Form	990-T	E	OMB No 1545-0687										
	•	(and proxy tax under section 6033(e))											
	₹,	For cal	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019										
	tment of the Treasury	•	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a 501(c)(3). □ Do not enter SSN numbers of the form as it may be made public if your organization is a form as it may be made pu										
A [Check box if address changed		Name of organization (D Employer identification number (Employees' trust, see instructions)									
B E	empt under section	Print	GREATER PITTSBURGH COM	2	5-1420599								
X] 501(c <u>()(3</u>)	or	Number, street, and room or suite no. If a P.O. box		ated business activity code								
] 408(e)220(e)	Туре	1 NORTH LINDEN STREET] `	,								
	408A530(a)		City or town, state or province, country, and ZIP or										
Ţ.	529(a)		DUQUESNE, PA 15110	900	099								
C Boo	C Book value of all assets at end of year OFA OOA												
	19,274,2		G Check organization type ► X 501(c) corp			401(a)		Other trust					
		-		1		the only (or first) un							
			EE STATEMENT 1			complete Parts I-V.							
			ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or					
	siness, then complete		-v. Ioration a subsidiary in an affiliated group or a parcr	at oubou	diagraphicallad group?			s X No					
			information a subsidiary in an anniated group of a parentifying number of the parent corporation.	it subsi	ulary controlled group?	P * L	Ye	:5 [43-] NO .					
			BART HUCHEL		Teleoh	one number 🕨 4	12-	460-3663					
			le or Business Income		(A) Income	(B) Expenses		(C) Net					
1 a	Gross receipts or sale	s			<u> </u>	MANAGEMENT OF	***	ENCHES IN MANAGE					
	Less returns and allow		c Balance	1c		EAGLE AND							
2	Cost of goods sold (S	chedule	A, line 7)	2		WARREST X		SHOW SERVICES					
3	Gross profit. Subtract	line 2 fr	om line 1c	3		Mark Street							
4 a	Capital gain net incom	ne (attac	h Schedule D)	4a		49月月月日 日	Ariehi.						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		88.华部党部 公司	The wide						
C	Capital loss deduction	for trus	ets	4c		地面的变形。	13.7%						
5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5		MARKET LAND							
6	Rent income (Schedu	le C)		6									
7	Unrelated debt-finance	ed incor	ne (Schedule E)	7									
8	Interest, annuities, roy	alties, a	nd rents from a controlled organization (Schedule F)	8									
9	Investment income of	a sectio	in 501(c)(7), (9), or (17) organization (Schedule C)	9				,					
	Exploited exempt activ	•	,	10									
-	Advertising income (S		•	_11_		e de de lie de la cité and avec mission a	*** And And						
	Other income (See ins		-, <u>-</u>	12		RAMATERICAN .	1016						
13 (Da)	Total. Combine lines	3 throu	gh 12 ot Taken Elsewhere (See instructions fo	13	0.								
Fal	(Except for a	contribi	utions, deductions must be directly connected	or iimita I with t	itions on deductions) he unrelated husiness	income)							
14			rectors, and trustees (Schedule K)				14						
15	Salaries and wages	10013, 011	rectors, and trustees (ocheanie K)			-naf\$	14						
16	Repairs and mainten	ance			(ED	IN CORT	16						
17	Bad debts				RECEIVED.	35C-22	17						
18	Interest (attach sche	dule) (se	ee instructions)		r. IMO	- v 3030	18						
19	Taxes and licenses	, ,	,		AAAR	30 5000	19						
20	Charitable contribution	ons (Se	e instructions for limitation rules)		Man	HATEL	20						
= 21	Depreciation (attach				21 6	DEN, UIM	然為						
21 22	Less depreciation cla	aimed or	Schedule A and elsewhere on return		22a	N CORRES DSC - 22 3 0 2020 DEN, UTAH	22b						
⇔ 23	Depletion						23						
⊇ 24	Contributions to defe	erred co	mpensation plans				24						
S 25 26	Employee benefit pro	ograms					25						
7 26	Excess exempt exper	nses (So	chedule I)				26						
_ 27	Excess readership co	osts (Sc	hedule J)				27						
광 28	Other deductions (at	tach sch	edule)				28						
27 Batching Ögven 28 29 30 31	Total deductions. A						29	0.					
를 30	Unrelated business t	axable ıı	ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30	0.					
<u>주</u> 등 31			oss arising in tax years beginning on or after Janua	ry 1, 20	18 (see instructions)		31	我们就对我们对此 为					
_ 37	Unrelated business t	axable ıı	ncome. Subtract line 31 from line 30				_32	0.					
82370	1 01-09-19 LHA FO	r Paper	work Reduction Act Notice, see instructions.			\mathcal{A}^{ξ}		Form 990-T (2018)					

