

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1 NORTH LINDEN STREET

City or town, state or province, country, and ZIP or foreign postal code
DUQUESNE, PA 15110

D Employer identification number
25-1420599

E Telephone number
(412) 460-3663

G Gross receipts \$ 56,918,041

F Name and address of principal officer
LISA SCALES
1 NORTH LINDEN STREET
DUQUESNE, PA 15110

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

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.PITTSBURGHFOODBANK.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO FEED PEOPLE IN NEED AND MOBILIZE OUR COMMUNITY TO ELIMINATE HUNGER

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

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	147
6 Total number of volunteers (estimate if necessary)	5,094
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	47,388,577	50,997,860
9 Program service revenue (Part VIII, line 2g)	2,456,487	2,508,744
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,970,580	105,737
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,657	14,171
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,799,987	53,626,512
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	14,676
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,510,333	7,796,901
16a Professional fundraising fees (Part IX, column (A), line 11e)	482,912	459,181
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,502,998		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,843,647	46,181,924
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,836,892	54,452,682
19 Revenue less expenses Subtract line 18 from line 12	963,095	-826,170
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,583,469	19,274,201
21 Total liabilities (Part X, line 26)	3,285,849	4,160,251
22 Net assets or fund balances Subtract line 21 from line 20	15,297,620	15,113,950

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2020-03-10

LISA SCALES CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

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

Check if self-employed PTIN P01614571

Firm's name ▶ SCHNEIDER DOWNS & CO INC Firm's EIN ▶ 25-1408703

Firm's address ▶ ONE PPG PLACE SUITE 1700
PITTSBURGH, PA 15222 Phone no (412) 261-3644

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO FEED PEOPLE IN NEED AND MOBILIZE OUR COMMUNITY TO ELIMINATE HUNGER WE ACCOMPLISH THIS MISSION BY 1 SERVING AS A CENTRAL COLLECTION FACILITY FOR GROCERY PRODUCTS AND DISTRIBUTING THEM TO MEMBER AGENCIES SERVING THE NEEDY IN SOUTHWESTERN PENNSYLVANIA,2 INVOLVING THE COMMUNITY AS FOOD DONORS, VOLUNTEERS AND FINANCIAL SUPPORTERS OF THE FOOD BANK AND OUR MEMBER AGENCIES,3 WORKING COLLABORATIVELY WITH OTHERS ON PROGRAMS THAT EMPOWER THE NEEDY TO MEET THEIR OWN NUTRITIONAL NEEDS,4 COMMUNICATING THE NATURE OF AND SOLUTIONS TO THE PROBLEM OF HUNGER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? **Yes** **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? **Yes** **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 46,289,346 including grants of \$) (Revenue \$ 2,495,844)
See Additional Data

4b (Code) (Expenses \$ 2,129,744 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 2,023,307 including grants of \$ 14,676) (Revenue \$ 12,900)
See Additional Data

(Code) (Expenses \$ 617,331 including grants of \$) (Revenue \$)

COMMUNITY OUTREACH AND EDUCATION - FOCUSED ON CONNECTING THE PUBLIC TO THE MISSION OF THE FOOD BANK AND BRINGING ATTENTION TO ISSUES OF HUNGER AND POVERTY, WHILE EMPHASIZING THE VALUE OF COMMUNITY SERVICE OUR OUTREACH AND EDUCATION PROGRAMS INCLUDE * ADVOCACY THE FOOD BANK USES VARIOUS STRATEGIES TO MOBILIZE THE PUBLIC TO SPEAK OUT ABOUT THE IMPACT OF HUNGER ON INDIVIDUALS AND FAMILIES AND TO ENCOURAGE ELECTED OFFICIALS TO SUPPORT PUBLIC POLICIES THAT STRENGTHEN AND PROTECT IMPORTANT NUTRITION ASSISTANCE PROGRAMS THESE STRATEGIES INCLUDE THE USE OF SOCIAL MEDIA, SENDING ACTION ALERT EMAILS, ENCOURAGING INDIVIDUALS TO MEET IN PERSON WITH THEIR ELECTED OFFICIALS AND/OR STAFF, CALL-IN DAYS AND LETTER WRITING CAMPAIGNS * MARKETING AND COMMUNICATIONS UTILIZES MULTIPLE MEDIA PLATFORMS, AND STRATEGIES SPECIFIC TO EACH, TO ENHANCE BRAND AWARENESS OF THE FOOD BANK BY FOCUSING ON SELLING OUR MISSION THROUGH STORYTELLING AND TARGETED MARKETING INITIATIVES, THE FOOD BANK IS ABLE TO REACH ALL AUDIENCES, INCLUDING OUR DONORS AND CONSTITUENTS IN NEED OF OUR SERVICES * EDUCATION STAFF, BOARD MEMBERS AND VOLUNTEERS ENGAGE MEMBERS OF COMMUNITY GROUPS, SCHOOLS AND UNIVERSITIES, CONGREGATIONS, BUSINESSES AND OTHER AFFILIATIONS IN ACTIVITIES THAT RAISE AWARENESS ABOUT FOOD BANK'S MISSION TO FEED PEOPLE IN NEED AND MOBILIZE THE COMMUNITY TO ELIMINATE HUNGER VOLUNTEER PROGRAM THE FOOD BANK ENGAGES VOLUNTEERS FROM ALL SECTORS OF THE COMMUNITY INCLUDING CORPORATIONS, SCHOOL GROUPS, CHURCH GROUPS AS WELL AS THE PRIVATE SECTOR WHO PROVIDE CLERICAL SUPPORT, SORT AND PACKAGE FOOD DONATIONS, ASSIST WITH FOOD DISTRIBUTIONS, HELP WITH SNAP (FOOD STAMPS) APPLICATIONS, AS WELL AS SUPPORT EVENTS, THIRD PARTY FOOD/FUND DRIVES AND RESCUING FRESH FOOD FROM LOCAL FARMS THROUGHOUT 2018-2019, NEARLY 6,000 VOLUNTEERS CONTRIBUTED MORE THAN 53,000 HOURS TO SUPPORT THE FOOD BANK'S MISSION THESE HOURS ARE THE EQUIVALENT OF 25 FULL-TIME EMPLOYEES

4d Other program services (Describe in Schedule O)
(Expenses \$ 617,331 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 51,059,728

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	147		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>				3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b	
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	No
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	No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>				14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16	No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BART HUCHEL 1 NORTH LINDEN STREET DUQUESNE, PA 15110 (412) 460-3663

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, and Noncash contributions.

