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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Open to Public Inspection

A F	or the 2	2008 ca	lendar yea	r, or tax year beginning	07-01-2008 and er	nding 06-30-2009		D F!	
_		pplicable	Please	C Name of organization GREATER PITTSBURGH CO	MMUNITY FOOD BANK				ntification number
_	dress ch	-	use IRS label or	Doing Business As				25-142059 E Telephone nu	
	ıme chai	_	print or type. See					(412) 460-3	3663
	tıal retui		Specific Instruc-	Number and street (or P C 1 NORTH LINDEN STREET	box if mail is not delive	ered to street address	s) Room/suite	G Gross receipt	
	mınatıo		tions.						
	nended i			City or town, state or cour DUQUESNE, PA 15011	ntry, and ZIP + 4				
Г Ар	plication	pending		,					
				ne and address of Princi ROTHERMEL	pal Officer			s a group return	
			1 NOR	TH LINDEN STREET			affilia	tes?	ΓYes Γ Nο
		nt status		ESNE,PA 15011	17()(1)		H(b) Are al	l affiliates include	ed?
		npt status)(3) ◀ (insert no)					See instructions)
J W	eb site	e: 🕨 WW	W PITTSB	URGHFOODBANK ORG			H(c) Grou	p Exemption Nu	mber 🕦
К Тур	e of org	janization	Corporat	tion trust association	other 🗠		L Year of Fo	rmation 1982 M	State of legal domicile PA
Pa	rt I	Sumr	marv						
	1			e organization's mission	or most significant	activities			
æ		COMMI	TTED TO	ELIMINATING HUNGE	RTHROUGHOUTSO	DUTHWESTERN	PENNSYLVA	ANIA	
ĕ									
Ē	,	Chack t	hie box E	ıf the organization disco	ntinued its operation	es or disposed of	more than 2	5% of its assets	
Governance			,	members of the governin					31
	4		_	ndent voting members of		•		_	30
Activities &	5			nployees (Part V, line 2a		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	97
₩.	6	Total nu	umber of vo	olunteers (estimate if ne	cessary)				4,700
ă	7a	Total gr	oss unrela	ted business revenue fro	om Part VIII, line 12	2, column (C)		7a _	0
	b	Net unre	elated busi	iness taxable income fro	m Form 990-T, line	34		7b	0
							Pric	or Year	Current Year
횰	8			d grants (Part VIII, line			24,076,264	31,844,905	
eur	9 10	_		revenue (Part VIII, line		6,229,042	1,885,487		
Reven	11			me (Part VIII, column (A art VIII, column (A), lın		127,558	-43,591		
	12		-	dd lines 8 through 11 (m					
		12)						30,651,410	33,774,824
	13			ar amounts paid (Part IX	, , , ,	-3)			0
	14 15		•	or for members (Part IX, ompensation, employee	,	lumn (A.) lines 5.	_		0
8	15	10)	es, other co	ompensation, employee	Jenenius (Fart IX, Co	idilili (A), ililes 5		3,769,527	3,935,048
Expenses	16a	Profes	sıonal fund	Iraising fees (Part IX, co	lumn (A), line 11e)			0	0
ਡੌ	b	•	_	penses, Part IX, column (D),	·)			
	17			(Part IX, column (A), line				26,932,135	29,256,773
	18			-add lines 13–17 (must		5, column (A))		30,701,662	33,191,821
- 07 3r Av	19	Reveni	ue less exp	penses Subtract line 18	from line 12		Dii	-50,252	583,003 End of Year
Net Assets or Fund Balances	20	Total -	secote /De	rt V June 15 \			beginni	ng of Year	
ASS. Bak	20			rt X, line 16) Part X, line 26)				13,542,137	14,284,008
det.	22		•	rart x, line 20) nd balances Subtract lin	a 21 from line 20			12,448,231	1,545,143
	rt III		ature Blo		e 21 Hom mie 20			12,440,231	12,730,803
·	T	Under pe	enalties of pe	erjury, I declare that I have ex					
DI		and belo	ef, it is true,	correct, and complete Declar	ation of preparer (other t	han officer) is based	1		er has any knowledge
Plea Sign		Signa	ature of office	er			2010- Date	-01-27	
Her		'		EL CHIEF EXECUTIVE OFFICEI)				
			or print nam		`				
		Preparer'	's L		Date		heck if	Preparer's PTIN (See Gen Inst)
Paid		signature		M Kırsch			elf- mpolyed 🕨 🦵		
•	arer's		me (or your	s SCHNEIDER DOWNS & C		ETN L			
Use	Only		nployed), and ZIP + 4	1133 PENN AVENUE				EIN Þ	
		<u> </u>		PITTSBURGH, PA 15222	<u>: </u>			Phone no 🕨 (4	12) 261-3644
May	the IR	S discus	s this retu	rn with the preparer sho		ructions)			▼ Yes