Form 990-1		L420599	Page 2
Part I	IIi Total Unrelated Business Taxable Income		
33 ‹	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
_	enter the smaller of zero or line 36	1 38	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	7.7	
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	254 3	
b	Other credits (see instructions)		
c	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
_	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduler)		
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018	43	
		50.	
		20.	
	t // ~ 		
	· · · · · · · · · · · · · · · · · · ·	<u>[4단]</u>	
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 50e 50e		
	Other credits, adjustments, and payments: Form 2439	<u> ₹%; </u>	
9		19.9	
E4	Form 4136 Other Total ▶ 50g Total payments. Add lines 50a through 50g	51	280.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	3 1/2	
52 53		53	 -
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	280.
54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	280.
Part \			2001
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country		
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	2	$-\frac{x}{x}$
0,	If "Yes," see instructions for other forms the organization may have to file.		353 2536
58	Enter the amount of tax-exempt interest received or accrued during the tax year		
	Under paralties of persons I declare that I have examined the return including accompanying exhedules and statements, and to the best of my	nowledge and belief, i	t is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE		
Here	Lisa Scales 3-11-2029 OFFICER	May the IRS discu	ss this return with
	Signature of officer Date Title		Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN	
D	Find Type preparer's name Freparer's signature Date Check		
Paid	ACTION TO DANIES ONE ACTION TO DANIES ONE		514571
Prepa	- COUNTRY DOLD CO TYO		408703
Use (ONE PPG PLACE, SUITE 1700	" - 4J-1	
	Firm's address PITTSBURGH, PA 15222 Phone m	o. 412-261	-3644
823711 01			rm 990-T (2018)
	· ·-	FOI	UUUD (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ► N/A			<u></u>		
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of yea	ır		6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
 Other costs (attach schedule) 	4b]	property produced or a	cquired	l for resale) apply to		4. • • •	•
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property	1								
(1)									
(2)									
(3)						·			
(4)						• •			
	2. Rent receive	ed or accrued							
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the ind d 2(b) (attach schedul	e)	
(1)									
(2)						<u> </u>			
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly conn- to debt-finance		θ	
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch		5
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis alliocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) and	al of col	
(1)				%					
(2)				%					
(3)				%	Ĺ				
(4)				%					
		 -				inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c		
Totals				>		0.	.]		0.
Total dividends-received deductions in	icluded in column	18							0.
						<u>-</u>	Form	000_T	(2018)

			Exempt (Controlled O	rganızatı	ons			•	
1. Name of controlled organizati	ident	mployer dication mber		elated income instructions)		tal of specified ments made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
_(1)										
(2)							ļ			
_(3)						_	ļ			
_(4)							<u> </u>			
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net uhrelated inco (see instructio		9. Total	of specified payi made	ments	10. Part of column the controlling gross	nn 9 tha ng orgar income	ization's	11, Deda with ii	uctions directly connected ncome in column 10
_(1)									_	
(2)										
(3)					-				-	
(4)									-	
						Add colun Enter here and line 8, c		1, Part I, 4)	Enter her	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals					<u> </u>	L		0.		0.
Schedule G - Investment		Section	501(c)(7	'), (9), or (·	17) Org	ganization				
(see instr	eption of income			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)				-		(attach school	1010)			(cor o plus cor 4)
(2)			.,						-	
(3)										
(4)				_						<u> </u>
Totals Schedule I - Exploited I	Evamet Astivit	v Incom	> Other	Part I line 9, co	0 •	a Income		TIX	19 0. 14 EN	Enter here and on page 1 Part I line 9 column (B)
(see instru	-	y income	e, Other	man Au	rei tisii	ig income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with proof un	spenses connected oduction related ss income	4. Net inconfrom unrelated business (communication minus columnation) gain, comput through	d trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		 		<u> </u>		-	_			
(2)		†								
(3)		1				1				<u> </u>
(4)			•	-						
	Enter here and on page 1, Part I, line 10 col (A)	page line 10	are and on 1, Part I, , col (B)	4" 1347 English						Enter here and on page 1, Part II, line 26
Schedule J - Advertisir	na Income (see	Instruction		<u> </u>	، راښو يې⊹	- · · · · · · · · · · · · · · · · · · ·		erize iz têşe şi	*** · * .	0.
Part Income From I				solidated	Basis					
1. Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)				1-4-1-4-7	(c).					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(2)				June 1		35				
(3)					بخروبي المتعاد	ત્				
(4)				1274	المريخ المراجعة					English Change
			_							
Totals (carry to Part II, line (5))	<u> </u>	0.	0	•				<u>l</u>		0 . Form 990-T (2018

Form 990-T (2018) GREATER PITTSBURGH COMMUNITY FOOD BANK 25-14205 Part II: Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		' 2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1	
(2)	$\neg \neg$				-		
(3)				-			
(4)							
Totals from Part I	▶	0.	0.	STORES TEACHER	EASTER CENTER	HARMAN COLO	0
		Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1 Part I, line 11, col (B)				Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5)	▶	0.	0.	经过程的	经验证		0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14	`	_	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT 1
1.	BUSINESS ACTIVITY	

QUALIFIED TRANSPORTATION FRINGE BENEFITS OFFERED TO EMPLOYEES

TO FORM -990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THE ORGANIZATION IS FILING FORM 990-T TO REQUEST A REFUND OFESTIMATED TAX PAYMENTS MADE FOR THE ANTICIPATED TAX DUE ONQUALIFIED TRANSPORTATION FRINGE BENEFIT EXPENSES. DUE TO THEREPEAL OF SECTION 512(A)(7) OF THE INTERNAL REVENUE CODE, EXEMPT ORGANIZATIONS ARE NO LONGER SUBJECT TO UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES.