

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**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 \$ 85,788,524

**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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	155
<b>6</b> Total number of volunteers (estimate if necessary)	5,863
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	50,997,860	80,556,736
<b>9</b> Program service revenue (Part VIII, line 2g)	2,508,744	2,729,133
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,737	161,707
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,171	166,482
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,626,512	83,614,058
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,676	28,875
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,796,901	8,705,754
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	459,181	604,278
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,002,805		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	46,181,924	52,520,928
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	54,452,682	61,859,835
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-826,170	21,754,223
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	19,274,201	43,706,866
<b>21</b> Total liabilities (Part X, line 26)	4,160,251	6,823,923
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	15,113,950	36,882,943

**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: 2021-04-06

LISA SCALES PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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: (SEE SCHEDULE O)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 \$ 52,981,410 including grants of \$ ) (Revenue \$ 2,717,383 )

See Additional Data

**4b** (Code: ) (Expenses \$ 2,800,066 including grants of \$ ) (Revenue \$ )

See Additional Data

**4c** (Code: ) (Expenses \$ 1,937,979 including grants of \$ 28,875 ) (Revenue \$ 11,750 )

See Additional Data

(Code: ) (Expenses \$ 623,724 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. DURING THE COVID-19 PANDEMIC, THE FOOD BANK STARTED DRIVE-UP DISTRIBUTIONS TO CREATE THE ABILITY TO DISTRIBUTE FOOD IN A SAFE NO-TOUCH WAY. ALSO CREATED WAS OUR DOORSTEP DELIVERY PROGRAM WHERE FOOD WAS DELIVERED TO INDIVIDUALS WITHOUT TRANSPORTATION OR WHO WERE IN HIGH-RISK DEMOGRAPHICS FOR CONTRACTING COVID. BOTH THESE PROGRAMS RELIED ON VOLUNTEERS TO LOAD CARS OR TO DELIVER THE FOOD. THROUGHOUT 2019-2020, MORE THAN 6,000 VOLUNTEERS CONTRIBUTED MORE THAN 50,600 HOURS TO SUPPORT, VALUED AT \$1,376,320, THE FOOD BANK'S MISSION. THESE HOURS ARE THE EQUIVALENT OF 24.3 FULL-TIME EMPLOYEES.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 623,724 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 58,343,179

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	No
<b>23</b>	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
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	42
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various sub-questions (a, b, c, etc.) and input fields for numerical and yes/no answers.

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 (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Changes to governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect/appoint), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officer).

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 (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Joint ventures), 16b (Participation policy).

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ONE & ALL, PFAFFMANN ASSOCIATES PC, etc.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 352,080			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b> 19,589,778			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 60,614,878			
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b> 28,445,661			
	<b>h Total.</b> Add lines 1a-1f . . . . .		80,556,736		

<b>Program Service Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
<b>2a</b> WHOLESALE FOOD PROGRAM		900099	2,467,029	2,467,029		
<b>b</b> SHARED MAINTENANCE FEES		900099	141,458	141,458		
<b>c</b> TRUCKING SERVICES		900099	108,896	108,896		
<b>d</b> MEMBERSHIP DUES		900099	11,750	11,750		
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			2,729,133			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		194,106			194,106		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .							
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	2,133,843	8,224			
			(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	2,166,313	8,153		
			<b>c</b> Gain or (loss)	<b>7c</b>	-32,470	71		
	<b>d</b> Net gain or (loss) . . . . .			-32,399			-32,399	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue	Business Code							
<b>11a</b> MISCELLANEOUS	900099		166,482			166,482		
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			166,482					
<b>12 Total revenue.</b> See instructions . . . . .			83,614,058	2,729,133	0	328,189		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	28,875	28,875		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	960,874	481,457	360,694	118,723
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	5,879,847	4,781,762	608,947	489,138
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	451,912	359,243	56,537	36,132
<b>9</b> Other employee benefits . . . . .	897,551	747,474	92,044	58,033
<b>10</b> Payroll taxes . . . . .	515,570	401,077	69,409	45,084
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	6,018		6,018	
<b>c</b> Accounting . . . . .	60,810		60,810	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	604,278			604,278
<b>f</b> Investment management fees . . . . .	36,785		36,785	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	687,106	373,308	46,486	267,312
<b>12</b> Advertising and promotion . . . . .	223,835	164,109	26,986	32,740
<b>13</b> Office expenses . . . . .	433,932	201,715	36,711	195,506
<b>14</b> Information technology . . . . .	401,036	310,277	39,287	51,472
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	400,429	389,885	6,132	4,412
<b>17</b> Travel . . . . .	59,590	47,980	6,266	5,344
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	5,387	3,618	739	1,030
<b>20</b> Interest . . . . .	20,997	20,598	341	58
<b>21</b> Payments to affiliates . . . . .	17,418	13,412	2,439	1,567
<b>22</b> Depreciation, depletion, and amortization . . . . .	750,554	709,245	24,154	17,155
<b>23</b> Insurance . . . . .	111,888	106,109	3,590	2,189
<b>24</b> 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.)				
<b>a</b> FOOD DISTRIBUTION	46,303,447	46,303,447		
<b>b</b> PROGRAM SUPPLIES	1,541,884	1,533,218	742	7,924
<b>c</b> AGENCY SUPPORT	953,324	923,368	4,358	25,598
<b>d</b> FREIGHT AND TRUCKING	357,535	357,278	0	257
<b>e</b> All other expenses	148,953	85,724	24,376	38,853
<b>25</b> Total functional expenses. Add lines 1 through 24e	61,859,835	58,343,179	1,513,851	2,002,805
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,836,007	<b>1</b>	15,359,200
	<b>2</b> Savings and temporary cash investments . . . . .	1,701,373	<b>2</b>	7,034,028
	<b>3</b> Pledges and grants receivable, net . . . . .	1,464,165	<b>3</b>	3,716,082
	<b>4</b> Accounts receivable, net . . . . .	310,375	<b>4</b>	131,631
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	2,789,292	<b>8</b>	6,817,563
	<b>9</b> Prepaid expenses and deferred charges . . . . .	60,358	<b>9</b>	77,620
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	13,212,709		
	<b>b</b> Less: accumulated depreciation	8,237,847		
	<b>11</b> Investments—publicly traded securities . . . . .	6,218,420	<b>11</b>	5,595,880
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,274,201	<b>16</b>	43,706,866	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,557,378	<b>17</b>	2,593,872
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,687,071	<b>19</b>	3,230,655
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	915,802	<b>25</b>	999,396
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,160,251	<b>26</b>	6,823,923
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	13,154,559	<b>27</b>	29,270,875
	<b>28</b> Net assets with donor restrictions . . . . .	1,959,391	<b>28</b>	7,612,068
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	15,113,950	<b>32</b>	36,882,943	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	19,274,201	<b>33</b>	43,706,866	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	83,614,058
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,859,835
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	21,754,223
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	15,113,950
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,770
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	36,882,943

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-1420599

**Name:** GREATER PITTSBURGH COMMUNITY FOOD BANK

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

FOOD DISTRIBUTION - SEE SCHEDULE O

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**Form 990, Part III, Line 4b:**

COMMUNITY IMPACT - SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

NETWORK OUTREACH - SEE SCHEDULE O

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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			
LISA SCALES ..... PRESIDENT & CEO	60.00 .....			X				177,104	0	14,327
BART HUCHEL ..... CHIEF FINANCIAL OFFICER	50.00 .....			X				125,959	0	19,917
MARNIE SCHILKEN ..... CHIEF IMPACT OFFICER	50.00 .....			X				120,792	0	18,801
JUSTIN LEE ..... CHIEF OPERATIONS OFFICER	50.00 .....			X				108,837	0	25,283
TRACI WEATHERFORD-BROWN ..... FORMER OFFICER	0.00 .....						X	104,184	0	10,925
CHARLA IRWIN-BUNCHER ..... CHIEF DEV. OFFICER (ENTERED 10/19)	50.00 .....			X				87,758	0	18,656
BRIAN GULISH ..... VP MARKETING & COMMUNICATIONS	50.00 .....			X				51,068	0	1,081
JOHN MCINTYRE ..... BOARD CHAIR	1.00 .....	X		X				0	0	0
ABASS KAMARA ..... BOARD VICE CHAIR	1.00 .....	X		X				0	0	0
JANEL SKELLEY ..... TREASURER	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			
SUZIE LACHUT ..... SECRETARY	1.00 .....	X		X				0	0	0
APARNA BROWN ..... BOARD MEMBER (ENTERED 06/20)	0.00 .....	X						0	0	0
MARVA BROWN ..... BOARD MEMBER (EXITED 12/19)	0.20 .....	X						0	0	0
BETH NEWLANDS CAMPBELL ..... BOARD MEMBER (ENTERED 04/20)	0.10 .....	X						0	0	0
STEVE CARPENTER ..... BOARD MEMBER	0.50 .....	X						0	0	0
KENYOSKEE CROWELL ..... BOARD MEMBER	0.50 .....	X						0	0	0
ANNE FOULKES ..... BOARD MEMBER	0.50 .....	X						0	0	0
BILL FULLER ..... BOARD MEMBER	0.50 .....	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

**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			
REBECCA HAYWOOD ..... BOARD MEMBER	0.50 .....	X						0	0	0
IMOGENE HINES ..... BOARD MEMBER	0.50 .....	X						0	0	0
AMY LEWIS ..... BOARD MEMBER (EXITED 12/2019)	0.20 .....	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
DAVE SHARICK ..... BOARD MEMBER	0.50 .....	X						0	0	0
JARED SULLIVAN ..... BOARD MEMBER (ENTERED 01/2020)	0.20 .....	X						0	0	0
LAUREN TOWNSEND ..... BOARD MEMBER (ENTERED 01/2020)	0.20 .....	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			
JOHN UNICE ..... BOARD MEMBER (ENTERED 01/2020)	0.20 .....	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	0.50 .....	X						0	0	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.  
 If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	43,503,633	47,063,502	47,388,577	50,997,860	80,556,736	269,510,308
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	43,503,633	47,063,502	47,388,577	50,997,860	80,556,736	269,510,308
<b>5</b>	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). . .						27,794,632
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						241,715,676

