17 Travel	22,305.	20,298.	669.	1,338.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,448.	2,424.	3,603.	421.
20 Interest	6,275.	0.	6,275.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	182,900.	168,268.	10,974.	3,658.
23 Insurance	58,619.	29,615.	26,542.	2,462.
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	177,626.	177,626.	0.	0.
b Independent Contractors	88,324.	88,324.	0.	0.
c Repairs & maintenance	52,522.	45,517.	7,005.	0.
d Vehicle expense	47,497.	47,497.	0.	0.
e All other expenses	127,382.	53,584.	73,087.	711.
25 Total functional expenses. Add lines 1 through 24e	4,229,851.	3,738,095.	375,552.	116,204.
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 ► ☐ 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 X . . . . . ☐

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing		268,485.	1	294,673.
	2	Savings and temporary cash investments		681,270.	2	603,087.
	3	Pledges and grants receivable, net		830,914.	3	596,132.
	4	Accounts receivable, net		70,937.	4	39,886.
	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		54,002.	8	100,639.
	9	Prepaid expenses and deferred charges		20,991.	9	15,866.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 4,442,972.			
	b	Less: accumulated depreciation	10b 338,224.	4,512,830.	10c	4,104,748.
	11	Investments — publicly traded securities		2,953,521.	11	5,148,478.
	12	Investments — other securities See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,392,950.	16	10,903,509.
LIABILITIES	17	Accounts payable and accrued expenses		88,087.	17	104,940.
	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		606,029.	23	250,000.
	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		694,116.	26	354,940.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,695,804.	27	9,859,631.
	28	Temporarily restricted net assets		1,003,030.	28	688,938.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ 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		8,698,834.	33	10,548,569.
	34	Total liabilities and net assets/fund balances		9,392,950.	34	10,903,509.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,792,986.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,229,851.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,563,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,698,834.
5	Net unrealized gains (losses) on investments	5	279,853.
6	Donated services and use of facilities	6	6,747.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,548,569.

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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?	3a		X
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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

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 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)		
(ii) A family member of a person described in (i) above?	11 g (ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3,375,131.	5,003,420.	3,525,883.	5,070,535.	5,067,603.	22,042,572.
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	3,375,131.	5,003,420.	3,525,883.	5,070,535.	5,067,603.	22,042,572.
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)						3,147,805.
6 **Public support.** Subtract line 5 from line 4						18,894,767.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,375,131.	5,003,420.	3,525,883.	5,070,535.	5,067,603.	22,042,572.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,060.	8,299.	57,457.	81,007.	63,000.	210,823.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1,966.	11,017.	35,490.	20,048.	68,521.
11 **Total support.** Add lines 7 through 10						22,321,916.

12 Gross receipts from related activities, etc (see instructions) 12

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** . . . . . ► [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test — 2013.** If the organization did not check the box on line 13, and the 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 — 2012.** 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 — 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► [ ]

b **10%-facts-and-circumstances test — 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ► [ ]

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 9 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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support.** (Add lns 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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2013.** 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 – 2012.** 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Addl Info:

Unusual Grants Accrued 2009:

$497,470

$500,000

$150,000

$100,000

$211,584

$93,308

Unusual Grants Accrued 2010:

$150,000

Unusual Grants Accrued 2013:

$500,000

$200,000

$150,000

Pt II Line 10: Description: SALE OF RAISED BEDS

Pt II Line 10: 2010: 1966.

Pt II Line 10: Description: FOOD INVENTORY DIRECT SALES

Pt II Line 10: 2011: 11017.

Pt II Line 10: 2012: 34745.

Pt II Line 10: 2013: 11545.

Pt II Line 10: Description: MISCELLANEOUS

Pt II Line 10: 2012: 745.

Pt II Line 10: 2013: 8503.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $

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

9 In Part 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' to Form 990, Part IV, line 8.

1 a 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) Revenues included in Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

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

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the 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 in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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' to 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		3,033,937.	73,023.	2,960,914.
c Leasehold improvements				
d Equipment		649,035.	265,201.	383,834.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				4,104,748.

Part VII Investments – Other Securities.
Complete if the organization answered 'Yes' to 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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets.
Complete if the organization answered 'Yes' to 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)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.
Complete if the organization answered 'Yes' to 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)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	6,085,722.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	279,853.		
b	Donated services and use of facilities	2b	6,747.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	24,102.		
e	Add lines 2a through 2d			2e	310,702.
3	Subtract line 2e from line 1			3	5,775,020.
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	17,966.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	17,966.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	5,792,986.