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Wholesale Food Program, Shared Maintenance Fees, Trucking Services, Membership Dues, and All other program service revenue.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Fundraising events, Gaming activities, and Sales of inventory.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,676	14,676		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	762,320	252,980	435,190	74,150
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	5,511,404	4,374,531	732,330	404,543
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	137,952	106,914	19,421	11,617
9 Other employee benefits	897,624	726,165	120,764	50,695
10 Payroll taxes	487,601	362,474	87,371	37,756
11 Fees for services (non-employees)				
a Management				
b Legal	7,141		7,141	
c Accounting	44,956		44,956	
d Lobbying	30,981	30,981		
e Professional fundraising services. See Part IV, line 17	459,181			459,181
f Investment management fees	39,084		39,084	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	510,258	249,146	120,183	140,929
12 Advertising and promotion	166,623	96,628	54,083	15,912
13 Office expenses	412,970	197,211	41,628	174,131
14 Information technology	429,244	320,047	53,778	55,419
15 Royalties				
16 Occupancy	303,336	293,968	6,353	3,015
17 Travel	140,340	83,934	41,345	15,061
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,547	65,438	17,578	2,531
20 Interest	24,294	24,178	82	34
21 Payments to affiliates	23,224	17,186	4,180	1,858
22 Depreciation, depletion, and amortization	753,111	718,459	23,496	11,156
23 Insurance	90,947	87,197	2,545	1,205
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTION	40,343,858	40,343,858		
b AGENCY SUPPORT	1,230,833	1,217,248	7,190	6,395
c PROGRAM SUPPLIES	958,909	948,262	5,025	5,622
d FREIGHT AND TRUCKING	441,101	440,753	163	185
e All other expenses	145,167	87,494	26,070	31,603
25 Total functional expenses. Add lines 1 through 24e	54,452,682	51,059,728	1,889,956	1,502,998
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,875,827	1	1,836,007
	2 Savings and temporary cash investments	1,150,320	2	1,701,373
	3 Pledges and grants receivable, net	432,560	3	1,464,165
	4 Accounts receivable, net	201,532	4	310,375
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,002,321	8	2,789,292
	9 Prepaid expenses and deferred charges	69,978	9	60,358
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 12,400,981		
	b Less accumulated depreciation	10b 7,506,770	4,733,737	10c 4,894,211
	11 Investments—publicly traded securities	5,117,194	11	6,218,420
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,583,469	16	19,274,201	
Liabilities	17 Accounts payable and accrued expenses	1,287,006	17	1,557,378
	18 Grants payable		18	
	19 Deferred revenue	916,468	19	1,687,071
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,082,375	25	915,802
	26 Total liabilities. Add lines 17 through 25	3,285,849	26	4,160,251
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,157,744	27	13,154,559
	28 Temporarily restricted net assets	1,139,876	28	1,959,391
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,297,620	33	15,113,950	
34 Total liabilities and net assets/fund balances	18,583,469	34	19,274,201	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,626,512
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,452,682
3	Revenue less expenses Subtract line 2 from line 1	3	-826,170
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,297,620
5	Net unrealized gains (losses) on investments	5	642,500
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	15,113,950

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 25-1420599

Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

Form 990 (2018)

Form 990, Part III, Line 4a:

FOOD DISTRIBUTION - SEE SCHEDULE O

Form 990, Part III, Line 4b:
COMMUNITY IMPACT - SEE SCHEDULE O

Form 990, Part III, Line 4c:

NETWORK OUTREACH - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARVA BROWN BOARD MEMBER	0 50	X						0	0	0
STEVE CARPENTER BOARD MEMBER	0 50	X						0	0	0
KENYOKEE CROWELL BOARD MEMBER (ENTERED 1/1/19)	0 30	X						0	0	0
ANNE FOULKES BOARD MEMBER	0 50	X						0	0	0
BILL FULLER BOARD MEMBER	0 50	X						0	0	0
JEROME GLOSTER BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
JAMES GROSJEAN BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
MIKE HAMBERG BOARD MEMBER	0 50	X						0	0	0
DR RODERICK L HARRIS BOARD MEMBER	0 50	X						0	0	0
REBECCA HAYWOOD BOARD MEMBER (ENTERED 1/1/19)	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IMOGENE HINES BOARD MEMBER	0 50	X						0	0	0
KEN JOHNSTON BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
JASON LAPINA BOARD MEMBER (ENTERED 1/1/19)	0 30	X						0	0	0
AMY LEWIS BOARD MEMBER	0 50	X						0	0	0
ED MCCALLISTER BOARD MEMBER	0 50	X						0	0	0
PATRICIA MCELLIGOTT BOARD MEMBER	0 50	X						0	0	0
GEORGE MCGRADY BOARD MEMBER	0 50	X						0	0	0
GARY MULHOLLAND BOARD MEMBER	0 50	X						0	0	0
MICHAEL MULLEN BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
JEAN RUSH BOARD MEMBER (EXITED 7/1/18)	0 30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVE SHARICK BOARD MEMBER	0 50	X						0	0	0
LAURA SOLLER BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
MEL STEALS BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
ED STEINMETZ BOARD MEMBER (EXITED 12/31/18)	0 30	X						0	0	0
REGINA VERCILLA BOARD MEMBER	0 50	X						0	0	0
DON ZIEGLER BOARD MEMBER	0 50	X						0	0	0
GREG ZOVKO BOARD MEMBER (ENTERED 1/1/19)	0 50	X						0	0	0
JOHN MCINTYRE BOARD CHAIR	1 00	X		X				0	0	0
ABASS KAMARA BOARD VICE CHAIR	1 00	X		X				0	0	0
SUZIE LACHUT SECRETARY	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANEL SKELLEY TREASURER	1 00	X		X				0	0	0
LISA SCALES PRESIDENT & CHIEF EXECUTIVE OFFICER	55 00			X				189,346	0	23,737
BART HUCHEL CHIEF FINANCIAL OFFICER	50 00			X				128,781	0	24,150
TRACI WEATHERFORD-BROWN CHIEF ADVANCEMENT OFFICER	50 00			X				127,541	0	27,718
JUSTIN LEE CHIEF OPERATIONS OFFICER	47 00			X				113,211	0	30,724
MARNIE SCHILKEN CHIEF IMPACT OFFICER	47 00			X				95,936	0	22,227
TAMARA KILGORE DIR OF MARKETING & COMM (EXITED 11/1/18)	47 00					X		105,989	0	12,560

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number

25-1420599

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	41,294,208	43,503,633	47,063,502	47,388,577	50,997,860	230,247,780
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,294,208	43,503,633	47,063,502	47,388,577	50,997,860	230,247,780
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29,366,462
6 Public support. Subtract line 5 from line 4						200,881,318

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	41,294,208	43,503,633	47,063,502	47,388,577	50,997,860	230,247,780
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84,588	86,048	81,309	61,304	160,484	473,733
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	175,722	201,691	90,361	134,127	69,522	671,423
11 Total support. Add lines 7 through 10						231,392,936
12 Gross receipts from related activities, etc (see instructions)					12	13,450,779

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.810 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	86.120 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 25-1420599

Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization GREATER PITTSBURGH COMMUNITY FOOD BANK	Employer identification number 25-1420599
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	24,785	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	6,196	
c	Total lobbying expenditures (add lines 1a and 1b)	30,981	
d	Other exempt purpose expenditures	54,477,052	
e	Total exempt purpose expenditures (add lines 1c and 1d)	54,508,033	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	20,865	26,509	23,742	30,981	102,097
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	16,692	18,556	18,994	24,785	79,027

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-A	SINCE ACTIONS AT ALL LEVELS OF GOVERNMENT AFFECT THE AMOUNT OF FOOD WE HAVE TO DISTRIBUTE AND THE DEMAND FOR OUR SERVICES, THE FOOD BANK ATTEMPTS TO EDUCATE ELECTED OFFICIALS REPRESENTING OUR SERVICE AREA ON THE IMPACTS OF THEIR DECISIONS ON THE PEOPLE WE SERVE WE DO THIS THROUGH MEETINGS WITH THE OFFICIALS AND/OR THEIR STAFF MEMBERS, SHARING INFORMATION AND, AT TIMES, FACILITATING COMMUNICATIONS BETWEEN OUR SUPPORTERS AND PUBLIC OFFICIALS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions	250,000				
c Net investment earnings, gains, and losses	18,000				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1,000				
g End of year balance	267,000				

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		332,699		332,699
b Buildings		7,616,956	5,461,430	2,155,526
c Leasehold improvements				
d Equipment		1,630,889	1,158,404	472,485
e Other		2,820,437	886,936	1,933,501
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,894,211