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	43,503,633	47,063,502	47,388,577	50,997,860	80,556,736	269,510,308
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	86,048	81,309	61,304	160,484	194,106	583,251
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	201,691	90,361	134,127	69,522	166,482	662,183
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						270,755,742
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	13,312,516

**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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	89.270 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	86.810 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b>	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 . . . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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. . . . .						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b>	Add lines 10a and 10b. . . . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	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? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 1**  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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	26,184	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	6,546	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	32,730	
<b>d</b> Other exempt purpose expenditures .....	61,827,105	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	61,859,835	
<b>f</b> 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.

<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0
<b>i</b> 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?  Yes  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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	26,509	23,742	30,981	32,730	113,962
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	18,556	18,994	24,785	26,184	88,519

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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	DECISIONS AT ALL LEVELS OF GOVERNMENT AFFECT THE AMOUNT OF FOOD WE HAVE TO DISTRIBUTE AND THE DEMAND FOR OUR SERVICES. THE FOOD BANK EDUCATES PUBLIC OFFICIALS ON THE IMPACTS OF THEIR ACTIONS ON THE PEOPLE WE SERVE AND THE POTENTIAL IMPACTS OF FOOD AND NUTRITION PROGRAM FUNDING AND POLICY PROPOSALS. WE DO THIS THROUGH INTERNAL AND EXTERNAL RESEARCH, COLLABORATION WITH LOCAL, STATE AND NATIONAL PARTNERS, MEETINGS AND OTHER COMMUNICATIONS WITH OFFICIALS AND THEIR STAFF INCLUDING OUTREACH TO FOOD BANK STAKEHOLDERS.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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 instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	267,000				
<b>b</b> Contributions . . . . .		250,000			
<b>c</b> Net investment earnings, gains, and losses	9,000	18,000			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	2,000	1,000			
<b>g</b> End of year balance . . . . .	274,000	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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the 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
<b>1a</b> Land . . . . .		332,699		332,699
<b>b</b> Buildings . . . . .		7,881,818	5,853,720	2,028,098
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		1,698,429	1,223,793	474,636
<b>e</b> Other . . . . .		3,299,763	1,160,334	2,139,429
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,974,862



**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	999,396
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	999,396

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	83,613,946
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	14,770
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	21,903
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	36,673
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	83,577,273
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	36,785
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	36,785
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	83,614,058

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	61,844,953
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	21,903
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	21,903
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	61,823,050
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	36,785
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	36,785
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	61,859,835

**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, 2020 AND 2019 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 2017.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

**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><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <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 10 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		3,561,791	604,278	2,957,513
<b>Total</b> . . . . .				3,561,791	604,278	2,957,513

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**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
------------------	-------------



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

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for the latest information.

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)	19,500	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)	9,375	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)

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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>	<b>1b</b>									
<p><b>2</b> 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 on Line 1a?</p>	<b>2</b>									
<p><b>3</b> 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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> 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>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> 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>	<b>7</b>	No								
<p><b>8</b> 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>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LISA SCALES PRESIDENT & CEO	(i)	176,487 -----	0 -----	617 -----	5,403 -----	8,924 -----	191,431 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 TRACI WEATHERFORD- BROWN FORMER OFFICER	(i)	104,136 -----	0 -----	48 -----	2,567 -----	8,358 -----	115,109 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

**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	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 FISCAL YEAR 2017-18, 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 FY 2020.
FORM 990, SCHEDULE J, PART II:	COMPENSATION INFORMATION REFLECTED IN PART II IS BASED ON CALENDAR YEAR 2019 INFORMATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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](http://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	26	1,293,112	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	606	27,152,549	AVG. WHOLESALE VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>GIFT CARDS</u> )	X	29	0	
<u>TICKETS /</u>	X	5	0	
26 Other ▶ ( <u>PASSES</u> )				
27 Other ▶ ( <u>MISCELLANEOUS</u> )	X	58	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 isn't 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 didn't 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 17,627,527 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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 3	<p>DUE TO THE IMPACT OF COVID-19 THE FOOD BANK MADE THE FOLLOWING CHANGES: 1. FOR THE SAFETY OF ALL THE STAFF, AGENCIES, VOLUNTEERS AND VISITORS, THE FOOD BANK FOLLOWED THE RECOMMENDATIONS FROM THE CDC CONCERNING MASKS, SOCIAL DISTANCING AND SANITIZATION. THE FOOD BANK HAD A VOLUNTEER AT FIRST AND THEN MOVED TO HIRING A PERSON TO GO THROUGH THE FOOD BANK AND SANITIZE THE ITEMS THAT HAD HIGH TOUCH POINTS. 2. THE FOOD BANK'S PRODUCE TO PEOPLE PROGRAM HAD TO DISCONTINUE THEIR NORMAL OPERATIONS. INSTEAD, DRIVE-UP DISTRIBUTIONS WERE FORMED. THIS ALLOWED THE FOOD BANK TO DISTRIBUTE FOOD DIRECTLY TO PEOPLE SAFELY IN THEIR VEHICLES. THE EFFECT OF THIS TYPE OF DISTRIBUTION WAS FELT IN OUR REPACK AREA. 3. THE FOOD BANK DEPENDS ON ITS VOLUNTEERS, ESPECIALLY IN THE REPACK AREA. WITH THE ABSENCE OF THE VOLUNTEERS DUE TO COVID, THE FOOD BANK HIRED NUMEROUS TEMPORARY STAFF TO PACK A VARIETY OF FOOD INTO BOXES FOR THE DIRECT DISTRIBUTIONS. THE DEMAND WAS SO GREAT THAT A SECOND TEMPORARY LOCATION AND STAFFING WERE OBTAINED. 4. FOR THOSE PEOPLE WHO COULD NOT GET TO AN AGENCY OR DRIVE-UP DISTRIBUTION, THE FOOD BANK STARTED DOORSTEP DELIVERY. STAFF, VOLUNTEERS AND PARTNERS, SUCH AS UPS, DELIVER THE FOOD BOXES DIRECTLY TO THE PERSON'S HOME. 5. ALSO, IN RESPONSE TO COVID, THE FOOD BANK EXPANDED THEIR SNAP CALL CENTER TO INCLUDE CALLS FROM PEOPLE LOOKING FOR FOOD AND HELP WITH OTHER HUMAN SERVICES.</p>



**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 32 PERCENT OF THE FOOD IT RECEIVED IN FY 2019-20. ADDITIONALLY AGENCIES HAVE THE OPTION TO PURCHASE PRODUCTS FROM THE FOOD BANK'S WHOLESALE BUYING PROGRAM. THROUGH THE EFFORTS OF THE FOOD BANK'S OPERATIONS, APPROXIMATELY 38,500,000 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW-INCOME INDIVIDUALS AND FAMILIES THROUGH ITS NETWORK OF 469 AGENCIES, PARTNERS AND PROGRAMS DURING FY 2019-20. OUR DISTRIBUTION TEAM IS RESPONSIBLE FOR A NUMBER OF FOOD DISTRIBUTION PROGRAMS. KEY PROGRAMS ARE LISTED BELOW :</p> <ul style="list-style-type: none"> <li>* DIRECT DISTRIBUTION: PRODUCE TO PEOPLE IS OUR LARGEST DIRECT DISTRIBUTION PROGRAM. CENTERED ON THE DISTRIBUTION OF FRESH AND, WHEN POSSIBLE, LOCAL PRODUCE AND OTHER FOODS, RECIPIENTS CAN VISIT ONE OF 18 LOCATIONS EACH MONTH AND RECEIVE 30-50 POUNDS OF PRODUCE. OTHER DIRECT DISTRIBUTIONS INCLUDE MILITARY SHARE, A PARTNERSHIP WITH VETERANS LEADERSHIP PROGRAM. IN FY 2019-20, WE HELD 156 PRODUCE TO PEOPLE EVENTS AT 18 LOCATIONS IN SOUTHWESTERN PA AND DISTRIBUTED 2.8 MILLION POUNDS OF FOOD, INCLUDING 2.2 MILLION POUNDS OF FRESH PRODUCE. ALL PRODUCE TO PEOPLE LOCATIONS WERE PUT ON HIATUS STARTING IN APRIL 2020 DUE TO LOST ACCESS TO OUR INDOOR SITES. IT WAS NOT POSSIBLE TO HOST THE EVENTS IN COMPLIANCE WITH CROWD SIZE LIMITATIONS AND SOCIAL DISTANCING RECOMMENDATIONS.</li> <li>* DRIVE-UP DISTRIBUTIONS: DRIVE-UP DISTRIBUTIONS STARTED IN APRIL 2020 AS A RESPONSE TO COVID-19 AND CONTINUE TO THIS DAY TO PROVIDE A PHYSICALLY DISTANCED, LARGE-SCALE DISTRIBUTION SOLUTION TO PRODUCE TO PEOPLE. WE HAVE HOSTED OVER 200 SUCH DRIVE-UP EVENTS AND HAVE DISTRIBUTED OVER FOUR-MILLION POUNDS OF FOOD.</li> <li>* DOORSTEP DELIVERY: HAVING PILOTED SMALL VERSIONS OF HOME DELIVERY IN THE PAST, THE FOOD BANK OFFICIALLY LAUNCHED ITS DOORSTEP DELIVERY HOME DELIVERY PROGRAM IN LATE MARCH 2020 AS AN IMMEDIATE RESPONSE TO THE PANDEMIC. IN ONE MONTH, WE DELIVERED 183,000 POUNDS OF FOOD TO NEARLY 7,000 RESIDENCES. TO DATE, THIS PROGRAM HAS COMPLETED OVER 17,000 DELIVERIES TO OVER 1,000 RESIDENTS WHO DO NOT HAVE ANOTHER OPTION FOR RECEIVING FOOD ASSISTANCE.</li> <li>* THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP): USDA PROGRAM BENEFITING AT-NEED SENIORS. MONTHLY PACKAGES OF NUTRITIOUS USDA COMMODITIES ARE PROVIDED TO LOW-INCOME, VULNERABLE SENIORS. GPCFB DELIVERS BOXES TO NEIGHBORHOOD SITES, SUCH AS LIBRARIES, WHERE VOLUNTEERS PICK THEM UP FOR DIRECT DELIVERY TO SENIORS' HOMES. THE DOORSTEP DELIVERY PROGRAM HELPED THIS PROGRAM ADJUST TO THE INCREASED DEMAND FOR SOCIALLY DISTANCED HOME DELIVERIES DURING THE PANDEMIC.</li> <li>* GREEN GROCER: GREEN GROCER IS A "FARMERS MARKET ON WHEELS" A CUSTOMIZED DELIVERY TRUCK OF REFRIGERATED, RE</li> </ul>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ADY-TO-SELL PERISHABLES. IT REACHES 17 COMMUNITIES WITH LOW ACCESS TO GROCERY STORES EACH WEEK. IN MARCH 2020, GREEN GROCER WAS REQUIRED TO STOP SERVICE FOR THE REST OF THE FISCAL YEAR. AFTER RESUMING A MODIFIED SCHEDULE TO ALLOW FOR COVID-19 RISK MITIGATION STRATEGIES LIKE ADDITIONAL CLEANING AND LONGER MARKET TIMES TO AVOID CROWDS AND ALLOW STAFF TO "SHOP" FOR CUSTOMERS. IN THE WINTER OF 2020, THE GREEN GROCER TEAM LAUNCHED AN ORDER-AHEAD