	1990 (2008) The statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 29,331,776 including grants of \$) (Revenue \$ 1,659,229) THROUGH THE REGULAR FOOD DISTRIBUTION PROGRAM, THE FOOD BANK ACCEPTS GOVERNMENT COMMODITIES, PRODUCE, FOOD AND NON-FOOD 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 OFFERS ITS AGENCIES THE OPTION TO PURCHASE PRODUCT S FROM THE FOOD BANK'S WHOLESALE BUYING PROGRAM THROUGH THE EFFORTS OF THE FOOD BANK'S OPERATIONS APPROXIMATELY 21,530,771 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW-INCOME INDIVIDUALS AND FAMILIES THROUGH ITS 380+ MEMBER AGENCIES, SURPASSING OUR GOAL TO DISTRIBUTE 21,500,000 POUNDS DURING FY2008-09 A LITTLE LESS THAN 6 MILLION POUNDS OF THAT PRODUCT WAS DISTRIBUTED IN OUR REGIONAL AREA OUTSIDE OF ALLEGHENY COUNTY, SURPASSING THAT STRATEGIC PLAN GOAL TO DISTRIBUTE 5,690,000 POUNDS IN FY2008-09 OUR PROCUREMENT AND MARKETING (PROMAR) DEPARTMENT IS RESPONSIBLE FOR SOLICITING FOOD DONATIONS, PURCHASING FOOD AS NECESSARY AND MAXIMIZING DISTRIBUTION OPPORTUNITES THROUGH THE FEORETS THE FOLLOWING PROGRAMS ARE MANAGED IN ORDER TO ACCOMPLISH THE DISTRIBUTION OPPORTUNITES THROUGH THEIR FORTS THE FOLLOWING PROGRAMS ARE MANAGED IN ORDER TO ACCOMPLISH THE DISTRIBUTION OPPORTUNITES THROUGH THE FOLLOWING PROGRAMS ARE MANAGED IN ORDER TO ACCOMPLISH THE WAREHOUSE SHELVES BEFORE THEY GO TO WASTE AND DISTRIBUTION TO POPORTUNITES THROUGH THE WAREHOUSE SHELVES BEFORE THEY GO TO WASTE AND DISTRIBUTION TO POPOLE IN MEGIBORHOUSE OF HIGH NEED THIS PROGRAM ALSO HELPS TO CLOSE THE GAP IN AREAS WHERE PANTIES MAY HAVE LIMITED STORAGE AND DISTRIBUTION CAPABILITIES THE FOOD BANK HAS DISTRIBUTED OVER 1,000,000 POUNDS OF HEALTHY FOOD, SERVING MORE THAN 59,000 PEOPLE IN SIX DISTRESSED NEIGHBORHOOS OF HIGH NEED THIS PROGRAM ALSO HELPS TO THE FOOD BANK AND STRIBUTED OVER 1,000,000 POUNDS OF PRESH PRODUCE AND THE PART STRIBUTED OVER 1,000,000 POUNDS OF PRESH P
4b	(Code) (Expenses \$ 1,064,713 including grants of \$) (Revenue \$ 56,565) THE AGENCY OUTREACH WORK IS FOCUSED ON IMPROVING THE QUALITY AND QUANTITY OF DISTRIBUTED PRODUCT AND TO PROVIDE EQUAL ACCESS TO FOOD ASSISTANCE TO ELIGIBLE IOW-INCOME PEOPLE IN ALLECHENY COUNTY AND OUR REGIONAL SERVICE AREA REGIONAL OUTREACH - A 2004 GAP STUDY CONDUCTED BY THE FOOD BANK IN THE 10 SURROUNDING COUNTIES OUTSIDE OF ALLEGHERY PROVIDED HAND DATA SHOWING THAT OUR FOOD ASSISTANCE FEFORTS WERE INSUFFICIENT IN THOSE AREAS, BASED ON THE REPORTED NEED THE STUDY ALSO SHOWED THAT THE INFRASTRUCTIVER INCESSARY TO MEET THE NEEDS OF THE LOW-INCOME POPULATION IS FRAGILE AND IM MANY CASES, INADEQUATE ONE OF THE FOOD BANK'S MAIN GOALS IS TO STRENGTHEN AND BETTER UTILIZE OUR ESTABLISHED PARTHER DISTRIBUTION ORGANIZATIONS (PDD) IN THE 16 RURAL OUR SERVICE AREA THE PDOS INCLUDE SHALLER FOOD BANKS LOCATED IN WASHINGTON AND GREENE COUNTIES, THE COMMUNITY ACTION AGENCIES IN ARMSTRONG, FAYETTE AND INDIANA COUNTIES, AND A SAUKATION ARMY BRANCH IN BEAVER COUNTY AND A SANDARIAN AND ASSISTANCE AND ASSISTANCE AND A SOLVAINED AND ASSISTANCE A
	(Code) (Expenses \$ 558,490 including grants of \$) (Revenue \$ 37,710) THE FOOD BANK REPACK/VOLUNTEER PROGRAM WORKS IN PARTNERSHIP WITH HUNDREDS OF LOCAL CORPORATIONS, CHURCHES, SCHOOLS, INDIVIDUALS AND CIVIC ORGANIZATIONS TO SUPPORT DAILY CLERICAL AND REPACK OPERATIONS AT THE WAREHOUSE, AS WELL AS SPECIAL EVENTS AND COMMUNITY FOOD DROPS IN ADDITION TO MAINSTREAM VOLUNTEERS, THE FOOD BANK ALSO HELPS DISADVANTAGED YOUTH, PEOPLE WITH DISABILITIES, WELFARE TO WORK PARTICIPANTS AND SENIOR RETRAINING PARTICIPANTS PREPARE FOR WORKFORCE READINESS IN THIS WAY, FOOD GETS OUT TO HUNGRY PEOPLE WHILE AT THE SAME TIME DIVERSE POPULATIONS ARE BROUGHT TOGETHER, EMPHASIZING THE IMPORTANCE AND RELEVANCE OF COMMUNITY SERVICE MORE THAN 4,700 VOLUNTEERS GAVE MORE THAN 36,000 HOURS OF SERVICE TO THE FOOD BANK IN FISCAL 2008-09 , SAVING THE FOOD BANK WELL OVER HALF A MILLION DOLLARS IN STAFF TIME
	(Code) (Expenses \$ 363,846 including grants of \$) (Revenue \$ 131,984)