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

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

1	Total expenses and losses per audited financial statements			1	4,235,987.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	24,102.		
e	Add lines 2a through 2d			2e	24,102.
3	Subtract line 2e from line 1			3	4,211,885.
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	17,966.		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	17,966.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	4,229,851.

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

Pt XI Line 2d DIRECT EXPENSES FOR FUNDRAISING EVENT

Pt XII Line 2d DIRECT EXPENSES FOR FUNDRAISING EVENT

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to 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.** ► **See separate instructions.**
► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CHESTER COUNTY FOOD BANK

Employer identification number
27-0887311

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to 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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [ ] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . [X] 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? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1	CAROL REVAK	GRANT WRITING &		X	877,000.	11,460.	865,540.
2		CONSULTING					
3	JPS CONSULTING	GRANT WRITING		X	62,500.	6,417.	56,083.
4							
5							
6							
7							
8							
9							
10							
Total	. . . . . ►				939,500.	17,877.	921,623.

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.

Pennsylvania

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

		(a) Event #1 WINE TASTING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	343,480.			343,480.
	2 Less: Charitable contributions	291,433.			291,433.
	3 Gross income (line 1 minus line 2)	52,047.			52,047.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	17,045.			17,045.
	8 Entertainment				
	9 Other direct expenses	7,057.			7,057.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				24,102.
	11 Net income summary Subtract line 10 from line 3, column (d) ►				27,945.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 operates gaming activities.

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

b If 'No,' explain

10 a 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 operate 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 operated 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 contact with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name ►

Address ►

16 Gaming manager information.

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► **Attach to Form 990.**
► **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LORD'S PANTRY OF DOWNINGT 141 E. LANCASTER AVE DOWNINGTOWN PA 19335	23-3092880	501(C)(3)		31,370.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(2) THE BLESSING HOUSE 197 LEARY RD HONEY BROOK PA 19344	23-2544572	501(C)(3)		21,730.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(3) THE BRIDGE FOOD PANTRY 240 STATE RD WEST GROVE PA 19390	23-7366924	501(C)(3)		40,882.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(4) CALN ELEMENTARY 3609 LINCOLN HWY THORNDALE PA 19372	76-1511909	501(C)(3)		14,022.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(5) CDC/CCIU 1635 E. LINCOLN HWY COATESVILLE PA 19320	23-6003597	501(C)(3)		22,260.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(6) CHESTER COUNTY FAMILY ACA 323 E. GAY ST WEST CHESTER PA 19380	23-2920158	501(C)(3)		15,575.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(7) CHESPENN HEALTH CENTER 744 LINCOLN HWY COATESVILLE PA 19320	23-1490061	501(C)(3)		7,763.	AVG WHOLESALE	FOOD	FOOD FOR POOR
(8) ACT IN FAITH 212 S. HIGH STREET WEST CHESTER PA 19382	27-4033006	501(C)(3)		7,221.	AVG WHOLESALE	FOOD	FOOD FOR POOR