HOME DELIVERY SERVICE TO ALLOW SHOPPERS TO PLACE AN ORDER BY PHONE OR ONLINE AND HAVE FOOD DELIVERED TO THEIR HOME FOR FREE; THIS ALLOWS SNAP USERS TO RECEIVE FREE HOME DELIVERY FOR FOOD PURCHASED THROUGH THIS FOOD ASSISTANCE PROGRAM. * COMPASSION CORNER: WE PROVIDE EMERGENCY FOOD TO FAMILIES DIRECTLY FROM OUR WAREHOUSE ON A LIMITED BASIS; HOWEVER, THIS IS AN AREA WHERE WE SAW ONE OF THE BIGGEST SURGES. BETWEEN MARCH AND DECEMBER 2020, WE PROVIDED MORE THAN 352,000 POUNDS OF FOOD TO OVER 7,000 INDIVIDUALS VIA OUR EMERGENCY FOOD SERVICE PROGRAM, COMPASSION CORNER, WHICH WE RUN OUT OF OUR WAREHOUSE SPACE. * YOUTH PROGRAMS: WE WORK WITH SCHOOLS TO IDENTIFY THE BEST WAY TO DELIVER ADDITIONAL FOOD TO CHILDREN AND FAMILIES IN THE COMMUNITY. WE OFFER A BACKPACK PROGRAM THAT PROVIDES STUDENTS WITH WEEKLY BAGS OF SELF-STABLE, NUTRITIOUS FOOD FOR THE WEEKEND. IN ADDITION, WE ARE WORKING WITH SCHOOL DISTRICTS TO CREATE FULL-TIME PANTRIES WITHIN THE SCHOOL AS ANOTHER OPTION. OUR SCHOOL BACKPACK PROGRAMS DISTRIBUTED 156,905 MEALS TO 8,900 STUDENTS DURING THE 2019-2020 SCHOOL YEAR, WHICH WAS SHORTENED DUE TO COVID-19. OUR SOURCING TEAM IS RESPONSIBLE FOR PROCUREMENT OF DONATED, PURCHASED, AND GOVERNMENT COMMODITY FOOD AND GROCERY PRODUCTS DISTRIBUTED THROUGH OUR NETWORK AND THROUGH OUR DISTRIBUTION PROGRAMS. IN FY20, SOURCING BROUGHT OVER 48 MILLION POUNDS OF FOOD AND GROCERY ITEMS TO OUR CHARITABLE FOOD ASSISTANCE NETWORK. THIS WAS ACCOMPLISHED THROUGH MANY DIFFERENT SOURCING PROGRAMS: * 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. MANY OF OUR RESTAURANT AND CATERING DONORS STRUGGLED THROUGH LOCKDOWN MEASURES IN MARCH-JUNE, LEADING TO A DOWNTURN IN THE PROGRAM. IN FY 2019-20, 111,594 MEALS WERE DISTRIBUTED THROUGH COMMUNITY TABLE. * THE RETAIL STORE DONATION PROGRAM: INCLUDED 219 RETAIL GROCERIES, 9 RETAIL DISTRIBUTION CENTERS, AND 119 "EMERGING RETAIL DONORS" (RETAIL CONVENIENCE FOOD BUSINESSES LIKE SHEETZ OR STARBUCKS) LOCATED THROUGHOUT OUR 11-COUNTY SERVICE AREA. DONATIONS CONSISTED OF MEAT, BAKERY, DAIRY, PRODUCE, PREPARED FOODS, AND DRY GOODS. 96% PERCENT OF THESE DONORS ARE MATCHED DIRECTLY WITH AT LEAST ONE OF OUR MEMBER AGENCIES FOR AGENCY-ENABLED PICKUPS, WHICH IMPROVE THE SHELF LIFE, QUALITY AND QUANTITY OF PRODUCT RECEIVED. THE REMAINING DONATIONS WERE RETURNED TO THE FOOD BANK AND REDISTRIBUTED THROUGHOUT OUR NETWORK. IN FY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>2019-20, WE RESCUED 7.1 MILLION POUNDS FROM RETAIL STORES, 2.9 MILLION POUNDS FROM 9 RETAIL DISTRIBUTION CENTERS AND OVER 200 THOUSAND POUNDS FROM 119 EMERGING RETAIL DONORS. * WHOLESALE PURCHASING PROGRAM: PURCHASED PRODUCT FOR RESALE TO OUR MEMBERS AND PARTNERS TO PURCHASE FROM US. IN A TYPICAL YEAR, 40-50% OF OUR PARTNERS' SPEND IS COVERED BY GRANTS WE RECEIVE, AND THE REMAINDER BY OUR PARTNERS' FUNDING SOURCES, SUCH AS STATE FOOD PURCHASE PROGRAM, PRIVATE GRANTS, INDIVIDUAL GIFTS, ETC. PRODUCT ON THIS LINE IS ALSO UTILIZED FOR OUR DIRECT-TO CLIENT DISTRIBUTIONS PROGRAMS. WHILE A TYPICAL YEAR INVOLVES A SPEND OF ABOUT \$ 6 MILLION FOR ABOUT 7 MILLION POUNDS OF FOOD FY20'S UNIQUE DEMANDS FOR LOW-TOUCH DISTRIBUTION METHODS MEANT A PIVOT TOWARD PURCHASING LARGE AMOUNTS OF SHELF-STABLE AND FROZEN PRODUCT TO BE REPACKED BY OUR OWN STAFF AND VOLUNTEERS DURING SIGNIFICANT SUPPLY CHAIN DISRUPTIONS THAT AFFECTED ALL CONSUMERS. THIS RESULTED IN A SIGNIFICANT SPEND. IN TOTAL WE SPENT OVER \$8 MILLION ON OVER 10 MILLION POUNDS OF WHOLESALE PRODUCT. THE MARCH THROUGH JUNE PERIOD MADE UP ALMOST \$6 MILLION OF THAT SPEND. * GOVERNMENT COMMODITIES PROGRAMS, THIS YEAR SAW THE BIRTH OF THE FARMERS TO FAMILIES FOOD BOX PROGRAM (FFFB). THROUGH THIS PROGRAM THE FOOD BANK OVERSAW THE DELIVERY OF 1,471,324 LBS. OF FARMERS TO FAMILIES FOOD BOXES IN MAY AND JUNE OF 2020 ALONE, INCLUDING FRESH PRODUCE, FULLY COOKED MEATS, FLUID MILK, AND ASSORTED DAIRY PRODUCTS. TEFAP ENTITLEMENT ACCOUNTED FOR 660,065 LBS. OF PRODUCT FOR DISTRIBUTION IN ALLEGHENY AND LAWRENCE COUNTIES. CSFP PROVIDED OVER 1.9 MILLION POUNDS TO SENIORS IN NEED. OTHER FEDERAL COMMODITIES PROGRAMS SUCH AS BONUS, TRADE MITIGATION, FFCRA, AND CARES ACCOUNTED FOR 7,672,546 LBS. OF FOOD DISTRIBUTED. IN TOTAL, FEDERAL COMMODITIES ACCOUNTED FOR OVER 11 MILLION POUNDS ON FOOD IN FY20. * GOVERNMENT FUNDED STATE PURCHASING PROGRAMS: IN FY 2019-20 THE FOOD BANK RECEIVED 463,517 LBS. OF PA PRODUCED EGGS, CHEESE, BEEF, FRESH PRODUCE, AND APPLE CIDER THROUGH THE PENNSYLVANIA AGRICULTURAL SURPLUS SYSTEM, AS WELL AS 356,816 POUNDS OF PRODUCE. USING FUNDS FROM THE STATE FOOD PURCHASING PROGRAM (SFPP), 1,985,095 LBS. OF FOOD WERE RECEIVED IN FY 2019-20 FOR DISTRIBUTION IN ALLEGHENY COUNTY.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	<p>* 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. GROWERS UNABLE TO BEAR THE BURDEN OF LABOR FOR HARVESTING DONATIONS ALSO PICK AND PACK PRODUCE FOR DONATION TO THE FOOD BANK AND WE USE OPERATING FUNDS TO REIMBURSE THEM FOR THEIR PICK AND PACK-OUT COSTS. NEARLY 773,406 LBS. OF FRESH PRODUCE CAME TO THE FOOD BANK IN FY 2019-20 THROUGH LOCAL FARMING CONNECTIONS. 69,404 LBS. OF PRODUCE WERE GLEANED FROM LOCAL FARMS IN FY 2019-20. THIS FY WAS THE SECOND GROWING SEASON FOR THE FOOD BANK FARM AT CHATHAM, EDEN HALL, WHERE WE GROW FRESH PRODUCE FOR SALE VIA GREEN GROCER. IN OCTOBER OF 2020, IN PARTNERSHIP WITH THE FRUIT TREE PLANTING FOUNDATION, STAFF AND VOLUNTEERS PLANTED 64 FRUIT TREES AND 16 BLUEBERRY BUSHES AT THE FOOD BANK FARM AT CHATHAM, EDEN HALL CAMPUS. * 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. THE FOOD BANK ALSO WORKS TO SECURE TRAINING AND INFRASTRUCTURE GRANTS FOR OUR MEMBER AGENCIES TO HELP FACILITATE DISTRIBUTION OF FRESH FOODS. BETWEEN THIS WORK AND FFFB, FY 2019-20 REALIZED A GAIN OF NEARLY 2 MILLION POUNDS OF FRESH FRUIT AND VEGETABLES DISTRIBUTED TO PEOPLE IN NEED, FOR A TOTAL OF ALMOST 12 MILLION POUNDS. * 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. 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. WHEN THE COVID-19 PANDEMIC BEGAN, THE PRIMARY WORK IN REPACK CHANGED. WE COULD NO LONGER WELCOME VOLUNTEERS IN THE REPACK AREA AND HAD TO HIRE TEMPORARY STAFF TO REPACK DRY AND FROZEN BOXES FOR MASS DISTRIBUTIONS. A SECOND LOCATION WAS OBTAINED FOR A BRIEF PERIOD OF TIME BECAUSE THE DEMAND FOR FOOD BOXES HAD INCREASED SUBSTANTIALLY. ON AVERAGE, 32,100 BOXES WERE REPACKED EACH MONTH. 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 WELLNESS INITIATIVES ARE: * PROMOTING HEALTH AT FOOD PANTRIES: THE FOOD BANK</p>