Other program services (Describe in Schedule O)

Total program service expenses \$

ıncludıng grants of \$

4d

4e

(Expenses \$

)

) (Revenue \$

31,318,825 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		No
	complete Schedule D, Part IV	<u> </u>		
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
11	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
ь	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i>	200		140
	complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
	<u></u>	1a	20			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	L Did the organization comply with backup withholding rules for reportable payments to	vend	tors and renortable			
•	gaming (gambling) winnings to prize winners?			1 c		Νο
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	97			
b	If at least one is reported in 2a, did the organization file all required federal employm					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	the	year covered by this	_		
	return?			3a		N o
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sche At any time during the calendar year, did the organization have an interest in, or a sig		ł	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities acc			4a		Νο
b	·	•				
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Rep	ort o	f Foreign Bank and			
	Financial Accounts.	0	e.g Darin arta			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited t	axsh	ielter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	Entit	y Regarding Prohibited			
	Tax Shelter Transaction?	•		5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	atsuo	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cont more?	rıbutı	on of \$75 or	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services pro	ovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	ty for	which it was required to			
	file Form 8282?		·	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	nram	lume on a nareonal			
Č	benefit contract?	•	· · · · · ·	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fil	e a F	orm 1098-C as	_		
	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds are supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the	, , , ,		8		
_	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			_		
	Did the organization make any taxable distributions under section 4966?		ľ	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter	10-				
		10a 10b				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	TOD				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders					
	F-	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	,					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu c	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	·					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	about	policies	not req	uired by	<i>the</i>	Internal	Revenue	Code.)
Section	1 A Gov	erning F	Rody an	d Manag	ama	nt			

			Yes	NO		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.					
1a	Enter the number of voting members of the governing body 1a 3:					
Ь	Enter the number of voting members that are independent 1b 30)				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	5 Does the organization have members or stockholders?					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	the governing body?	8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?	9a		No		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

SHARON HARM 1 NORTH LINDEN STREET DUQUESNE, PA 15110

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimate amount of old compensat		other ation he on and
											+		
1b	Total							•	398,90	5	0		63,812
1b 2	Total number of individuals (includin compensation from the organization)	g those ın 1							<u>'</u>		0		63,812
	Total number of individuals (includin	g those ın 1							<u>'</u>		0	Ves	
	Total number of individuals (includin	g those in 1 ▶1 officer, direc	a) who	recei	ved e, k	mor	e than	n \$1	00,000 in reportable or highest compens	le	3	Yes	No No
2	Total number of individuals (includin compensation from the organization) Did the organization list any former	g those in 1 ►1 officer, direc le J for such	a) who is tor or to individual reporta	recei ruste <i>ual</i> .	e, k	ey e	mploy	/ee, and	or highest compens	sated employee	3	Yes	No No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, direct le J for such the sum of ns greater th the sum of	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	e than mploy ation ares," cc	ee,	or highest compens other compensation lete Schedule J for su	sated employee from the ch for services		Yes	No
2 3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, direct le J for such the sum of ns greater th enve or accru the complete s	a) who	ruste ual ble c	e, k omp 0? i	ey e ens. If "Y"	e than mploy ation ares," cc	ee,	or highest compens other compensation lete Schedule J for su	sated employee from the ch for services	3	Yes	No No
2 3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, directle J for such is the sum of ins greater the sum of ins greater the sure or accrustic, "complete sure complete sure complete sure compensation of the sum of th	a) who distor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	mploy ation a ses," cc an any	\$1 \$1 sand	or highest compens other compensation lete Schedule J for su elated organization	sated employee in from the ich ifor services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1 officer, directle J for such is the sum of ins greater the sum of ins greater the sure or accrustic, "complete sure complete sure complete sure compensation of the sum of th	a) who istor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	mploy ation a ses," cc an any	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee in from the ich ifor services	3	Yes (C	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	mploy ation a ses," cc an any	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee in from the ich for services te than (B)	3	(c	No No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	a) who istor or to individual reportations \$15	ruste Jele composition of the c	e, k	ey e eey e fror ch pe	mploy ation a ses," cc	\$1 \$1 sand	or highest compens or highest compens other compensation lete Schedule J for su elated organization sthat received more	sated employee in from the ich for services te than (B)	3	(c	No No No