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 63

3 Enter total number of other organizations listed in the line 1 table . . . . . ► 3

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE LOVING SHEP 1066 S NEW ST WEST CHESTER PA 19382	23-1703033	501(C)(3)		18,591.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COATESVILLE CLOCK TOWER 339 E LINCOLN HWY COATESVILLE PA 19320	27-0635843	501(C)(3)		18,824.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COATESVILLE COMMUNITY FOO 800 S. FIRST AVE COATESVILLE PA 19320	23-3041953	501(C)(3)		11,188.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COATESVILLE SALVATION ARM 669 E. LINCOLN HWY COATESVILLE PA 19320	13-5562351	501(C)(3)		69,668.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COATESVILLE AREA SENIOR C 22 N. FIFTH AVE COATESVILLE PA 19320	23-2040210	501(C)(3)		5,680.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COATESVILLE SOUP KITCHEN 825 E. CHESTNUT ST. COATESVILLE PA 19320	23-2772962	501(C)(3)		21,618.	AVG WHOLESALE	FOOD	FOOD FOR POOR
COMMUNITY YOUTH WOMANS AL 423 E. LINCOLN HWY COATESVILLE PA 19320	23-1365995	501(C)(3)		99,435.	AVG WHOLESALE	FOOD	FOOD FOR POOR
CORNERSTONE CHRISTIAN FEL 426 W. GAY ST WEST CHESTER PA 19380	23-2559231	501(C)(3)		11,605.	AVG WHOLESALE	FOOD	FOOD FOR POOR
BRIDGE OF HOPE 1516 OLIVE STREET COATESVILLE PA 19320	23-2495957	501(C)(3)		10,249.	AVG WHOLESALE	FOOD	FOOD FOR POOR
DOWNINGTOWN AREA SENIOR C 983 E. LANCASTER AVE DOWNINGTOWN PA 19335	23-2346238	501(C)(3)		13,675.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED CHURCH OF CH 145 CHESTNUT ST SPRING CITY PA 19475	23-1356237	501(C)(3)		45,029.	AVG WHOLESALE	FOOD	FOOD FOR POOR
CITY GATE SHELTER 17 N. 7TH AVENUE COATESVILLE PA 19320	23-2179593	501(C)(3)		71,311.	AVG WHOLESALE	FOOD	FOOD FOR POOR
FREEDOM LIFE CHRISTIAN CE 447 NOBLE RD CHRISTIANA PA 17509	23-1939178	501(C)(3)		14,022.	AVG WHOLESALE	FOOD	FOOD FOR POOR
FRENCH CREEK MANOR 501 MASON ST PHOENIXVILLE PA 19460				6,953.	AVG WHOLESALE	FOOD	FOOD FOR POOR
GAUDENZIA 110 WESTTOWN RD WEST CHESTER PA 19382	23-1706895	501(C)(3)		14,798.	AVB WHOLESALE	FOOD	FOOD FOR POOR
CITY HARVEST 6 E. 32ND ST. 5TH FLOOR NEW YORK NY	13-3170676	501(C)(3)		15,852.	AVG WHOLESALE	FOOD	FOOD FOR POOR
GOOD SAMARITAN FOOD PANTR 212 W. LANCASTER AVE. PAOLI PA 19301	23-1352382	501(C)(3)		47,611.	AVG WHOLESALE	FOOD	FOOD FOR POOR
DOMESTIC VIOLENCE CENTER 1001 LINCOLN HWY. COATESVILLE PA 19320	22-2606511	501(C)(3)		11,040.	AVG WHOLESALE	FOOD	FOOD FOR POOR
GREAT VALLEY FOOD PANTRY 945 N. VALLEY FORGE ROAD DEVON PA 19333	23-6278545	501(C)(3)		6,765.	AVG WHOLESALE	FOOD	FOOD FOR POOR
GREATER BERKS FOOD BANK 1011 TUCKERTON CT READING PA 19605	22-2456238	501(C)(3)		27,981.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONEY BROOK MOBILE FOOD P 5064 HORSESHOE PIKE HONEY BROOK PA 19344	27-0887311	501(C)(3)		45,797.	AVG WHOLESALE	FOOD	FOOD FOR POOR
HOLY TABERNACLE SOUP KITC 533 COATES ST. COATESVILLE PA 19320	23-7258760	501(C)(3)		16,784.	AVG WHOLESALE	FOOD	FOOD FOR POOR
HONEY BROOK GARDENS 3940 HORSESHOE PIKE HONEY BROOK PA 19344	23-1664337	501(C)(3)		6,578.	AVG WHOLESALE	FOOD	FOOD FOR POOR
KIMBERTON WALDORF SCHOOL 410 W. 7 STARS ROAD PHOENIXVILLE PA 19442	23-1494797	501(C)(3)		7,446.	AVG WHOLESALE	FOOD	FOOD FOR POOR
INDIAN RUN VILLAGE 1 LENAPE RD HONEY BROOK PA 19344	45-5185136	501(C)(3)		18,119.	AVG WHOLESALE	FOOD	FOOD FOR POOR
JESUS LOVES YOU MINISTRIE 5648 N MASCHER ST PHILADELPHIA PA 19120	RELIGIOUS	501(C)(3)		47,301.	AVG WHOLESALE	FOOD	FOOD FOR POOR
JUBILEE EVANGELIST MINIST 920 E. LINCOLN HWY COATESVILLE PA 19320	23-2722278	501(C)(3)		22,857.	AVG WHOLESALE	FOOD	FOOD FOR POOR
KENNETT AREA COMMUNITY SE 138 W. CEDAR ST KENNETT SQUARE PA 19348	23-2215441	501(C)(3)		151,513.	AVG WHOLESALE	FOOD	FOOD FOR POOR
KENNETT AREA SENIOR CENTE 427 S WALNUT ST KENNETT SQUARE PA 19348	23-1943595	501(C)(3)		17,736.	AVG WHOLESALE	FOOD	FOOD FOR POOR
KINGS HIGHWAY ELEMENTARY 841 W KINGS HWY COATESVILLE PA 19320	76-1511909	501(C)(3)		10,562.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer Identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION SANTA MARIA 37 S. PENNSYLVANIA AVE AVONDALE PA 19311	23-2717072	501(C)(3)		45,637.	AVG WHOLESALE	FOOD	FOOD FOR POOR
NORTH COVENTRY PANTRY 845 S. HANOVER ST POTTSTOWN PA 19465		501(C)(3)		34,474.	AVG WHOLESALE	FOOD	FOOD FOR POOR
NOTTINGHAM ELEMENTARY 736 GARFIELD ST OXFORD PA 19363	23-6005360	501(C)(3)		16,993.	AVG WHOLESALE	FOOD	FOOD FOR POOR
OCTORARA AREA FOOD CUPBOA 714 W MAIN ST PARKESBURG PA 19365	46-2858877	501(C)(3)		130,300.	AVG WHOLESALE	FOOD	FOOD FOR POOR
MANNA MINISTRY COATESVILLE PA 19320		501(C)(3)		8,260.	AVG WHOLESALE	FOOD	FOOD FOR POOR
OXFORD CHURCH OF GOD 198 BARNSLEY RD OXFORD PA 19363	RELIGIOUS	501(C)(3)		54,092.	AVG WHOLESALE	FOOD	FOOD FOR POOR
OXFORD NEIGHBORHOOD SERVI 33 N 3RD ST OXFORD PA 19363	23-7231577	501(C)(3)		51,053.	AVG WHOLESALE	FOOD	FOOD FOR POOR
PAOLI PRESBYTERIAN CHURCH 225 S. VALLEY RD PAOLI PA 19301	23-1365258	501(C)(3)		17,217.	AVG WHOLESALE	FOOD	FOOD FOR POOR
ONE RUN TOGETHER 135 SCHOOL HOUSE LANE COATESVILLE PA 19320	45-3155402	501(C)(3)		12,483.	AVG WHOLESALE	FOOD	FOOD FOR POOR
PEOPLES PANTRY 400 LANCASTER AVE FRAZER PA 19355	27-3351047	501(C)(3)		16,258.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHOENIXVILLE AREA COMMUNI 257 CHURCH ST PHOENIXVILLE PA 19460	23-1902190	501(C)(3)		51,699.	AVG WHOLESALE	FOOD	FOOD FOR POOR
PHOENIXVILLE BAPTIST CHUR 248 CHURCH ST PHOENIXVILLE PA 19460	RELIGIOUS	501(C)(3)		17,603.	AVG WHOLESALE	FOOD	FOOD FOR POOR
PRIMARY LEARNING CENTER 228 HIGHLAND ROAD ATGLEN PA 19310	23-6005512	501(C)(3)		19,248.	AVG WHOLESALE	FOOD	FOOD FOR POOR
ORION (NOW CALLED ALIANZA 143 CHURCH STREET PHOENIXVILLE PA 19460		501(C)(3)		8,737.	AVG WHOLESALE	FOOD	FOOD FOR POOR
REECEVILLE ELEMENTARY 248 REECEVILLE RD COATESVILLE PA 19320	76-1511909	501(C)(3)		10,530.	AVG WHOLESALE	FOOD	FOOD FOR POOR
SAFE HARBOR OF WEST CHEST 20 N. MATLACK ST. WEST CHESTER PA 19380	23-2794615	501(C)(3)		39,181.	AVG WHOLESALE	FOOD	FOOD FOR POOR
ST PETERS EPISCOPAL CHURC 123 CHURCH ST PHOENIXVILLE PA 19460	23-1689873	501(C)(3)		33,964.	AVG WHOLESALE	FOOD	FOOD FOR POOR
SALVATION ARMY SERVICE UN 570 FAIRVIEW RD GLENMOORE PA 19343	13-5562351	501(C)(3)		57,999.	AVG WHOLESALE	FOOD	FOOD FOR POOR
SALVATION ARMY WEST CHEST 101 E. MARKET ST. WEST CHESTER PA 19380	13-5562351	501(C)(3)		22,970.	AVG WHOLESALE	FOOD	FOOD FOR POOR
PATHSTONE 415 MCFARLAND RD., STE 10 KENNETT SQUARE PA 19348	16-0984913	501(C)(3)		6,968.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AGNES DAY ROOM 233 GAY ST WEST CHESTER PA 19380	23-1494775	501(C)(3)		34,241.	AVG WHOLESALE	FOOD	FOOD FOR POOR
ST. JOHNS LUTHERAN CHURCH 355 ST. JOHNS CIRCLE PHOENIXVILLE PA 19460	23-6449697	501(C)(3)		13,381.	AVB WHOLESALE	FOOD	FOOD FOR POOR
ST. PETER PLACE 111 CHURCH ST PHOENIXVILLE PA 19460	22-2524251	501(C)(3)		16,819.	AVG WHOLESALE	FOOD	FOOD FOR POOR
TABERNACLE BAPTIST 819 COATES ST COATESVILLE PA 19320	23-2248940	501(C)(3)		102,685.	AVG WHOLESALE	FOOD	FOOD FOR POOR
TRINITY HOUSE 15 LEOPARD RD BERWYN PA 19312	23-1365258	501(C)(3)		12,540.	AVG WHOLESALE	FOOD	FOOD FOR POOR
WEST CHESTER AREA DAY CAR 501 E NIELDS ST WEST CHESTER PA 19382	23-1613599	501(C)(3)		14,399.	AVG WHOLESALE	FOOD	FOOD FOR POOR
WEST CHESTER AREA SENIOR 530 E UNION ST WEST CHESTER PA 19382	23-2149355	501(C)(3)		26,185.	AVG WHOLESALE	FOOD	FOOD FOR POOR
WEST CHESTER FOOD PANTRY 545 E. GAY ST. WEST CHESTER PA 19380	23-7046393	501(C)(3)		162,314.	AVG WHOLESALE	FOOD	FOOD FOR POOR
SHARE FOOD PROGRAM 2901 W. HUNTING PARK AVE. PHILADELPHIA PA 19129	23-2360819	501(C)(3)		43,343.	AVG WHOLESALE	FOOD	FOOD FOR POOR
ST. JOSEPH'S HOUSE 640 BUCK RUN ROAD COATESVILLE PA 19320	25-1850337	501(C)(3)		17,594.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

Name of the organization: CHESTER COUNTY FOOD BANK

Employer identification number: 27-0887311

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ROCCO CENTER 9016 GAP NEWPORT ROAD AVONDALE PA 19311	RELIGIOUS	501(C)(3)		16,041.	AVG WHOLESALE	FOOD	FOOD FOR POOR
TRINITY PRESBYTERIAN CHUR 640 BERWYN AVE. BERWYN PA 19312	23-1457995	501(C)(3)		7,132.	AVG WHOLESALE	FOOD	FOOD FOR POOR
W.C. ATKINSON MEMORIAL CO P.O. BOX 329 COATESVILLE PA 19320	23-2560093	501(C)(3)		8,172.	AVG WHOLESALE	FOOD	FOOD FOR POOR

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

Pt I Line 2 THE DEPARTMENT OF HUMAN SERVICES (DHS) AT THE COUNTY OF CHESTER SERVES AS THE LEAD AGENCY IN THE COUNTY FOR THE STATE SFPP AND TEFAP PROGRAMS. THE CHESTER COUNTY FOOD BANK SERVES AS THE WAREHOUSE AND DISTRIBUTOR OF FOOD UNDER THOSE PROGRAMS.

Pt I Line 2 THE DHS OFFICE MANAGES THE CONTRACTS WITH PANTRIES WHO RECEIVE GOVERNMENT-PROVIDED FOOD. THE CHESTER COUNTY FOOD BANK DETERMINES THE AMOUNT OR PERCENTAGE OF FOOD THAT IS ALLOCATED TO EACH PANTRY EACH YEAR, AND NOTIFIES DHS OF THE DISTRIBUTION MADE TO EACH PANTRY.