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE LIABILITY	915,802
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	915,802

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	54,410,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	642,500
b	Donated services and use of facilities	2b	125,474
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	55,351
e	Add lines 2a through 2d	2e	823,325
3	Subtract line 2e from line 1	3	53,587,428
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,084
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	39,084
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	53,626,512

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

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

1	Total expenses and losses per audited financial statements	1	54,594,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	125,474
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	55,351
e	Add lines 2a through 2d	2e	180,825
3	Subtract line 2e from line 1	3	54,413,598
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,084
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	39,084
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	54,452,682

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 25-1420599

Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOOD BANK'S ENDOWMENT CONSISTS OF A BOARD-DESIGNATED INVESTMENT FUND ESTABLISHED FOR PERPETUAL SUPPORT OF THE ORGANIZATION'S MISSION AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE FOOD BANK TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS INTERPRETATION OF RELEVANT LAW - THE FOOD BANK HAS ADOPTED A WRITTEN INVESTMENT POLICY THAT SPECIFICALLY RELATES TO THE ENDOWMENT FUNDS AND PERMITS THE BOARD TO ELECT A SPENDING RATE, HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT THE FOOD BANK CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO SET A SPENDING RATE 1 PROTECTING THE CORPUS OF THE ENDOWMENT FUND 2 PRESERVING THE SPENDING POWER OF THE ASSETS 3 OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIONAL CONSIDERATION 4 COMPLYING WITH APPLICABLE LAWS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOOD BANK IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE U S INTERNAL REVENUE CODE (IRC) AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509 OF THE IRC ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS RECORDED IN THE FINANCIAL STATEMENTS THE FOOD BANK'S STATEMENTS OF FINANCIAL POSITION AT JUNE 30, 2019 AND 2018 DO NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE FOOD BANK HAS NO UNRECOGNIZED TAX BENEFITS THE FOOD BANK'S POLICY IS TO RECORD INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE, IF INCURRED OR ASSESSED THE FOOD BANK IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2016

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 55,351

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 55,351

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ONE & ALL COMPANY 2 N LAKE AVE SUITE 600 PASADENA, CA 91101	DIRECT MAIL, STRATEGY & PLANNING		No	2,130,977	459,181	1,671,796
Total				2,130,977	459,181	1,671,796

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		EMPTY BOWLS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	96,857			96,857
	2 Less Contributions	65,466			65,466
	3 Gross income (line 1 minus line 2)	31,391			31,391
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	55,351			55,351
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				55,351
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-23,960

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART II, REPORTING FUNDRAISING REVENUE	GREATER PITTSBURGH COMMUNITY FOOD BANK'S FUNDRAISING EVENT GENERATED CONTRIBUTION AND QUID PRO QUO REVENUE IN ACCORDANCE WITH FORM 990, SCHEDULE G INSTRUCTIONS, CONTRIBUTION REVENUE RECEIVED IN CONNECTION WITH A FUNDRAISING EVENT IS SUBTRACTED FROM THE EVENT'S GROSS RECEIPTS AND REPORTED AS CONTRIBUTION REVENUE IN THE STATEMENT OF REVENUE THE BALANCE IS REFERRED TO AS GROSS INCOME ON SCHEDULE G, PART II, LINE 3 EXPENSES DIRECTLY CONNECTED WITH THE FUNDRAISING EVENT ARE SUBTRACTED FROM GROSS INCOME AND OFTEN CREATE THE MISTAKEN IMPRESSION THAT THE EVENT WAS NOT A FINANCIAL SUCCESS THE FOOD BANK BELIEVES THAT THE FOLLOWING IS A MORE ACCURATE PRESENTATION OF THE FINANCIAL RESULTS OF THE ORGANIZATION'S FUNDRAISING EVENT GROSS RECEIPTS \$96,857 LESS EXPENSES (\$55,351) NET FUNDRAISING REVENUE \$ 41,506

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

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER WASHINGTON FOOD BANK 909 NATIONAL PIKE ROAD BROWNSVILLE, PA 15417	23-2939247	501(C)(3)	8,426	0		N/A	SUPPORT FOR SNAP OUTREACH WORK
(2) LAWRENCE COUNTY SOCIAL SERVICES INC 241 W GRANT STREET NEW CASTLE, PA 16101	25-1445713	501(C)(3)	6,250	0		N/A	SUPPORT FOR SNAP OUTREACH WORK

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

3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
PART I, LINE 2	THE FOOD BANK WAS AWARDED GOVERNMENT GRANTS FOR THE SNAP OUTREACH PROGRAM THE FOOD BANK SUBCONTRACTED WITH TWO ORGANIZATIONS TO HELP WITH THE PROGRAM IN THEIR GEOGRAPHICAL AREAS THE ORGANIZATIONS BILL THE FOOD BANK FOR THEIR PORTION OF THE GRANT AND SUBMIT PROGRAM REPORTS THE SNAP TEAM OF THE FOOD BANK MONITORS THE WORK THEY ARE DOING AND REPORTS TO DEPARTMENT OF HUMAN SERVICES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	Yes			
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	<p>THE CHAIR OF THE BOARD ANNUALLY EVALUATES THE CEO OF THE ORGANIZATION. TO ASSIST THE CHAIR, SALARY RANGES AND DATA FROM OTHER COMPARABLE FOOD BANKS THROUGHOUT THE FEEDING AMERICA NETWORK AS WELL AS FROM WITHIN THE REGION'S HUMAN SERVICES NON-PROFIT COMMUNITY (BI-ANNUAL STUDY PROVIDED BY THE BAYER CENTER FOR NON-PROFIT MANAGEMENT) ARE UTILIZED. IN THE PRIOR FISCAL YEAR, AN INDEPENDENT CONTRACTOR COMPLETED A COMPENSATION STUDY FOR THE ENTIRE ORGANIZATION LOOKING AT ALL NON-PROFITS IN SOUTHWESTERN PENNSYLVANIA. THIS STUDY WAS ALSO USED TO DETERMINE THE BASE SALARIES FOR THE CEO AND OTHER OFFICERS OF THE ORGANIZATION. THE FULL BOARD WENT INTO EXECUTIVE SESSION AT THEIR SEPTEMBER 2019 MEETING TO REVIEW THE CEO'S PERFORMANCE AND DISCUSS AND DETERMINE THE FOOD BANK'S OFFICERS COMPENSATION FOR FISCAL YEAR 2019.</p>

Return Reference	Explanation
PART I, LINE 5	THE CEO RECEIVED A BONUS OF \$22,350 BASED ON ACHIEVED STRATEGIC OBJECTIVES (1) REVENUE AND AWARENESS, AND (2) ORGANIZATIONAL STRATEGIES AND OBJECTIVES THIS BONUS REFLECTS CALENDAR YEAR 2018

Return Reference	Explanation
PART I, LINE 7	THE FOLLOWING INDIVIDUALS RECEIVED A NON-FIXED BONUS IN CALENDAR YEAR 2018 TRACI WEATHFORD-BROWN - \$10,000 JUSTIN LEE - \$10,000 MARNIE SCHILKIN - \$10,000 LISA SCALES - \$22,350 BART HUCHEL - \$10,000

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II	COMPENSATION INFORMATION REFLECTED IN PART II IS BASED ON CALENDAR YEAR 2018 INFORMATION