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a 125,738				
Contributions, gifts, grants and other similar amounts	b	Membership dues					
nou alb	c	Fundraising events	155,995				
its, an		:	lc —				
	d	Related organizations					
sing.	е		Le 5,209,293	ļ			
er Er	f	All other contributions, gifts, grants, and similar amounts not included above	26,338,939				
きき	_	: Noncash contributions included	Lf				
in di	g	lines 1a-1f \$					
O %	h	Total (Add lines 1a-1f)		31,844,905			
-			Business Code				
anı	2a	WHOLESALE FOOD PROGRAM	900,099	1,669,073	1,669,073		
еме	ь	SHARED MAINTENANCE FEE	900,099	189,151	189,151		
e Fk	с	TRUCKING SERVICES	900,099	27,263	27,263		
rwe	d						
33	e						
lran.	f	All other program service revenu	те				
Program Service Revenue	g	Total. Add lines 2a-2f					
	3	Investment income (including di	vıdends, ınterest				
		other similar amounts)		117,499			117,499
	4	Income from investment of tax-exempt	bond proceeds				†
	5	Royalties	▶				
		(ı) Real	(II) Personal				+
	6a	Gross Rents	(,				
	b	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss).					
		(ı) Securities	(II) O ther				+
	7a	Gross amount 218,84					
		from sales of assets other					
	ь	than inventory Less cost or 230,95	0 151,267				
	"	other basis and sales expenses					
	с	Gain or (loss) -12,10	3 -17,373				
	d	Net gain or (loss)		-29,476			-29,476
	8a	Gross income from fundraising	 				+
		events (not including					
e		\$103,250 of contributions reported on line					
듄		1c) See Part IV, line 18					
ev.		Attach Schedule G if total exceeds \$15,000	a 155,995				
e.	ь	Less direct expenses					
Other Revenue	с	Net income or (loss) from fundra		-62,859	-62,859		
_	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
			а				
	ь	·	b				
	С	Net income or (loss) from gamin	g activities				
	10a	Gross sales of inventory, less					
		returns and allowances .	a				
	ь	Less cost of goods sold	_				
	с	Net income or (loss) from sales					<u> </u>
		Mıscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900,099	19,268	19,268		
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g	\$ 19,268 , 3, 4, 5, 6d, 7d,	33,774,824	1,841,896	(0 88,023
		8c,					
]	9c, 10c, and 11e	· · •				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	515,297	173,588	305,058	36,651
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,534,182	2,044,329		192,423
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	108,619	85,366	12,727	10,526
9	Other employee benefits	551,624	457,268	60,476	33,880
10	Payroll taxes	225,326	179,592	28,793	16,941
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,041		2,041	
c	Accounting	22,604	21,232	583	789
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	473,344	137,623	31,758	303,963
12	Advertising and promotion	228,561	6,461	9,467	212,633
13	Office expenses	560,103	375,382	58,889	125,832
14	Information technology	117,300	73,237	30,533	13,530
15	Royalties				
16	Occupancy	296,006	288,627	5,248	2,131
17	Travel	56,137	36,753	17,805	1,579
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	29,469	15,684	12,203	1,582
20	Interest				
21	Payments to affiliates	18,532	13,787	3,385	1,360
22	Depreciation, depletion, and amortization	441,711	420,019	15,499	6,193
23 24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of	62,952	61,077	1,333	542
-	total expenses shown on line 25 below) FOOD	26,168,374	26,168,374		
a b	FREIGHT AND TRUCKING	414,278	414,278		
c	AGENCY SUPPORT	325,055	315,035	4,648	5,372
d	WAREHOUSE EXPENSE	24,544	24,544	7,070	3,372
e	MISCELLANEOUS	15,762	6,569	8,231	962
f	All other expenses	15,752	5,555	5,231	
25	Total functional expenses. Add lines 1 through 24f	33,191,821	31,318,825	906,107	966,889
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	33,131,021	31,310,023		rm 990 (2008)

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(E End of	
	1	Cash—non-interest-bearing		1		2,376,393
	2	Savings and temporary cash investments	4,054,682	2		3,550,757
	3	Pledges and grants receivable, net	187,787	3		79,941
	4	Accounts receivable, net	398,458	4		245,304
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	2,157,312	8		2,555,382
\simeq	9	Prepaid expenses and deferred charges	33,491	9		29,677
Assets	10a	Land, buildings, and equipment cost basis 10a 8,025,17	7			
-	ь	Less accumulated depreciation Complete Part VI of Schedule D	4,499,391	10c		4,330,630
	11	Investments—publicly traded securities	2,211,016	11		1,115,924
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII of Schedule D$.		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,542,137	16	1	4,284,008
	17	Accounts payable and accrued expenses .	725,686	17		737,468
	18	Grants payable		18		
	19	Deferred revenue	368,220	19		807,675
	20	Tax-exempt bond liabilities		20		
Š.	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities		25		
	26	Total liabilities. Add lines 17 through 25	1,093,906	26		1,545,143
s do		Organizations that follow SFAS 117, check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets	11,292,768	27	1	1,270,490
Ba	28	Temporarily restricted net assets	1,155,463	28		1,468,375
돧	29	Permanently restricted net assets	0	29		0
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
₩	33	Total net assets or fund balances	12,448,231	33	1	2,738,865
_	34	Total liabilities and net assets/fund balances	13,542,137	34	1	4,284,008
Pa	rt XI	Financial Statements and Reporting				
		·			Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

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As Filed Data -

DLN: 93493032010000

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

GREAT	ER PIT	TSBURGH COM	MUNITY FOOD BAN	K								
									-142059			
	rt I			harity Status (to be co					Instruct	ions)		
The o	rganı	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Г	A church, c	onvention of ch	iurches, or association of ch	nurches de	escribed in	n Section	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	i on 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	\sqcap	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	esearch organı	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	Section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ection 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontribution	ns, membe	ership fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)			
10	\vdash	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See S e	ect ion 509((a)(4). (S	ee instruc	tions)	
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	efit of, to p	erform the	e functions	of, or to	arry out t	he purpo	ses of
			e or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check									
		the box tha		type of supporting organiza Type II c		omplete li: Functioi -			h d	Γ τνnα	III - Ot	har
e	_	•		rtify that the organization is	′ '		•	•		' ''		
-	'	•	- ,	agers and other than one or			•			•		
		section 50		•	'	, , , ,	,				. , ,	. ,
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	, Type II o	r Type III	supportir	ng organi	zatio <u>n,</u>
		check this		the ergonization accepts	d anu aift	ar aantrib	ution from					J
g		following pe		as the organization accepted	u any gni	or contrib	ution from	i any or the	!			
				r indirectly controls, either a	alone or to	ogether wi	th person	s describe	d ın (ıı)		Yes	No
		and (111) bel	ow, the governi	ng body of the the supported	d organiza	ition?				11g	(i)	
		(ii) a family	member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) a	bove?				11g(
h		Provide the	following inform	nation about the organizatio	ns the org	ganızatıon	supports				- 1	
			_	-		-						
	(i) N	ame of	(ii) EIN	(iii) Type of organization	(iv) I	Is the	(v) Did •	you notify	(vi) 1	Is the	(vii) Ar	nount of
		oorted		(described on lines 1-9	_	ation in		anızatıon	_	ation in	supp	ort?
1	0 rgar	nization		above or IRC section		listed in		i) of your		organized		
				(See Instructions))		verning ment?	sup	port?	In the	US?		
					Yes	No	Yes	No	Yes	No	1	
					162	140	162	110	162	140	1	
								+				
						1		+		1	+	
								+				
								+			-	
							1					

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0F	0 01 Part I.)				
	ublic Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	21,477,126	22,908,906	25,221,487	24,076,264		31,844,905	125,528,688
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge	24.455.426		05.004.405				
4	Total. Add line 1-3	21,477,126	22,908,906	25,221,487	24,076,264		31,844,905	125,528,688
5	The portion of total contribution by each person (other than a government unit or							
	publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							8,913,279
6	Public Support subtract line 5 from line							116,615,409
	4							
	otal Support	() 2004	(1) 2005	() 2006	(N 2007		2000	(C) T
	endar year (or fiscal year beginning in) A mounts from line 4	(a) 2004 21,477,126	(b) 2005 143,962	(c) 2006 25,221,487	(d) 2007 24,076,264		2008	(f) Total 125,528,688
7	Gross income from interest, dividends,	21,477,120	143,702	25,221,407	24,070,204	•	31,044,303	123,320,000
8	payments received on securities loans, rents, royalties and income from similar sources	75,530	143,962	214,296	218,546		117,499	769,833
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	78,172	104,715	297,688	127,558		103,250	711,383
11	Total Support (Add lines 7 through 10)							127,009,904
12	Gross receipts from related activities, etc	(See instruction	s)			12		24,645,951
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		91.820 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		91.000 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	a publicly supp	orted organizati	on				▶ ▽
	33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. more, and if the organization meets the "fac	es as a publicly : If the organization ets and circumst	supported organ on did not check ances" test, che	ization a box on line 1 cck this box and	3, 16a, or 16b a I stop here. Exp	and lin	é 14 is 10 Part IV ho	► % or ow the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007." more, and if the organization meets the "facts and circumstances" the organization meets the "facts and circumstances"	If the organization is the contraction of the contr	on did not check ances" test, che	a box on line 1: eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu Private Foundation. If the organization did							F 1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspection
	_	es," to Form 990, Part IV, Line 3, or		art VI, line 46 (Political C	
	, ,, ,	omplete Parts I-A and B Do not complet			
		501(c)(3)) organizations complete Par	ts I-A and C below	v Do not complete Part I-B	
	ction 527 organizations complete		. F 000F7 . D.	-4 3 (1) 15 47 (1) - 1-1	N -41141 N
		es," to Form 990, Part IV, Line 4, or at have filed Form 5768 (election under			•
	, , , , ,	it have NOT filed Form5768 (election under it have NOT filed Form5768 (election u		•	•
		es," to Form 990, Part IV, Line 5 (Pr		iii)) Complete Fait II-B Bo i	iot complete i art il-A
	ction 501(c)(4), (5), or (6) organ	·	<i></i>		
	me of the organization	·		Employer idei	ntıfıcatıon number
GRI	EATER PITTSBURGH COMMUNITY FOOL) BANK		25 1420500	
Par	t I-A To be completed	by all organizations exempt	under section	25-1420599 1 501(c) and section	
		ee the instructions for Schedule (
1	Provide a description of the oi	ganization's direct and indirect politi	cal campaign acti	ıvıtıes ın Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	t I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under section	501(c)(3). (See the	instructions
1	Enter the amount of any excis	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excis	e tax incurred by organization manag	ers under section	14955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		by all organizations exempt s for Schedule C for details.)	under section	1 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly exp	ended by the filing organization for se	ction 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orgar	nizations for section	*
3		empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	¥ <u> </u>
_	1120-POL, line 17b				\$
4	Did the filing organization file	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number (E paid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	aıd from the filing I to a separate po	organization's own interna litical organization, such a	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			1		

