Department of the Treasury'

# n3 90509

2949334909910

2017

# **Return of Organization Exempt From Income Tax**

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

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

Go to www.ire.gov/Form000 for instructions and the latest information

Open to Public Inspection

		al Revenue				nispection 20
	<u> </u>	For the	2017 calendar year, or tax year beginning	, 2017, and en	aing	, 20
	В	Check if ap	plicable C Name of organization Chesterfield Food Bank			D Employer Identification no
	╚	Address ch	ange Doing business as			27-1286258
	XI	Name chan	ge Number and street (or PO box if mail is not delivered to street address)		Room/suite	E Telephone number
		Initial return	12211 Iron Bridge Road			(804)414-8885
		Final return	/terminated City or town, state or province, country, and ZIP or foreign postal code	Com	.00	G Gross receipts
		Amended re	eturn Chester, VA 23831-1562	COM	111 L	s 4,141,125
		Application	pending F Name and address of principal officer	$\sim$	H(a) is this a group return to	or subordinates? Yes X No
				f(X)	H(b) Are all subordinates	s included? Yes No
		Tax-exempt	status	111	If "No," attach a	a list (see instructions)
		Website	ChesterfieldFoodBank.org	-	H(c) Group exemption	number >
		Form of org		ar of formation 20	)10 M State of lega	al domicile VA
		rt I	Summary			
		1		ıan relıgı	ous organizati	on that
1-	a)		provides clothing, food and assistance to the needy. A		*	
	Š	1 '	2001200 02001209/ 2002 0.00 0.00 0.00 0.00 0.00 0.00 0.0			
	ГЛа	1				•
	Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of mo	ore than 25% of	its net assets	
	တိ	മ₃ ി	Number of voting members of the governing body (Part VI, line 1a)		3	8
	øğ (A	CD	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
	Activities & Governance	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
	Ę	-1.	Total number of volunteers (estimate if necessary)		6	<u> </u>
	Ac	€ 7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
		~	Net unrelated business taxable income from Form 990-T line 34	<del></del> -	7b	0
			RECEIVED	<del>-   -   -   -   -   -   -   -   -   -  </del>	<del></del>	<u> </u>
		SANNED	Contributions and grants (Part VIII line 4h)	7있 -	Pnor Year	Current Year
	a	<b>室</b> 。	Contributions and grants (Part VIII, line 1h)	<b>1</b> ♥1 · · · ⊢	3,071,558	
	ū	Z.	· · · · · · · · · · · · · · · · · · ·	<u>ାରୀ</u> : : : ⊢	94,16	<u> </u>
	Revenue	E 3	Investment income (Part VIII, column (A), lines 3, 4, and 23		-	0
	ď	₩2	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and the CDEN. UT	⊢		0
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), time 12)		3,165,725	
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,678	1,595
			Benefits paid to or for members (Part IX, column (A), line 4)			0
	S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
	Expenses	•	Professional fundraising fees (Part IX, column (A), line 11e)		7,308	2,199
	хbе			2,269		
	Ω̈́		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,833,921	
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,843,90	
			Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	• • • • • •	321,818	(133,572)
	Net Assets or	<u> </u>		E	leginning of Current Year	End of Year
	sets	20	Total assets (Part X, line 16)	• • • • • •	2,556,435	2,258,294
2018	t As	<u> </u>   21	Total liabilities (Part X, line 26)	• • • • •	2,001,050	2,000,750
			Net assets or fund balances Subtract line 21 from line 20		555,385	257,544
<b>∞</b>		rt II	Signature Block			<del></del>
	Und	er penaltie: correct ar	s of penury, I departe that I have examined this return, including accompanying schedules and statements, and t nd complete. Declaration of plengrey (pit)er than officer) is pased on all information of which preparer has any ki	to the best of my kno mowledge	wledge and belief, it is	
DEC			1 16 17 h)/ ///// // h			11/12/10
<b>=</b>	e:-	_				11/10/1
	Sig		Agnature of officer		Date	9 / / '
~	He	re	Brent Archer/ President/Treasurer			
-			Type or print name and title			
9		_	Print/Type preparer's name Preparer's signature Dat	ite	Check I if	PTIN
5	Pai	d	Todd Ofslager 11	-07-2018	self-employed	P00447522
3		parer	Firm's name Todd Ofslager Acctg & Tax Svc's Inc		Firm's EIN	
Č	Us	e Only	Firm's address 11718 Heathmere Crescent		Phone no	
4			Midlothian VA 23113		804-8	97-3420
0	May	the IRS	discuss this return with the preparer shown above? (see instructions)		<u> </u>	· · · 🛚 Yes 🗌 No

Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

Fom	1990 (2017) Chesterfield Food Bank	27-1286	258 Page
Pạ	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> [</u>
1	Bnefly describe the organization's mission	_	
	Christian religious organization that provides clothing, food and assistan	ce to the r	needy.
	Also provides religious worship.		
2			
	prior Form 990 or 990-EZ?		es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 <b>Y</b>	es 🗶 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 measing	ured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,	
	the total expenses, and revenue, if any, for each program service reported		
ŧa	(Code) (Expenses \$4,146,735 including grants of \$) (Revenue	<del></del>	)
	Christian religious organization that provides clothing, food, and assista	nce to the	needy.
	Also provides religious worship.		<u> </u>
			·
			· ····································
‡b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ue \$	<u> </u>
	, (and, (and), (and))))))))))	· ·	′
C	(Code) (Expenses \$ including grants of \$) (Revenue)	ue \$	
			<del></del>
4d	Other program services (Describe in Schedule O )		· · · · · · · · · · · · · · · · · · ·
le	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses \$ 4,146,735		<u> </u>
EA	4,140,133		Form <b>990</b> (201)

7) Chesterfield Food Bank Checklist of Required Schedules Part IV

Га	TO THE CHECKLIST OF REQUIRED SCHEDULES		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	х	1
	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	Ė	- 1	<b> </b>
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	⊢ٿ		$-\frac{\alpha}{2}$
4		4		х
_	and any and any and any and any	<b>-</b>		├^-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		٠,,
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Ī
	complete Schedule D, Part III	8		Х
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			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted	<del>- ٽ</del>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
44		<u> </u>		$\stackrel{\frown}{}$
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	١, ا		l
	VII, VIII, IX, or X as applicable	<u> </u>	<del></del> .	<del>,</del>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			l
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		
ıza	Schedule D, Parts XI and XII	12a	х	l
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D		126		v
40	100, and with digamentation and the total varieties of the total of th	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,			l
	fundraising, business, investment, and program service activities outside the United States, or aggregate			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- <del></del>		- 43
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
40		- <del>'</del>		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا 🚛 ا		v
	If "Yes," complete Schedule G, Part III	19 Form		X

7) Chesterfield Food Bank
Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		Х
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
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 "Yes," complete Schedule L, Part II	26		Х
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		Х
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)	,		
а	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		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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			I
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ_
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		Х
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	Х	

•			_	
_	1990 (2017) Chesterfield Food Bank 27-12862	58		age 5
۲ą	rt 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	• • •	• • •	ᆛ
		.1.7	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	11	"	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	٠.	.1	,
_C .	Did the organization comply with backup withholding rules for reportable payments to vendors and		<u></u>	<u></u>
	reportable gaming (gambling) winnings to prize winners?	1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	; .		l.
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u></u>	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<del>  ^-</del>
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	4-		v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	:		
<b>-</b>	(FBAR)		<u></u>	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
5a	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>-</del>		<u> </u>
U	gifts were not tax deductible?	6b		1
,	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
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		
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		ŀ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
В	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	'. B	
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	11 =	· ,	<u>                                     </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
0	Section 501(c)(7) organizations. Enter		'.	, ,
а	Initiation fees and capital contributions included on Part VIII, line 12	,		!
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	, ,		i
1	Section 501(c)(12) organizations. Enter	4 .	,	1
а	Gross income from members or shareholders	ļ∗ <b>i</b> ≛	ļ' ;	μ,
b	Gross income from other sources (Do not net amounts due or paid to other sources	14 A.	[::	ŀ
	against amounts due or received from them )	1		<u> </u>
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	١.	.,	,
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	. '	l	ľ .

13a

14a

14a

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6

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 Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year 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 Enter the number of voting members included in line 1a, above, who are independent h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Яa Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Х 12b Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done .............. 13 Х 13 Did the organization have a written whistleblower policy? Χ 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its į, participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Another's website I I Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Staff Bookkeeper (804)414-8885, PO Box 458, Chesterfield, VA 23832-0006

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Chesterfield Food Bank

27-1286258

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

(C)

(A)

(B)

Position

(D)