Schedule J (Form 990) 2018

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	374,130	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	624	28,883,898	AVG WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CARDS)	X	20	0	
26 Other ▶ (TICKETS / PASSES)	X	2	0	
27 Other ▶ (MISCELLANEOUS)	X	15	0	
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION CALCULATES DONATED FOOD IN A MEASUREMENT OF WEIGHT DURING THE FISCAL YEAR, THE ORGANIZATION RECEIVED APPROXIMATELY 18,412,499 POUNDS OF VARIOUS FOOD ITEMS THE AMOUNTS RECORDED IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTORS

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

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number

25-1420599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	DURING THIS FISCAL YEAR, THE FOOD BANK TOOK THE MAJOR STEP OF BECOMING A SPONSOR FOR TWO PROGRAMS THE CHILD & ADULT CARE FOOD PROGRAM (CACFP) AND SUMMER FOODS SERVICE PROGRAM (SFSP) THE FOOD BANK TOOK ON THIS ROLE WHEN ONE OF THE LARGEST SPONSORS IN ALLEGHENY COUNTY (AND PENNSYLVANIA AS A WHOLE) WITHDREW THE FOOD BANK WAS UNIQUELY QUALIFIED TO STEP IN AS A MAJOR SPONSOR OUR CHILD NUTRITION STAFF HAVE A DEEP UNDERSTANDING OF HIGHLY-REGULATED GOVERNMENT PROGRAMS AND THE NECESSARY COMPLIANCE ISSUES AS THEIR SPONSOR, THE FOOD BANK IS RESPONSIBLE FOR ALL ASPECTS OF FOOD PROCUREMENT AND DELIVERY AND FOR THE ADMINISTRATIVE REPORTING TO THE STATE BECAUSE THE FOOD BANK IS FOCUSED ON PROVIDING MEALS, OUR PARTNER PROGRAMS ARE ABLE TO FOCUS THEIR EFFORTS ON PROGRAMMING INSTEAD OF FOOD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>FOOD DISTRIBUTIONS PROGRAM - THROUGH THE REGULAR FOOD DISTRIBUTION PROGRAM, THE FOOD BANK ACCEPTS GOVERNMENT COMMODITIES, PRODUCE, FOOD AND NONFOOD GROCERY PRODUCTS DONATED BY BOTH NATIONAL AND LOCAL FOOD MANUFACTURERS AND DISTRIBUTORS, AS WELL AS CONCERNED COMMUNITY INDIVIDUALS WHO CONDUCT LOCAL FOOD DRIVES IN ADDITION TO THE GOVERNMENT COMMODITIES AND DONATED PRODUCT, THE FOOD BANK PURCHASED 25 PERCENT OF THE FOOD IT RECEIVED IN FISCAL YEAR 2019. ADDITIONALLY AGENCIES HAVE THE OPTION TO PURCHASE PRODUCTS FROM THE FOOD BANK'S WHOLESALERE BUYING PROGRAM THROUGH THE EFFORTS OF THE FOOD BANK'S OPERATIONS, APPROXIMATELY 32,000,000 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW-INCOME INDIVIDUALS AND FAMILIES THROUGH ITS NETWORK OF 367 AGENCIES, PARTNERS AND PROGRAMS DURING FISCAL YEAR 2019. MORE THAN 12,500,000 POUNDS OF THAT PRODUCT WAS DISTRIBUTED IN OUR REGIONAL AREA OUTSIDE OF ALLEGHENY COUNTY. OUR SOURCING AND DISTRIBUTION PROGRAMS DEPARTMENT IS RESPONSIBLE FOR PROCUREMENT OF FOOD AND GROCERY ITEMS, AS WELL AS A NUMBER OF FOOD DISTRIBUTION PROGRAMS. KEY PROGRAMS ARE LISTED BELOW:</p> <ul style="list-style-type: none"> * PRODUCE TO PEOPLE: ESTABLISHED IN 2005 TO DISTRIBUTE PRODUCE, PERISHABLE FOOD, AND OTHER GROCERY ITEMS DIRECTLY TO PEOPLE IN NEIGHBORHOODS OF HIGH NEED. THIS PROGRAM ALSO HELPS TO IMPROVE FRESH PRODUCE ACCESS IN AREAS WHERE PANTRIES MAY HAVE LIMITED RESOURCES TO STORE AND DISTRIBUTE FRESH FOOD. IN FISCAL YEAR 2019, PRODUCE TO PEOPLE DISTRIBUTED 3.7 MILLION POUNDS OF FOOD TO A HOUSEHOLD IN NEED 89,994 TIMES, THROUGH 18 SITES IN EIGHT COUNTIES. THE PRODUCT DISTRIBUTED WAS 79% FRESH PRODUCE. * THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP): USDA PROGRAM BENEFITING AT-NEED SENIORS. IN FISCAL YEAR 2019 CSFP DISTRIBUTED SENIOR BOXES TO AN AVERAGE OF 5,710 SENIOR CITIZENS EACH MONTH IN ALLEGHENY, ARMSTRONG, BEAVER, GREENE, LAWRENCE AND SOMERSET COUNTIES, WITH OVER 8000 SENIORS REGISTERED TO PARTICIPATE AND AS MANY AS 6000 SENIORS RECEIVING CSFP COMMODITIES IN A GIVEN MONTH. * THE COMMUNITY TABLE PROGRAM (CT): PAIRS LOCAL RESTAURANTS, CATERERS, FOOD SERVICE COMPANIES AND LARGE VENUES WITH THE FOOD BANK'S ON-SITE AGENCIES. CHEFS CAN PROVIDE MEALS FROM EXCESS FOOD OR PREPARE MEALS SPECIFICALLY FOR THE AGENCIES. IN FY 2018-19, NEARLY 141,000 MEALS WERE DISTRIBUTED THROUGH COMMUNITY TABLE. * THE RETAIL STORE DONATION PROGRAM: CURRENTLY INCLUDES 331 RETAIL STORES THROUGHOUT OUR 11 COUNTY SERVICE AREA. DONATIONS CONSIST OF MEAT, BAKERY, DAIRY, PRODUCE AND DRY GOODS. 90% PERCENT OF OUR RETAIL STORES ARE MATCHED DIRECTLY WITH ONE OF OUR MEMBER AGENCIES, PARTNERS OR PROGRAMS, WHICH INCREASES THE SHELF LIFE, QUALITY AND QUANTITY OF PRODUCT RECEIVED. THE REMAINING DONATIONS ARE RETURNED TO THE FOOD BANK AND REDISTRIBUTED TO AGENCIES UNABLE TO MAKE DIRECT PICKUPS. IN FISCAL YEAR 2019, OUR RETAIL STORE DONATIONS PROVIDED 7,300,000 MEALS TO THE INDIVIDUALS WE SERVE. * GREEN GROCER: A "FARMERS MARKET ON WHEELS," GREEN GROCER SELLS FRESH FRUITS AND VEGETABLES, AS WELL AS DAIRY ITEMS, EGGS,

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<p>FORM 990, PART III, LINE 4A</p>	<p>MEAT, AND MORE IN AREAS WITH LOW INCOME AND LOW ACCESS TO FRESH FOODS--SO CALLED "FOOD DESERTS" IN FISCAL YEAR 2019, GREEN GROCER SOLD \$77,523 WORTH OF FOOD, WITH 21% OF THOSE SALES AS SNAP/EBT TRANSACTIONS, AND 6% OF TRANSACTIONS PAYING WITH FARMERS MARKET NUTRITION PROGRAM VOUCHERS * FRESH PRODUCE EXPANSION INITIATIVE BY DEVELOPING A DEMAND-BASED ALLOCATION MODEL (ADVANCE CHOICE) FOR MEMBER AGENCIES AND PROGRAMS, WE HAVE BEEN ABLE TO PROCURE AND DISTRIBUTE PRODUCE IN THE QUANTITIES AND KINDS DESIRED BY OUR NETWORK IN A MANNER MUCH MORE "JUST IN TIME" THAN OUR TRADITIONAL AGENCY PULL METHOD IN ADDITION TO OUR LOCAL FARM DONORS, THE FOOD BANK WORKS WITH PRODUCE DISTRIBUTORS, WHOLESALERS, AND OTHER FOOD BANKS AND PRODUCE BROKERS AT THE LOCAL, REGIONAL AND NATIONAL LEVEL TO PROCURE PRODUCE DONATIONS THE FOOD BANK FREQUENTLY BEARS LABOR AND PACKAGING COSTS ASSOCIATED WITH THESE DONATIONS THE FOOD BANK ALSO WORKS TO SECURE TRAINING AND INFRASTRUCTURE GRANTS FOR OUR MEMBER AGENCIES TO HELP FACILITATE DISTRIBUTION OF FRESH FOODS BECAUSE OF THIS CONCERTED WORK, FISCAL YEAR 2019 REALIZED A GAIN OF NEARLY 850,000 POUNDS OF FRESH FRUIT AND VEGETABLES DISTRIBUTED TO PEOPLE IN NEED, FOR A TOTAL OF OVER 10 MILLION POUNDS IN FISCAL YEAR 2019, 32 PERCENT OF PRODUCT DISTRIBUTED WAS FRESH PRODUCE * LOCAL FARM DONATIONS LOCAL FARMS DONATE EXCESS AND SECONDS TO THE FOOD BANK THROUGHOUT THE GROWING SEASON THROUGH FARM PICK-UPS OR BY DONATING AT THE END OF A FARMERS' MARKET DIRECTLY TO A MEMBER AGENCY THROUGH THE FARMERS' MARKET CONNECTION PROGRAM ADDITIONALLY, WHEN FARMERS HAVE FINISHED THEIR HARVESTING, THE GLEANING PROGRAM ORGANIZES VOLUNTEERS TO HARVEST THE EXCESS LARGE SCALE GROWERS ALSO PICK AND PACK PRODUCE FOR DONATION TO THE FOOD BANK AND THE GROWER IS REIMBURSED FOR LABOR AND PACKAGING COSTS ASSOCIATED WITH THE DONATION IN FISCAL YEAR 2019, 391,625 POUNDS OF EXCESS PRODUCE WERE SOURCED FROM LOCAL FARMS LEVERAGING FUNDS FROM THE PA AGRICULTURAL SUPPLEMENTAL SYSTEM (PASS) NEARLY 748,000 POUNDS OF FRESH PRODUCE CAME TO THE FOOD BANK IN FISCAL YEAR 2019 THROUGH LOCAL FARMING CONNECTIONS * REPACK PROGRAM OUR REPACK CENTER, WHICH IS LOCATED IN OUR FACILITY, MAKES A VARIETY OF PRODUCTS CONSUMER FRIENDLY WHILE ENGAGING THE COMMUNITY USING VOLUNTEERS THE PRODUCTS, INCLUDING FRESH PRODUCE, FROZEN MEATS AND OTHER GROCERY ITEMS ARE THEN DISTRIBUTED TO FAMILIES VIA OUR DIRECT DISTRIBUTIONS AS WELL AS TO OUR MEMBER NETWORK WHO THEN UTILIZES THEM IN THEIR FEEDING PROGRAMS OR DISTRIBUTES THEM TO THE FAMILIES THAT THEY SERVE THE REPACK CENTER PROCESSES AN AVERAGE OF 461,000 POUNDS PER MONTH FOOD IS DISTRIBUTED TO PEOPLE IN NEED, WHILE AT THE SAME TIME DIVERSE POPULATIONS ARE BROUGHT TOGETHER, EMPHASIZING THE IMPORTANCE AND RELEVANCE OF COMMUNITY SERVICE OUR HEALTH AND WELLNESS AREA PROVIDES FOOD AND NUTRITION RESOURCES, EDUCATION, AND INTERVENTIONS TO HELP THOSE WE SERVE PREVENT AND MANAGE DIET-RELATED DISEASE TO STABILIZE THEIR LIVES HEALTH AND WELLNE</p>

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FORM 990, PART III, LINE 4A	<p>SS INITIATIVES ARE * CHOOSING HEALTHY OPTIONS PROGRAM (CHOP) CHOP IS A FOOD RANKING SYSTEM BASED ON THE NUTRIENT-RICH FOOD INDEX THAT WAS DEVELOPED BY GPCFB IN 2001 THE SYSTEM IS DESIGNED TO PROMOTE THE SOURCING AND DISTRIBUTION OF HEALTHY FOOD CHOP ALLOWS OUR SOURCING TEAM TO EVALUATE POTENTIAL PURCHASES AND FOR AGENCIES AND PARTNER DISTRIBUTION STAFF TO CHOOSE HEALTHIER OPTIONS FOR THEIR CLIENTS THE CHOP SYSTEM HAS BEEN ADOPTED BY MANY OTHER FOOD BANKS IN THE FEEDING AMERICA NETWORK IN FISCAL YEAR 2019, THE HEALTH AND WELLNESS TEAM UPDATED THE RANKING SYSTEM TO REFLECT CHANGES TO THE NUTRITION FACTS LABEL THE TEAM IS ACTIVELY WORKING WITH THE PARTNERSHIP FOR A HEALTHIER AMERICA TO ADOPT AND IMPLEMENT UPC SCANNING TECHNOLOGY TO INCREASE THE NUMBER OF FOODS ON OUR INVENTORY THAT RECEIVE A NUTRITION RANKING * PROMOTING HEALTH AT FOOD PANTRIES THE FOOD BANK'S NUTRITION AND WELLNESS COORDINATOR WORKS CLOSELY WITH OUR FOOD BANK'S PARTNER AGENCIES TO EDUCATE PANTRY COORDINATORS AND VOLUNTEERS ABOUT PROMOTING HEALTHY OPTIONS IN THE FOOD PANTRY SETTING THIS OUTREACH INCLUDES RESOURCES AND TECHNICAL SUPPORT FOR THE IMPLEMENTATION OF NUDGING AND BEHAVIORAL ECONOMICS STRATEGIES TO INCREASE CLIENT DEMAND FOR HEALTHIER FOOD ADDITIONALLY, THE FOOD BANK IS WORKING WITH FEEDING PENNSYLVANIA AND THE PENNSYLVANIA DEPARTMENT OF HEALTH TO IMPLEMENT THE HEALTHY PANTRY INITIATIVE, WHICH PROVIDES ADDITIONAL SUPPORT AND FUNDING FOR THE IMPLEMENTATION OF NUDGING AND OTHER HEALTH PROMOTION STRATEGIES * THE COOKING AND NUTRITION (CAN) NEWSLETTER THIS NEWSLETTER IS DISTRIBUTED TO EVERY PANTRY CLIENT IN ALLEGHENY COUNTY AND PANTRY CLIENTS IN OUR REGIONAL COUNTIES THESE MONTHLY NEWSLETTERS ARE DESIGNED IN-HOUSE AND FEATURE CONTENT DEVELOPED BY FOOD BANK STAFF WITH OVER 300,000 NEWSLETTERS DISTRIBUTED IN FISCAL YEAR 2019, CAN IS THE PRIMARY METHOD BY WHICH WE PROVIDE NUTRITION INFORMATION TO PANTRY CLIENTS ABOUT THE FOODS THAT THEY RECEIVE EACH ISSUE PROVIDES GENERAL PUBLIC HEALTH AND NUTRITION INFORMATION AND COOKING TIPS AND RECIPES USING OUR COMMON FOOD BANK PRODUCTS * SENIOR BOX NEWSLETTER THE SENIOR NEWSLETTER IS WRITTEN TO COMPLEMENT THE SENIOR BOXES DISTRIBUTED THROUGH THE CSFP PROGRAM EACH ISSUE FEATURES EASY-TO-PREPARE RECIPES BASED ON THE FOOD PROVIDED IN THE BOX RECIPES ARE WRITTEN WITH SENIORS' PREFERENCES AND NUTRITION NEEDS IN MIND AND ARE DESIGNED FOR ONE OR TWO PERSON HOUSEHOLDS THE NEWSLETTER ALSO INCLUDES HEALTH INFORMATION TAILORED TO THE SENIOR POPULATION EACH OF THE CSFP SENIOR BOXES PACKED AT GREATER PITTSBURGH COMMUNITY FOOD BANK INCLUDES A COPY OF THE SENIOR BOX NEWSLETTER, AS WELL AS THE CAN NEWSLETTER</p>

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<p>FORM 990, PART III, LINE 4A (CONT)</p>	<p>* RECIPE CARDS FOOD BANK RECIPE CARDS OFFER OUR CLIENTS BASIC COOKING TIPS AND RECIPE ADV ICE FOR THE HEALTHY PREPARATION OF THE FOODS DISTRIBUTED THROUGH OUR NETWORK THEY ARE DEV ELOPED AND DESIGNED TO BE USER-FRIENDLY FOR LOW VISION, LOW LITERACY AND ENGLISH AS SECOND LANGUAGE CLIENTS THE RECIPE CARDS REFLECT THE MOST RECENT NUTRITION GUIDELINES AND REFLE CT THE HEALTH NEEDS OF THE CLIENTS WE SERVE EACH RECIPE IS DEVELOPED AND TESTED BY A NUTR ITIONIST AT THE FOOD BANK EVERY RECIPE INCLUDES NINE OR FEWER INGREDIENTS, USES BASIC KIT CHEN UTENSILS AND EQUIPMENT AND HIGHLIGHTS THE HEALTHY FOODS WE DISTRIBUTE, INCLUDING GOVE RNMENT COMMODITIES OUR RECIPE CARDS FEATURE "NUTRITION BADGES" THAT HIGHLIGHT THE HEALTH BENEFITS OF EVERY RECIPE INCLUDING HEART-HEALTHY, DIABETES-FRIENDLY, VEGETARIAN AND GLUTEN -FREE IN FISCAL YEAR 2019, 90 PERCENT OF THE RECIPE CARDS DEVELOPED BY THE FOOD BANK WERE HEART-HEALTHY AND DIABETES-FRIENDLY, MEETING AND EXCEEDING THE DIETARY RECOMMENDATIONS OF THE AMERICAN HEART ASSOCIATION AND THE AMERICAN DIABETES ASSOCIATION RECIPE CARDS ARE AV AILABLE AT NO COST ON THE FOOD BANK'S INVENTORY IN FY19, OUR PARTNER AGENCIES AND DISTRIB UTION PROGRAMS ORDERED MORE THAN 300,000 RECIPE CARDS IN ADDITION, OUR RECIPES AND RECIPE CARDS ARE ALSO MADE AVAILABLE TO FOOD BANKS ACROSS THE COUNTRY TO PRINT AND DISTRIBUTE TO THEIR CLIENTS AND OTHER NONPROFIT ORGANIZATIONS, INCLUDING FEEDING PENNSYLVANIA'S HEALTHY PANTRY INITIATIVE * HEALTHCARE PARTNERSHIPS FOOD INSECURITY AND HEALTH OUTCOMES ARE CLO SELY RELATED, AND INDIVIDUALS EXPERIENCING FOOD INSECURITY ARE AT AN INCREASED RISK FOR DE VELOPING NUTRITION-RELATED DISEASES THE FOOD BANK PARTNERS WITH HEALTHCARE PROVIDERS TO A SSESS AND ADDRESS FOOD INSECURITY AMONG PATIENT POPULATIONS THE HEALTHCARE AND FOOD ACCES S INNOVATIONS SUPERVISOR COLLABORATES WITH HEALTHCARE PROVIDERS AND ENTITIES TO INCREASE A WARENESS OF FOOD ASSISTANCE RESOURCES AND TO DEVELOP STRATEGIC INTERVENTIONS AT THE CLINIC AL POINT OF CARE TO ADDRESS FOOD INSECURITY THESE INTERVENTIONS INCLUDE SCREENING FOR FOO D INSECURITY AND REFERRING PATIENTS TO THE FOOD BANK'S FOOD ASSISTANCE PROGRAMS, PROVIDING EMERGENCY FOOD AT THE CLINICAL POINT OF CARE THROUGH THE THRIVE BOX PROGRAM, AND COLLABOR ATING TO DEVELOP A HEALTHY FOOD CENTER CO-LOCATED WITH CLINICAL CARE * THRIVE BOX PROGRAM THE FOOD BANK DESIGNS, SOURCES, AND BUILDS PRE-PACKED FOOD BOXES THAT ALIGN WITH THE DIE TARY GUIDELINES FOR AMERICANS WE PARTNER WITH HEALTHCARE PROVIDERS AND COMMUNITY-BASED OR GANIZATIONS TO DISTRIBUTE THE THRIVE BOXES DIRECTLY TO FOOD INSECURE INDIVIDUALS IN FISCA L YEAR 2019, THE FOOD BANK DISTRIBUTED 23,742 MEALS THROUGH THE THRIVE BOX PROGRAM FOOD S AFETY FOR FOOD PANTRIES WE RELY ON A NETWORK 367 AGENCIES, PARTNERS AND PROGRAMS TO DISTRIBUTE GROCERIES TO PEOPLE IN NEED IN ORDER TO MITIGATE RISK ASSOCIATED WITH THIS VOLUNTEE R-DRIVEN FOOD DISTRIBUTION NETWORK, WE PROVIDE TRAINING TO ALL PANTRIES THAT DISTRIBUTE GR OCERIES DIRECTLY TO CONSUMERS</p>

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FORM 990, PART III, LINE 4A (CONT)	THESE CLASSES SPECIFICALLY ADDRESS ISSUES RELATED TO AVOIDING TIME/TEMPERATURE ABUSE AND CROSS-CONTAMINATION THEY ADDRESS A NEED FOR FOOD SAFETY TRAINING THAT SPEAKS TO WHAT OUR PANTRIES EXPERIENCE AND IS GEARED TOWARD EFFECTIVE DISTRIBUTION OF GROCERIES AGENCIES PREPARING OR SERVING FOOD TO CLIENTS RECEIVE RESTAURANT-LEVEL CERTIFICATION IN SAFE PREPARATION TECHNIQUES DURING THE COURSE OF FISCAL YEAR 2019, 30 PEOPLE TOOK THE SERVSERVE TEST THROUGH ALLEGHENY COUNTY HEALTH DEPARTMENT AND 366 INDIVIDUALS TOOK THE PANTRY TEST ADMINISTERED BY THE FOOD BANK

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FORM 990, PART III, LINE 4B	<p>COMMUNITY IMPACT DEPARTMENT - CREATED TO BRING TOGETHER WORK AREAS NOT TRADITIONALLY ASSOCIATED WITH FOOD DISTRIBUTION BUT WHICH (1) OFFER ACCESS TO FOOD ASSISTANCE PROGRAMS (FOOD SECURITY PARTNERSHIP AREA), (2) REFINE THE WAY WE SOURCE AND DISTRIBUTE HIGH-QUALITY, HEALTHY FOODS (HEALTH AND WELLNESS AREA), AND (3) ARE POSITIONED TO MONITOR AND EVALUATE THE SUCCESS OF OTHER FOOD BANK PROGRAMS AND ACTIVITIES IN GENERAL (EVALUATION AND DECISION SUPPORT AREA) THE FOOD SECURITY PARTNERSHIP AREA PRIMARILY FOCUSES ON INCREASING UTILIZATION OF SNAP, SCHOOL MEALS, THE SUMMER FOOD SERVICE PROGRAM (SFSP) AND THE CHILD AND ADULT CARE FEEDING PROGRAM (CACFP) THE STRATEGY BEHIND THIS WORK INVOLVES ENGAGING PARTNER ORGANIZATIONS FROM A VARIETY OF SECTORS (E G NONPROFIT, FOR-PROFIT, GOVERNMENT, EDUCATION, AND FAITH-BASED) TO REACH OUT TO THE PEOPLE THEY ALREADY SERVE TO PROMOTE FOOD ASSISTANCE RESOURCES, PROVIDE INFORMATION, ENCOURAGE THE SUPPORT OF FOOD ASSISTANCE PROGRAMS, AND PARTICIPATE IN COLLABORATIONS BETWEEN THE SECTORS AS A RESULT, THE SNAP AREA PROVIDED SUPPORT TO MORE THAN 1,000 INDIVIDUALS IN 8 COUNTIES CONVERTING INTO OVER 1,687,000 MEALS IN ADDITION, THE SFSP AREA ACTED AS THE SPONSOR IN ALLEGHENY COUNTY WITH 72 SITES AND DID OUTREACH IN OUR OTHER 10 COUNTIES RESULTING IN MORE THAN 1,070,000 MEALS FINALLY, THE CACFP AREA HANDLED 38 CACFP SITES IN ALLEGHENY COUNTY, RESULTING IN MORE THAN 191,500 MEALS THE PARTNERSHIP CONTINUES TO WORK WITH A STATEWIDE TASK FORCE TO REACH THE GOAL SET IN THE GOVERNOR'S FOOD SECURITY PARTNERSHIP WHICH IS TO HAVE 60% OF CHILDREN WHO EAT SCHOOL LUNCH ALSO EAT SCHOOL BREAKFAST THE EVALUATION AND DECISION SUPPORT (EDS) AREA CONTINUED TO EVALUATE THE FOOD BANK'S PROGRAMS AND ACTIVITIES, USING QUANTITATIVE AND QUALITATIVE DATA TO ASSESS FOOD BANK ACCOMPLISHMENTS AND MONITOR PROGRESS ON OBJECTIVES AND PRIORITIES COORDINATORS FROM THIS EDS AREA FOCUSED IN ON THREE NORTHERN COUNTIES (BEAVER, BUTLER AND LAWRENCE) TO CARRY OUT SPECIAL FOCUS GROUPS AND LISTENING CAMPAIGNS WITH YOUNG ADULTS WHO MAY BE USING OR ALSO UNAWARE OF HOW TO USE FOOD BANK SERVICES THE RESULTS WILL BE STUDIED ACROSS THE ORGANIZATION TO ADAPT OR ALTER PROGRAMMING AS NEEDED THE HEALTH AND WELLNESS AREA AND ITS ACCOMPLISHMENTS ARE DESCRIBED MORE FULLY IN THE FOOD DISTRIBUTION SECTION OF THIS REPORT</p>

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FORM 990, PART III, LINE 4C	<p>NETWORK OUTREACH PROGRAM - THE OUTREACH TO OUR NETWORK OF FOOD ASSISTANCE PROGRAMS FOCUSES ON PROVIDING QUALITY PRODUCT, SERVICE AND EQUAL ACCESS TO FOOD ASSISTANCE TO ELIGIBLE PEOPLE IN NEED WITHIN OUR 11-COUNTY SERVICE AREA. IN ADDITION TO THE OUTREACH EFFORTS, THE NETWORK DEVELOPMENT TEAM IS CHARGED WITH THE DEVELOPMENT AND MAINTENANCE OF THE FOOD BANK'S NETWORK OF 367 AGENCIES, PARTNERS AND PROGRAMS THAT SERVE AS EMERGENCY OR REGULAR FOOD DISTRIBUTION CENTERS, AFTER SCHOOL PROGRAM SITES AND ON-SITE FEEDING PROGRAMS. THIS TEAM MONITORS AGENCIES FOR COMPLIANCE WITH CLIENT INCOME GUIDELINES, SAFE FOOD HANDLING, FACILITY STORAGE AND SAFETY, PARTICIPATORY REQUIREMENTS FOR FEDERALLY-FUNDED MEAL AND SNACK PROGRAMS, ORDERING AND DISTRIBUTING FOOD AND REPORTING REQUIREMENTS. THE FOOD BANK ALSO SECURES DONATIONS TO HELP MEMBER AGENCIES OBTAIN OR UPGRADE EQUIPMENT LIKE REFRIGERATORS, SHELVING, COMPUTERS AND PRINTERS. WE BUILD THE CAPACITY OF MEMBER AGENCIES BY PROVIDING TRAININGS, WORKSHOPS, AN ANNUAL PROFESSIONAL DEVELOPMENT CONFERENCE, AND INFORMATION ABOUT ADDITIONAL COMMUNITY RESOURCES THAT MAY PROVIDE ASSISTANCE TO THE CLIENTS THEY SERVE. SOME OF THE HIGHLIGHTS INCLUDE PARTNERSHIPS WITH DIFFERENT COMMUNITY ENTITIES TO BRING FOOD ASSISTANCE TO THE PUBLIC IN A TARGETED WAY. WE HAVE EXPANDED OUR YOUTH PROGRAMMING BY COLLABORATING WITH SEVERAL NEW SCHOOL DISTRICTS TO PROVIDE WEEKEND MEALS AND SNACKS TO STUDENTS IN NEED. THIS IS OUR BACKPACK PROGRAM. WE HAVE A STAFF MEMBER WHOSE FOCUS IS YOUTH PROGRAMS AND SHE HAS WORKED DILIGENTLY TO EXPAND OUR INVENTORY OFFERING AND PARTICIPANTS IN THIS PROGRAM. THERE ARE NOW 74 DIFFERENT SITES THAT DISTRIBUTE BACKPACKS ON A WEEKLY OR BI-WEEKLY BASIS. WE ARE WORKING WITH THREE AREA HIGH SCHOOLS TO LAUNCH ON-SITE PANTRIES IN THE 2020-2021 SCHOOL YEAR. IN ADDITION TO THE YOUTH PROGRAMS, WE ARE WORKING WITH OUR AGENCY NETWORK TO PROVIDE ADDITIONAL PRODUCE TO THE PEOPLE WE SERVE. MANY OF OUR AGENCIES ARE HOLDING ADDITIONAL PRODUCE-ONLY DISTRIBUTIONS OR OFFERING MORE PRODUCE AT THEIR REGULAR DISTRIBUTIONS. WE PLAN TO CONTINUE OUR CAPACITY-BUILDING EFFORTS IN ORDER TO BROADEN OUR REACH TO ALL THE PEOPLE WHO SEEK OUR ASSISTANCE. THE NETWORK DEVELOPMENT TEAM WORKS TO STRENGTHEN AND BETTER USE OUR ESTABLISHED PARTNER DISTRIBUTION ORGANIZATIONS (PDOS) AND REDISTRIBUTION ORGANIZATIONS (RDOS) IN BOTH THE URBAN AND 10 RURAL COUNTIES OF OUR SERVICE AREA. THE PDOS AND RDOS INCLUDE SMALLER FOOD BANKS AND PROGRAMS LOCATED IN ALLEGHENY, WASHINGTON AND GREENE COUNTIES, THE COMMUNITY ACTION AGENCIES IN ARMSTRONG, FAYETTE AND INDIANA COUNTIES, A SALVATION ARMY BRANCH IN BEAVER COUNTY AND A SMALL FOOD BANK IN CAMBRIA COUNTY THAT SERVES CAMBRIA AND SOMERSET COUNTIES. WE HELP EACH PARTNER BUILD ITS OWN CAPACITY BY PROVIDING TECHNICAL ASSISTANCE, ACCESS TO RESOURCES AND TRAINING MODELS FOR STAFF/VOLUNTEERS ON:</p> <ul style="list-style-type: none"> * ESTABLISHING AND OPERATING AN EFFICIENT FOOD DISTRIBUTION SYSTEM * MANAGING REQUIRED CLIENT AND INCOME DOCUMENTATION PAPERWORK * REC