## 990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A (CONT.)	<p>K'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. *</p> <p>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. THE CAN NEWSLETTER 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. *</p> <p>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> <p>RECIPE CARDS: FOOD BANK RECIPE CARDS OFFER OUR CLIENTS BASIC COOKING TIPS AND RECIPE ADVICE FOR THE HEALTHY PREPARATION OF THE FOODS DISTRIBUTED THROUGH OUR NETWORK. THEY ARE DEVELOPED 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 REFLECT THE HEALTH NEEDS OF THE CLIENTS WE SERVE. EACH RECIPE IS DEVELOPED AND TESTED BY A NUTRITIONIST AT THE FOOD BANK. EVERY RECIPE INCLUDES NINE OR FEWER INGREDIENTS, USES BASIC KITCHEN UTENSILS AND EQUIPMENT AND HIGHLIGHTS THE HEALTHY FOODS WE DISTRIBUTE, INCLUDING GOVERNMENT 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 FY20, WE SHARED 71 NEW NUTRITIOUS RECIPES THROUGH RECIPE CARDS AND MONTHLY NEWSLETTERS; 96% OF RECIPES WERE BOTH HEART-HEALTHY AND DIABETES-FRIENDLY, UP FROM 89% THE PREVIOUS YEAR. *</p> <p>FOOD SAFETY FOR FOOD PANTRIES: WE RELY ON A NETWORK OF AGENCIES, PARTNERS AND PROGRAMS TO DISTRIBUTE GROCERIES TO PEOPLE IN NEED. IN ORDER TO MITIGATE RISK ASSOCIATED WITH THIS VOLUNTEER-DRIVEN FOOD DISTRIBUTION NETWORK, WE PROVIDE TRAINING TO ALL PANTRY</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A (CONT.)	RIES THAT DISTRIBUTE GROCERIES DIRECTLY TO CONSUMERS. 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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>COMMUNITY IMPACT DEPARTMENT - CREATED TO BRING TOGETHER WORK AREAS NOT TRADITIONALLY ASSOCIATED WITH FOOD DISTRIBUTION BUT WHICH OFFER ACCESS TO FOOD ASSISTANCE PROGRAMS AND LIFE STABILIZATION RESOURCES. CHILD AND ADULT CARE FEEDING PROGRAM (CACFP): IN FY20, WE SPONSORED FOOD FOR 41 AFTERSCHOOL PROGRAM SITES THAT SERVED 92,692 MEALS AND 82,877 SNACKS TO MORE THAN 2,000 KIDS AS PART OF THE USDA CHILD &amp; ADULT CARE FOOD PROGRAM (CACFP). OUR AFTERSCHOOL PROGRAM SERVICE UNEXPECTEDLY AND ABRUPTLY ENDED IN MARCH 2020. WITHIN ONE WEEK, WE TRANSITIONED TO SERVING MEALS UNDER THE USDA EMERGENCY WAIVER PROVISIONS. OVER THE COURSE OF 11 WEEKS, THE FOOD BANK SERVED 134,898 MEALS TO MORE THAN 2,000 KIDS ACROSS 24 SITES DURING THIS EMERGENCY RESPONSE PERIOD. SUMMER FOOD SERVICE PROGRAM (SFSP): AS PART OF THE USDA SUMMER FOOD SERVICE PROGRAM (SFSP), THE FOOD BANK PROVIDES TECHNICAL ASSISTANCE AND SUPPORT TO MORE THAN 90 PARTNERS IN OUR SERVICE AREA THAT TOGETHER PROVIDED 2,865,670 MEALS TO CHILDREN DURING SUMMER 2020. WE ALSO SPONSORED 47 SITES IN ALLEGHENY COUNTY IN SUMMER 2020, RESPONSIBLE FOR NOT ONLY FOOD DISTRIBUTION, BUT ALSO PROGRAM ADMINISTRATION. AT THESE SITES, THE FOOD BANK DIRECTLY SERVED 161,972 MEALS TO KIDS. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP): OUR SNAP OUTREACH AND ASSISTANCE SERVICE PROVIDES INFORMATION ABOUT SNAP AND ASSISTANCE IN APPLYING FOR SNAP BENEFITS IN ALLEGHENY, BEAVER, BUTLER, CAMBRIA, GREENE, INDIANA, LAWRENCE, AND WASHINGTON COUNTIES. THROUGH THIS PROGRAM, WE HELPED 1,852 PEOPLE SUBMIT SNAP APPLICATIONS DURING FY20, WHICH THE SNAP CALCULATOR ESTIMATES AS RESULTING IN OVER 1.8 MILLION MEALS. LIFE STABILIZATION CALL CENTER: GPCFB RECEIVED OVER 5,700 PHONE CALLS JUST BETWEEN MARCH AND JUNE 2020, AN INCREASE OF 300% OVER NORMAL CALL VOLUME, AND A TRUE SIGN OF THE LEVEL OF INCREASED NEED SO MANY INDIVIDUALS WERE FEELING DURING THE BEGINNING STAGES OF THE PANDEMIC. THE VOLUME OF CALLS HAS REMAINED EXTREMELY HIGHER THAN NON-PANDEMIC TIMES AND NATURE OF THE CALLS GOES FAR BEYOND JUST FOOD ASSISTANCE. THIS HAS LED US TO CREATE A NEW FUNCTIONAL AREA CALLED LIFE STABILIZATION, WHICH INCLUDES A CALL CENTER THAT CONNECTS CALLERS WITH FOOD AND SOCIAL SUPPORT RESOURCES, SUCH AS HOUSING, EMPLOYMENT, HEALTHCARE OR TRANSPORTATION.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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. OUR NETWORK CURRENTLY INCLUDES APPROXIMATELY 245 MEMBER AGENCIES (FOOD PANTRIES, ON-SITES, BACKPACK PROGRAMS, MOBILE FOOD PANTRIES, MEALS ON WHEELS, MULTI-SERVICE AGENCIES) WHO PROVIDE 334 DIFFERENT PROGRAMS, AS WELL AS 128 NEW COMMUNITY PARTNER ORGANIZATIONS, 6 PDOS WITH 133 AGENCIES THEMSELVES, AND 1 RDO WITH 5 AGENCIES ITSELF. THIS NETWORK ACCOUNTS FOR AROUND 80% OF THE FOOD WE DISTRIBUTE ANNUALLY. THE 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. THROUGHOUT THE COVID-19 PANDEMIC, AN INCREDIBLE 95% OF OUR MEMBER AGENCIES HAVE BEEN ABLE TO STAY OPEN FOR DISTRIBUTION OF FOOD. OUR PARTNER NETWORK ALSO PROVIDES US WITH REAL-TIME INFORMATION ABOUT THE NEEDS OF OUR COMMUNITY. AS A RESULT, OVER TIME WE HAVE BEEN ABLE TO BETTER MEET OUR NEIGHBORS' NEEDS WITH PROGRAMS THAT PROVIDE FRESH, NUTRITIOUS FOOD DELIVERED WITH DIGNITY. 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: - ESTABLISHING AND OPERATING AN EFFICIENT FOOD DISTRIBUTION SYSTEM - MANAGING REQUIRED CLIENT AND INCOME DOCUMENTATION ON PAPERWORK - RECRUITING 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 STATED 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 RESOURCES WHERE THEY WILL BE MOST EFFECTIVE AND HAVE AN ESTABLISHED NETWORK OF COMMUNITY ADVOCATES A</p>



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4C	ND ACTIVISTS FOCUSED ON ELIMINATING HUNGER IN OUR REGION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	<p>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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 2020.

# 990 Schedule O, Supplemental Information

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.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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.