(A) Name and Title	(B) (do not check more than one box, unless person is both an hours per week (list any hours for							(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Kim Kitchen Director	1.00	Х						0	0	0
(2) Dr Becky Gunter	4 00	Х						0		0
(3) Brent Archer President/Treasurer	4.00			Х				0	-	0
(4) Dr Jeff Caldwell Director	1.00			Х				0	0	0
(5) Mark Fausz Director	1.00			Х				0	0	0
(6) Kim Hill Executive Director	40.00				Х			0	0	0
<u>(7)</u>						_				
(8)										
(9)										
<u>(10)</u>										
(11)										
(12)		·								
(13)										. <del>-</del>
(14)										

	90 (201	<u> </u>									27-128	6258	Page 8
Part	MII	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd F			Comp	ensa	ated Employees (	continued)		<del>.</del>
						Pos	;) ition				45.		
	•	(A)	(B)	(do n	ot che			an one		(D)	(E)	(F)	
		Name and title	Average hours per					both an		Reportable compensation	Reportable compensation from	Estimate amount	
			week (list any		, -	r		trustee)	_	from	related	other	
			hours for	Individual trustee or director	instr	) ∏cer	Ę.	Highest compensated employee	Former	the	organizations	compensa	
			related organizations	l ag ig	5	14	Key employee	oye	Def	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
			below dotted	* ਛੁੱ	nal tr		bye	° ğ				and rela	
			line)	i e	nstrtutional trustee		æ	) S				organizat	ions
				İ	6			<u> </u>					
				ĺ									
(15)							_				,		
<u>(16)</u>				ĺ									
(47)				-				_					
<u>(17)</u>													
(18)													
					_								
<u>(19)</u>				į									
(20)													
								<u> </u>					
(21)			<u>-</u>										
(22)											-		
(23)													
(24)													
(0.5)								ļ	_				
(25)													
1b	Sub-to	otal			• •				<b>&gt;</b>				
С	Total f	rom continuation sheets to Part VII, Section	on A · ·						▶				
d	Total (	add lines 1b and 1c) · · · · · · · · · · ·		• • •					<b>•</b>		) 0		0
2		umber of individuals (including but not limited		d abo	ve) v	vho i	rece	ived m	ore	than \$100,000 of			
	reporta	ble compensation from the organization								<del></del>	0	Yes	No
3	Did the	organization list any former officer, director	or trustee, ki	ev emi	olove	e. c	r hio	ihest d	ome	ensated		162	NO.
•		vee on line 1a? If "Yes," complete Schedule										3	Х
4		y individual listed on line 1a, is the sum of re				nd o	ther	comp	ensa	ation from the			
		zation and related organizations greater than	•										
	-	ual		•								4	X
5		y person listed on line 1a receive or accrue o	•		-			-	ızatı	on or individual			
Cooti		vices rendered to the organization? If "Yes,"	complete Sch	edule	J for	suc	h pe	rson				5	X
<u>Section</u>		Independent Contractors ete this table for your five highest compensal	ed independe	nt con	tract	ore	that	recen	ed r	nore than \$100 000	n of		
•	-	nsation from the organization. Report compe	· ·										
	year												
		(A)								(B)	i i	(C)	
		Name and business address	-	-			_	-		Description of	services	Compensat	ion
										<del>                                     </del>			
													•
2	Total n	umber of independent contractors (including	but not limited	d to the	ose I	ister	abr	ove) w	ho			्क् <b>द</b> ै <u>।</u>	, ()
_		ed more than \$100,000 of compensation from			•			-,	-			6 4 4	,

Form 990 (2017) 27-1286258 Page 9 Chesterfield Food Bank Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax Unrelated Total revenue Related or business function revenue under sections 512-514 Federated campaigns . . . . . . . . . 1a Contributions, Gifts, Grants and Other Similar Amounts 1b Fundraising events 1c 1d Related organizations . . . . . . . . Government grants (contributions) . . 1e 0 All other contributions, gifts, grants, and similar amounts not included above 4,077,742 Noncash contributions included in lines 1a-1f \$ 3,783,092 Total. Add lines 1a-1f ...... 4,077,742 **Business Code** Revenue 2a Hub Service 900099 57,644 57,644 5,739 In Store Collections 900099 5,739 Program Service f All other program service revenue . . . . . . g Total. Add lines 2a-2f 63,383 Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds (i) Real (II) Personal 6a Gross rents . . . . . . . **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) . . . . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . . . . . . **b** Less direct expenses · · · · · · b c Net income or (loss) from fundraising events . . . . . . . . . 9a Gross income from gaming activities See Part IV. line 19 . . . . . . . . . a **b** Less direct expenses · · · · · · b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less cost of goods sold . . . . . . b c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a b

4,141,125

63,383

12 Total revenue. See instructions · · · · · · · · ▶

e Total. Add lines 11a-11d

# Form 990 (2017) Chesterfield Food Bank Part IX Statement of Functional Expenses

	, Check if Schedule O contains a response or note to	•			
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments See Part IV, line 21	1 505	1 505		
2	Grants and other assistance to domestic	1,595	1,595		
-	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign		:		
	individuals See Part IV, lines 15 and 16 · · · · · · ·				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<del>-</del>			
•	trustees, and key employees · · · · · · · · · · · ·				
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			-	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,788		9,788	
d	Lobbying			- ,	
е	Professional fundraising services See Part IV, line 17	2,199	٠.		2,199
f	Investment management fees				, i
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	12,462	- 8,162	4,300	
12	Advertising and promotion	8,738	8,668		70
13	Office expenses	8,936	5,542	3,394	
14	Information technology	1,558		1,558	
15	Royalties	·			
16	Occupancy · · · · · · · · · · · · · · · [	47,870	38,296	9,574	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·				
20	Interest	25,000	20,000	5,000	
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	33,221	26,577	6,644	
23	Insurance	6,442	5,218	1,224	
24	Other expenses Itemize expenses not covered	1			
	above (List miscellaneous expenses in line 24e If	· 1	ng gan		
	line 24e amount exceeds 10% of line 25, column		jum j <sup>a</sup> r Para		
	(A) amount, list line 24e expenses on Schedule O)				
а	Donated Foods Distributed	3,815,415	3,815,415		
b	Food Purchased	12,258	12,258		<del></del>
C	Mobile Distribution	11,496	11,496		
d	Subcontractor	153,713	71,248	82,465	
е	All other expenses	124,006	122,260	1,746	
25	Total functional expenses. Add lines 1 through 24e	4,274,697	4,146,735	125,693	2,269
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)				

Form 990 (2017) Chesterfield Food Bank
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			П
		i and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,590	1	6,015
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	<del></del>
	4	Accounts receivable, net	·	4	-
	5	Loans and other receivables from current and former officers, directors,	1, 1,	† * ·	<i>(</i> 1 € 50 ) 1
		trustees, key employees, and highest compensated employees	4 3		
		Complete Part II of Schedule L	<del></del>	5	<u></u>
	6	Loans and other receivables from other disqualified persons (as defined under section	.] 4		. 1
		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	1		
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	- <del></del>
Assets	8	Inventories for sale or use	519,696	8	271,351
Ass	9	Prepaid expenses and deferred charges	,	9	•
-	10a	Land, buildings, and equipment cost or	ti .	1	٠,,
		other basis Complete Part VI of Schedule D 10a 2,093,668	h	' i	
	b	Less accumulated depreciation 10b 112,740	2,014,149	10c	1,980,928
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties 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)	2,556,435	16	2,258,294
	17	Accounts payable and accrued expenses	1,050	17	750
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ì	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,	() () () () () () () () () () () () () (		1 .
Liabilities		trustees, key employees, highest compensated employees, and	4.		
iat		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·	2,000,000	23	2,000,000
	24	Unsecured notes and loans payable to unrelated third parties	<del></del> -	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	2,001,050	26	2,000,750
တ္က		Organizations that follow SFAS 117 (ASC 958), check here   and and analysis are seen as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed as a seed a			
uce	27	complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		27	
ala	27 28	Temporanly restricted net assets		28	
9 9	29	Permanently restricted net assets	<del></del>	29	
,Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here	* 12 B	i ,	,
ř		complete lines 30 through 34.	1 1		**
35	30	Capital stock or trust principal, or current funds		30	J
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	555,385	32	257,544
ž	33	Total net assets or fund balances	555,385	33	257,544
	34	Total liabilities and net assets/fund balances	2,556,435	34	2,258,294
	<del></del>	Total natimited and not added in the added in the additional and additional and additional and additional and additional additional and additional and additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional additional add	2,330,433		2,230,234

FOIII	1990 (2017) Chesterrield Food Bank	7-12002	200	Г	aye iz
Pạ	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. П</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,1	41,	125
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,2	274,	697
3	Revenue less expenses Subtract line 2 from line 1	3	(:	.33,	572)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	į	555,3	385
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
<b>7</b>	Investment expenses				
8	Pnor penod adjustments	8	(1	64,2	269)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		257,5	544
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				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				1
	reviewed on a separate basis, consolidated basis, or both		'	:	
	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		1.	_	
	Separate basis X Consolidated basis Both consolidated and separate basis		1 : 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ľ
	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		ľ		
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		Х
b	of "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		
EEA			Form	990 (2	2017)

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Chesterfield Food Bank 27-1286258 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). П A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify funder 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) (c) 2015 (d) 2016 (e) 2017 (a) 2013 (b) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . . 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) Public support. Subtract line 5 from line 4 . . Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) . . . . . . . . . . . 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . . . . . . . . . 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. 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 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test /The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016, If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

27-1286258 Page 3 Chesterfield Food Bank Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 201/7 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 . . . . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 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 · · · · · · · · · Public support. (Subtract line 7c from line 6) . . . . . . . . . . . . . . . . Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 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 · · · Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . . . . . . . . . . . . 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 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2016 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2017. 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 gualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 1/4 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

ξ	Section	A. All	Supporting	<b>Organizations</b>

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

	-	Yes	No
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Sched	ule A (Form 990 or 990-EZ) 2017 ChesterileId Food Bank 27-1286258		Г	aye 5
Pa	rt IV Supporting Organizations (continued)		1 - :	
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	144		لب
-	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	<u> </u>	<u> </u>
Sec	tion B. Type I Supporting Organizations		134	
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	;	f •	,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	'	i i	1, •
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	] '		ļ. 1
	controlled the organization's activities If the organization had more than one supported organization,	-		;
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
			في ا	
2	Did the organization operate for the benefit of any supported organization other than the supported		1	[ ]
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		`	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			, ,
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,	· 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			:
	or managemont of the supporting organization was vested in the same persons that controlled or managed			1 .
	the supported organization(s).	1		) — <del></del> -
Sec	tion D. All Type III Supporting Organizations			
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		υ	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	;		ł
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			i i
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
				1
'2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	11 "		į
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ختيا		لـــا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		-
•	significant voice in the organization's investment policies and in directing the use of the organization's	1,,	•	; ,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.		
	supported organizations played in this regard	3	<del></del>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			—
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	e)
' a				-,
b	· 🕇			
c		/ (see i	instru	ctions
	Activities Test Answer (a) and (b) below.	(555)	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	· · · ·
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			,
	those supported organizations and explain how these activities directly furthered their exempt purposes,		-	
	how the organization was responsive to those supported organizations, and how the organization determined		,	,
	that these activities constituted substantially all of its activities.	2a	<del></del> `	
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1	t <sub>i</sub>	1 (1
D			14.5	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	4 6	" t	ļ ,
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	ا ۔۔۔۔ا
_	activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1.	۱.	ľ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ.,
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4	<u> </u>	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part V instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through Section A - Adjusted Net Income  (A) Prior Year  (B) Curro (option of prior year distributions  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Section B - Minimum Asset Amount  (A) Prior Year  (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B) Curro (B)	h E ent Year onal)
Section A - Adjusted Net Income  1 _ Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  (A) Prior Year  (B) Currell  (B) Currell  (A) Prior Year  (A) Prior Year  (B) Currell  (A) Prior Year  (A) Prior Year  (A) Prior Year  (B) Currell  (A) Prior Year  (B) Currell  (B) Currell  (B) Currell  (B) Currell  (B) Currell  (C) Prior Year  (C)	ent Year onal)
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	
3 Other gross income (see instructions)  4 Add lines 1 through 3  5 Depreciation and depletion  6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  (B) Currel  (C)  (B) Currel	
4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Currel	
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Currel	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  (B) Currel	
collection of gross income or for management, conservation, ormaintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  (B) Current (See instructions)	
maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  (B) Current (See instructions)	
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8	
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Section R - Minimum Asset Amount (A) Prior Year (B) Curre	
(option b - within the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	
4. Aggregate for market value of all non exempt use aggrets (see	
instructions for short tax year or assets held for part of year):	
a Average monthly value of securities 1a	
b Average monthly cash balances - 1b	
c Fair market value of other non-exempt-use assets	
d Total (add lines 1a, 1b, and 1c)	
e Discount claimed for blockage or other factors (explain in detail in Part VI).	, ]
2 Acquisition indebtedness applicable to non-exempt-use assets 2	
3 Subtract line 2 from line 1d 3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	
see instructions)	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by .035.	
7 Recoveries of prior-year distributions 7	
8 Minimum Asset Amount (add line 7 to line 6) 8	
Section C - Distributable Amount  Current	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	
2 Enter 85% of line 1.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	
4 Enter greater of line 2 or line 3.	
5 Income tax imposed in prior year 5	
6 Distributable Amount Subtract line 5 from line 4 unless subject to	
emergency temporary reduction (see instructions).	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization instructions).	

	le A (Form 990 or 990-EZ) 2017 Chesterfield Food Bank		27-12	86258 Page <b>7</b>					
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sec	tion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exer	npt purposes							
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		· · · · · · · · · · · · · · · · · · ·					
	organizations, in excess of income from activity		_						
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	e organization is respons	sive						
	(provide details in Part VI) See instructions								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount		<del></del>						
' s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
1	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017			. ,					
	(reasonable cause required - explain in Part VI). See	,							
	ınstructions			¢					
3	Excess distributions carryover, if any, to 2017								
а									
b	From 2013			t.					
С	From 2014								
d	From 2015	,							
е	From 2016								
f	Total of lines 3a through e			•					
_ g	Applied to underdistributions of prior years	!.							
h	Applied to 2017 distributable amount	ı							
i	Carryover from 2012 not applied (see instructions)								
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	. "							
4	Distributions for 2017 from	,							
	Section D, line 7.								
а	Applied to underdistributions of prior years	*							
b	Applied to 2017 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2017, if			-					
	any. Subtract lines 3g and 4a from line 2 For result			,					
	greater than zero, explain in Part VI. See instructions.	1.							
6	Remaining underdistributions for 2017. Subtract lines 3h								
	and 4b from line 1 For result greater than zero, explain in								
	Part VI See instructions.	^ *							
7	Excess distributions carryover to 2018. Add lines 3j		,						
	and 4c.								
8	Breakdown of line 7.			,					
а	Excess from 2013	, ,		1					
b	Excess from 2014		•						
С	Excess from 2015		•						
d	Excess from 2016								
е	Excess from 2017								

Rant,VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
	<del></del>
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### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

▶ Attach to Form 990.

Internal Revenue Service Go to

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

OMB No 1545-0047

2017

Open to Public Inspection

	or the organization	
	esterfield Food Bank	27-1286258
Ра	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	nportant land area
	Protection of natural habitat Preservation of a certified hist	onc structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse	rvation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiza	tion 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 penodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>•</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easen	nents during the year
	<b>▶</b> \$	
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)( $\mathfrak{u}$ )?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	escribes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance 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	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ▶ \$
b	Assets included in Form 990, Part X	

	ule D (Form 990) 2017 Chesterfield Fo	od Bank					27-128		Page 2	
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accession, a	and other records, ch	neck any of	the follow	ing that are a	a significa	nt use of its			
	collection items (check all that apply).									
а										
ъ.	b Scholarly research Other Other									
C	Preservation for future generations									
4	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 rec							_		
-	assets to be sold to raise funds rather than to be		of the orga	nization's c	collection?	• • •	· · · · · · · · ·	<u> Ц</u>	Yes No	
Pa	rt IV Escrow and Custodial Arrang		-	000 Daw	. IV. II				•	
	Complete if the organization an	swered "Yes" o	n Form s	90, Pan	t IV, line 9	, or repo	orted an amo	unt on F	orm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian o								v 🗀 u.	
	· · · · · · · · · · · · · · · · · · ·							· • ⊔	Yes No	
þ	If "Yes," explain the arrangement in Part XIII and	complete the followi	ng table				<del></del>	····		
_	Beginning balance					1	AI	mount		
C	Additions during the year						<del> </del>	·		
d							+			
6	Distributions during the year  Ending balance						<del>                                     </del>		<del></del>	
f 2a	Did the organization include an amount on Form								Yes No	
za b						-		_		
	rt V Endowment Funds.	eck fiele il tile explai	iadon nas	peen provi	ded on rait.	<u> </u>			<u>····</u>	
	Complete if the organization an	swered "Yes" o	n Form 9	90. Parl	t IV. line 1	n				
		(a) Current year	(b) Pri		(c) Two year	· · ·	(d) Three years back	(0) 50	ur years back	
1a	Beginning of year balance	(a) Cullerit year	(0) FI	or year	(c) Iwo year	s back	(u) Thee years cach	( (8) 10	ur years back	
b	Contributions	•								
c	Net investment earnings, gains, and		<del>                                     </del>							
·	losses · · · · · · · · · · · · · · · · · ·				İ	]				
d	Grants or scholarships									
	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 (lir	ne 1g, colu	mn (a)) hel	ld as	<u>+</u> _				
а	Board designated or quasi-endowment	%	•	. ,,						
b	Permanent endowment > %	<del></del>								
С	Temporanly restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should e	equal 100%								
3a	Are there endowment funds not in the possession	n of the organization	that are he	eld and adı	ministered fo	r the				
	organization by								Yes No	
	(i) unrelated organizations · · · · · · · ·							• 3a(i	)	
	(ii) related organizations							- 3a(ii	)	
b	b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the org		ent funds							
Pa	t VI Land, Buildings, and Equipme									
	Complete if the organization an	swered "Yes" or	n Form 9	90, Parl	t IV, line 1	1a. See	Form 990, P	art X, Iır	<u>ie 10</u>	
	Description of property	(a) Cost or oth	er basis	(b) Cost o	r other basis	(c) A	ccumulated	(d) Bo	ook value	
		(investme	ent)	((	other)		preciation			
1a	Land	• • •		1,0	600,000	<i>}i</i> .		1,	600,000	
b	Buildings			4	100,000		61,506		338,494	
С	Leasehold improvements								<u>_</u>	
d	Equipment			_	76,018		37,885		38,133	
<u>e</u>	Other				17,650	l	13,349		4,301	
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X,	column (B	), line 10c	)	· · · · ·	· · · · · •	1,	980,928	

Schedule D (Form		ood Bank	27-12	86258 Page
<u> </u> Rart <sub>i</sub> VIII	Investments - Other Securities.	d   Vaa   aa Faan 000 D	10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th 10 th	Dod V Ivon 40
	Complete if the organization answere		art IV, line ITD See Form 990	, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1) Financial	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests		-	
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				·
(G)				
(H)	<u> </u>			
	must equal Form 990, Part X, col (B) line 12)		1.2	
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)			<u> </u>	
<u>(7)</u>			<del>                                     </del>	
(8)				
(9)				
Part IX	must equal Form 990, Part X, col (B) line 13)  Other Assets.			
[izai t]iX	Complete if the organization answere	d "Ves" on Form 990 D	art IV line 11d See Form 990	Part Y line 15
	<del> </del>	<del></del>	artiv, interior decroim 990	
(1)	(a) U	rescription		(b) Book value
(2)	<del></del>			
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)				
(6)				
(7)		<u>.</u>		
(8)		<del></del>		
(9)	···· -			
	n (b) must equal Form 990, Part X, col (B) line 15	)		
Part X	Other Liabilities.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes		5 t t	ti .
(2)			d	
/2)	· · · - <del> </del>			

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

<sup>2.</sup> 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------

	ule D (Form 990) 2017 Chesterfield Food Bank	27-1286258	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,141,045
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• *	
а	Net unrealized gains (losses) on investments		
- b	Donated services and use of facilities	— ···· -	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII )	┥. ;	
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
9	Subtract line 2e from line 1	<del></del>	4 144 245
3		3	4,141,045
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1 1	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>⊣,</b> ;;}	
b	Other (Describe in Part XIII )	— <del>(</del>	
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	80
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,141,125
·Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,263,771
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 :	
а	Donated services and use of facilities		
b	Pnor year adjustments	7:11	
c	Other losses · · · · · · · · · · · · · · · · · ·	<b>-</b>	
ď	Other (Describe in Part XIII )	╗	
9	Add lines 2a through 2d	7	(10,926)
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	
	1 1		4,274,697
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		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,274,697
Pa	rt XIII Supplemental Information.		
	de 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, Pa	ırt X, line	
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
01	Other revenues included on Form 990 (Part XI, line 4b)		
			_
Fin	ancial audit was modified cash. The differece on line 4b is attributed to th	e	
			<u></u>
con.	version to the cash based tax return.		
	,		
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Schedule D (Form 990) 2017

EEA

Schedu	le D (Form 990) 2	2017 <b>Che</b>	sterfic	eld Food Ban	k						27-1286258	Page :
Par	t XIII≰	Supplement	al Inforn	eld Food <u>Ban</u> nation (contin	ued)							
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				,								
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^^	0.1					<b>-</b>	000	/D L		7	0.47	
<u>02.</u>	Other	expense	s not	included	on	Form	990	(Part	XII,	line	<u>2a)</u>	
-												
Fina	ncial au	dit was mod	infied o	cash based.	The	differe	ence o	n line 4	b is a	ttribut	ed to the	
conv	ersion t	o the cash	based	tax return.					<del></del>			<del></del>
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Schedule D (Form 990) 2017

EEA

#### \$CHEDULE M (Form 990).

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2017

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public

Name of the organization Employer identification number 27-1286258 Chesterfield Food Bank Types of Property Part I (a) (b) (c) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art - Works of art . . . . . . 2 Art - Historical treasures 3 Art - Fractional interests Books and publications . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles 7 Boats and planes . . . . . . . 8 Intellectual property . . . . . . 9 Secunties - Publicly traded · · · · 10 Secunties - Closely held stock · · 11 Secunties - Partnership, LLC, or trust interests . . . . . . . 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic Qualified conservation 14 contribution - Other . . . . . . Real estate - Residential . . . . 15 16 Real estate - Commercial . . . . Real estate - Other . . . . . . 17 18 Collectibles . . . . . . . . . . . Food inventory . . . . . . . . . 19 155,949 271,351 Fair Value 20 Drugs and medical supplies . . . 21 22 Historical artifacts . . . . . . 23 Scientific specimens . . . . . . 24 Archeological artifacts . . . . . 25 Other ►( 26 Other ►( 27 Other ►( 28 Other ►( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2017

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

27-1286258 Chesterfield Food Bank 01. Officer, directors, etc. family relationship (Part VI, line 2) Treasurer Jennifer Davis and Board Member Marion Humphreys III do have a working business relationship at her firm Davis and Associates. 02. Form 990 governing body review (Part VI, line 11) The Board of Directors is presented with FORM 990 prior to filing. 03. Conflict of interest policy compliance (Part VI, line 12c) Possible conflicts of interest are discussed at Board meetings. Possible conflicts are addressed and disclosed verbally and in writing. 04. CEO, executive director, top management comp (Part VI, line 15a) Compensation is discussed and voted on by the Board. 05. Other officer or key employee compensation (Part VI, line 15b Compensation is discussed and voted on by the Board. 06. Governing documents, etc, available to public (Part VI, line 19) Governing documents and tax returns are available upon request.



# COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

STATE CORPORATION COMMISSION RECEIVED

Clerk's Office

## **ARTICLES OF AMENDMENT**

CHANGING THE NAME OF A VIRGINIA NONSTOCK CORPORATION

By Unanimous Consent of the Members or by the Directors Without Member Action

of 1	the Code of Virginia, executes these articles and states as f	
1.	The current name of the corporation is Galleria	x Grounds
	Ministry INC	<u> </u>
2.	The name of the corporation is changed to	inewity
	Food Banks INC.	<u> </u>
3.	The foregoing amendment was adopted on 3 1 (date	(mark appropriate box):
	☑ By the unanimous consent of the members with vo	ting rights.
	<u>OR</u>	
	☐ By a vote of at least two-thirds of the directors in of amendment was not required because (mark appropriate ☐ There are no members;	RECEIVED
	or ☐ There are no members with voting rights.	OGDEN, UT
E>	xecuted in the name of the corporation by:	3/11/15
	R. Travis Whittle III	President (title)
	O 7 1809 1 ->	8047131528 ((telephone number (optional))

(The execution must be by the chairman or any vice-chairman of the board of directors, the president, or any other of its officers authorized to act on behalf of the corporation.)

PRIVACY ADVISORY: Information such as social security number, date of birth, maiden name, or financial institution account numbers is NOT required to be included in business entity documents filed with the Office of the Clerk of the Commission. Any information provided on these documents is subject to public viewing

## **CERTIFICATE OF ASSUMED NAME - CORPORATION**

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, I hereby certify that I am an officer in the corporation listed below and that the corporation is conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

Corporate Name: Galhering Grounds Inc.
Fictitious Name: Mesterfield Food Roul
Business Address: 12211 Ivanbridge Rd.
Chostee VA 23831 (City, State & Zip)
Given under my hand this 24th day of Mach 2014.
1 C. Travis Whittle-III Chellety - President
Officer Name (please print)  Officer Signature / Title  Officer Signature / Title
Residence Address  City  State  Zip  A 3 7 3 7
Post Office Address (if different from above)  City  State  Zip
For foreign corporations only: It is further certified that the corporation was authorized to transact business in the Commonwealth of Virginia on the following date:
OFFICE USE ONLY
Commonwealth of Virginia County of Chesterfield, to-wit:
I, the undersigned Deputy Clerk for the Circuit Court of the County of Chesterfield, do hereby certify that  R. Travis White III, whose name is signed to the foregoing Certificate,
this day appeared before me in my said County and acknowledged the same.  Given under my hand this 244 day of Mich, 2014. May Club Club Deputy Clerk
VIRGINIA:
In the Clerk's Office of the Circuit Court of the County of Chesterfield, the 24h day of Marth, 2014, this certificate was presented and admitted to record at 402 o'clock o'M.
JUDY L. WORTHINGTON, CLERK  Teste: Judy L. Worthington, Clerk
DEPUTY CLERK By: Mall Changel, Deputy Clerk