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FORM 990, PART III, LINE 4C	RUITING AND RETAINING VOLUNTEERS * IMPROVING INFRASTRUCTURE * BOARD DEVELOPMENT * BUILDING A DONOR BASE THROUGH DIRECT MAIL AND OTHER FUNDRAISING ACTIVITIES BY LEADING A COMPREHENSIVE, EFFECTIVE, AND COMMUNITY-DRIVEN EFFORT, THE FOOD BANK WILL ACHIEVE NOT ONLY ITS STATE D ORGANIZATIONAL OBJECTIVES, BUT WILL ALSO HELP PROVIDE STABILITY OF OUR NEIGHBORHOODS AND THE LONG-TERM WELL-BEING OF COMMUNITIES THE FOOD BANK WILL BE BETTER POSITIONED TO TARGET T RESOURCES WHERE THEY WILL BE MOST EFFECTIVE AND HAVE AN ESTABLISHED NETWORK OF COMMUNITY ADVOCATES AND ACTIVISTS FOCUSED ON ELIMINATING HUNGER IN OUR REGION

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FORM 990, PART VI, SECTION A, LINE 1	THE BOARD OF DIRECTORS SHALL APPOINT AN EXECUTIVE COMMITTEE TO CONSIST OF THE BOARD CHAIR, THE EXECUTIVE OFFICERS, THE IMMEDIATE PAST BOARD CHAIR AND TWO AT-LARGE COMMITTEE MEMBERS APPOINTED BY THE EXECUTIVE COMMITTEE THE IMMEDIATE PAST BOARD CHAIR AND THE TWO AT-LARGE COMMITTEE MEMBERS SHALL SERVE AS MEMBERS OF THE EXECUTIVE COMMITTEE FOR A TERM OF ONE YEAR, PROVIDED, HOWEVER, THAT SUCH INDIVIDUALS MAY BE ELECTED FOR AN ADDITIONAL ONE YEAR TERM EXCEPT AS MAY BE OTHERWISE PROVIDED IN THE RESOLUTION DESIGNATING SUCH COMMITTEE, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, ALL OF THE POWERS OF THE BOARD OF DIRECTORS EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER TO AMEND OR REPEAL THE BYLAWS OR TO ADOPT NEW BYLAWS, TO FILL VACANCIES IN, CHANGE THE NUMBER OF, OR REMOVE MEMBERS OF THE BOARD OF DIRECTORS, OR TO DISSOLVE, REMOVE MEMBERS OR CHANGE THE NUMBER OF MEMBERS OF, THE EXECUTIVE COMMITTEE, OR TO AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF DIRECTORS WHICH BY ITS TERMS SHALL NOT BE AMENDABLE OR REPEALABLE IT SHALL BE THE DUTY OF THE EXECUTIVE COMMITTEE TO SUPERVISE THE OPERATIONS OF THE FOOD BANK BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE SHALL ANNUALLY REVIEW, USING COMPARATIVE DATA, AND APPROVE COMPENSATION FOR THE PRESIDENT, THE OFFICERS AND THE KEY EMPLOYEES OF THE FOOD BANK ANY ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE RATIFIED BY THE BOARD OF DIRECTORS AT ITS MEETING NEXT FOLLOWING THE ACTION

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FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE FORM 990 BEING FILED, IT WILL BE REVIEWED BY THE FOOD BANK'S AUDIT COMMITTEE THE AUDIT COMMITTEE WILL IN TURN PROVIDE A COPY OF THE COMPLETED FORM 990 TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

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FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ARE SUBJECT TO THE FOOD BANK'S CONFLICT OF INTEREST POLICY IN ACCORDANCE WITH THE POLICY THESE INDIVIDUALS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT EACH FISCAL YEAR IN ADDITION, UPON BEGINNING THEIR TERM, EACH NEW BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT THE CEO'S ASSISTANT TRACKS THE RECEIPT OF THE STATEMENTS AND SUBMITS THE STATEMENTS TO THE AUDIT COMMITTEE FOR THEIR REVIEW UPON REVIEW OF THE STATEMENTS, ANY ACTUAL OR POTENTIAL CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE BOARD CHAIR PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST ARE OUTLINED IN THE POLICY

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FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD ANNUALLY EVALUATES THE CEO OF THE ORGANIZATION TO ASSIST THE CHAIR, SALARY RANGES AND DATA FROM OTHER COMPARABLE FOOD BANKS THROUGHOUT THE FEEDING AMERICA NETWORK AS WELL AS FROM WITHIN THE REGION'S HUMAN SERVICES NON-PROFIT COMMUNITY (BI-ANNUAL STUDY PROVIDED BY THE BAYER CENTER FOR NON-PROFIT MANAGEMENT) ARE UTILIZED IN THE PRIOR FISCAL YEAR, AN INDEPENDENT CONTRACTOR COMPLETED A COMPENSATION STUDY FOR THE ENTIRE ORGANIZATION LOOKING AT ALL NON-PROFITS IN SOUTHWESTERN PENNSYLVANIA THIS STUDY WAS ALSO USED TO DETERMINE THE BASE SALARIES FOR THE CEO AND OTHER OFFICERS THE FULL BOARD WENT INTO EXECUTIVE SESSION AT THEIR SEPTEMBER 2019 MEETING TO REVIEW THE CEO'S PERFORMANCE AND DISCUSS AND DETERMINE THE FOOD BANK OFFICERS' COMPENSATION FOR FISCAL YEAR 2019

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Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOOD BANK'S ANNUAL WRITTEN REPORT CONTAINS A SUMMARY OF THE MOST RECENT AUDITED FINANCIAL POSITION CONFLICT OF INTEREST AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

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FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE HAS RESPONSIBILITY FOR THE SELECTION OF AN INDEPENDENT ACCOUNTING FIRM THE AUDIT COMMITTEE MEETS WITH THE AUDIT FIRM SELECTED TO REVIEW THE SCOPE OF WORK THE AUDITORS REPORT TO THE AUDIT AND FINANCE COMMITTEES (JOINTLY) THE RESULTS OF THEIR AUDIT THE AUDIT REPORT IS PRESENTED TO THE FULL BOARD