THE CHESTER COUNTY FOOD BANK SERVES AS THE CENTRAL LOCATION IN THE COUNTY TO

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

Schedule I (Form 990) - Part IV - Supplemental Information (continued)

Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

RECEIVE THE 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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open To Public Inspection

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	7	588,512.	QUOTED MARKET PRICE
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	1,426,937	1,914,352.	PRODUCT VALUATION
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (FUNDRAISING SUPPLIES)	X	2	18,872.	COST
26	Other ► (GIFT CARDS)	X	3,036	3,036.	COST
27	Other ► (BLENDERS)	X	2	1,098.	RETAIL VALUE
28	Other ► ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, 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? 30a		X
b	If 'Yes,' describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
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.

Pt I Line 19 NUMBER OF CONTRIBUTIONS 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► **Attach to Form 990 or 990-EZ.**

► **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
CHESTER COUNTY FOOD BANK	27-0887311

Pt VI, Line 11b FORM 990 WILL BE REVIEWED BY THE AUDIT/FINANCE COMMITTEE PRIOR TO FILING

Pt VI, Line 12c OFFICERS AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY POTENTIAL CONFICTS OF INTEREST. COMPLIANCE WITH POLICY IS MONITORED BY THE BOARD.

Pt VI, Line 15a SALARY FOR EXECUTIVE DIRECTOR IS DETERMINED BY THE GOVERNANCE COMMITTEE BASED ON COMPARABLE DATA.

Pt VI, Line 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST AT MANAGEMENT'S DISCRETION.

Pt XI UNREALIZED GAINS ON MARKETABLE SECURITIES

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
TO LOW INCOME CITIZENS OF CHESTER COUNTY PA AT RISK OF HUNGER AND MALNUTRITION.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Dues and subscriptions	4,727.	1,872.	2,505.	350.
Telephone & internet	13,973.	12,856.	838.	279.
Security	0.	0.	0.	0.
License, tax and registrations	45,759.	38,539.	7,220.	0.
Employee background check	60.	0.	60.	0.
Miscellaneous	1,334.	317.	935.	82.
Bad debt	61,529.	0.	61,529.	0.

Form 4562, line 42

Additional Amortization Statement

(a) Description of costs	(b) Date amorti-zation begins	(c) Amortizable amount	(d) Code section	(e) Amorti-zation period or percentage	(f) Amortization for this year
SITE ASSESSMENT	08/01/13	3,450.	197	15.00 yrs	211.
EAGLEVIEW SETTLEMENT COSTS	07/31/13	41,868.	197	15.00 yrs	2,791.
Total					3,002.

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
DNB Checking	226,193.
Gift cards	28.
Petty Cash	5.
Undeposited funds	42,259.
Total	268,485.

Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
Cash equivalent-Securian	4,577.
DNB Campaign Fund	175,125.
Money Market - BYN Mellon	149,950.
Money Market - Citadel	175,894.
Money Market - First Niagara	175,719.
Savings-Citadel	5.
Total	681,270.

Supporting Statement of:

Form 990 p 11/Line 3, column (A)

Description	Amount
Pledges receivable	735,174.
Discount on LT Pledge	-4,260.
LT Pledge receivable	100,000.
Total	830,914.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable	62,632.
Accrued expenses	25,455.
Total	88,087.

Supporting Statement of:

Form 990 p 11/Line 23, column (A)

Description	Amount
Fulton Line of Credit	4,927.
DCD Loan payable	250,000.
Fulton Term Note	351,102.
Total	606,029.

Supporting Statement of:

Sch. A, page 2/Line 1-5

Description	Amount
CONTRIBUTIONS	5,917,603.
LESS UNUSUAL GRANTS	-850,000.
Total	5,067,603.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return

CHESTER COUNTY FOOD BANK

Identifying number

27-0887311

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	82,262.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐		

Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a	3-year property						
b	5-year property		58,970.	5.0 yrs	HY	S/L	5,898.
c	7-year property		115,897.	7.0 yrs	HY	S/L	8,280.
d	10-year property						
e	15-year property		32,985.	15.0 yrs	HY	S/L	1,100.
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property	07/13	1,142,925.	39 yrs	MM	S/L	28,085.
		07/13	1,784,000.	39.0yrs	MM	S/L	43,838.

Section C — Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	169,463.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A – Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24 a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If 'Yes,' is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) **Note:** *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					
PROJECT MANAGEMENT	07/31/13	28,708.	197	15.00 yrs	1,914.
See Additional Amortization Statement					3,002.
43 Amortization of costs that began before your 2013 tax year				43	8,521.
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	13,437.