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c		68
		tion 501(h)). (See the instructions for Schedule	C for details.)	
		belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures—	(a) Filing	(b) Affiliated
		s" means amounts paid or incurred.)	O rganization's	Group
	(Totals	Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	6,823	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	1,706	
c	Total lobbying expenditures (add line	es 1a and 1b)	8,529	
d	Other exempt purpose expenditures		33,183,292	
е	Total exempt purpose expenditures	(add lines 1c and 1d)	33,191,821	
f	Lobbying nontaxable amount Enter t	he amount from the following table in both	1,000,000	
	columns —			
	If the amount on line 1e, column (a)			
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
	Subtract line 1 f from line 1 c Enter -) - if line fie more than line c		

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 instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
_c	Total lobbying expenditures	11,455	9,622	12,563	8,529	42,169					
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
е —	Grassroots ceiling amount (150% of line d, column (e))					1,500,000					
f	Grassroots lobbying expenditures				6,823	6,823					

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
C	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental I	nformation					
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that

Employer identification number Name of the organization GREATER PITTSBURGH COMMUNITY FOOD BANK 25-1420599

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Pai	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		inds or Accounts. Complete if the			
	organization answered Tes to Form 9.	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advised Yes No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?	5 5	may be			
Par	t III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	ion or pleasure)	historically importantly land area rtified historic structure			
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ıfıed conservatıon contribution in the form				
_			Held at the End of the Year			
a b	Total number of conservation easements		2a			
	Total acreage restricted by conservation easement		2b			
c d	Number of conservation easements on a certified h	• •	2c			
	Number of conservation casements included in (c) acquired after 6,17,700					
3	Number of conservation easements modified, transfer the taxable year	erred, released, extinguished, or terminate	d by the organization during			
4	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		tions, and Yes No			
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►			
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$			
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion Yes No			
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial ments	statements that describes			
2611	Organizations Maintaining Collection Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researd	h in furtherance of public service,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		▶ - \$			
2	If the organization received or held works of art, hist following amounts required to be reported under SFA	·	r financial gain, provide the			
а	Revenues included in Form 990, Part VIII, line 1		► \$			
b	Assets included in Form 990, Part X		▶ - \$			

Cat No 52283D

Part	Organizations Maintaining Colle	ections of Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and other relitems (check all that apply)	ecords, check any of th	ne fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	O ther				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	┌ No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermediary	for c	ontributions (or other assets i		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table						
					<u> </u>	A mo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21?				ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	t V Endowment Funds. Complete if t						- N = N	DI-
_		(a)Current Year (b) Prior	rear (c) iw	o Years Back (d)	Three Years Back (e)rour Y	ears back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ►							
3a	Are there endowment funds not in the possessi	on of the organization	that	are held and a	dministered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organizations	·				<u>3b</u>		<u> </u>
4	Describe in Part XIV the intended uses of the of tVI Investments—Land, Buildings,				art V. lina 10			
Pai	investments—Land, Buildings,	and Equipment. 5						
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	and				332,699			332,699
b I	Buildings				5,723,449	2,289,638		3,433,811
c I	easehold improvements				18,240	5,176		13,064
d I	Equipment				974,817	815,147		159,670
	Other	<u>.</u>			975,972	584,586		391,386
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Form</i>	n 990, Part X, column (B,), line	10(c).)		►		4,330,630
		<u> </u>				Schedule D (Form 9	90) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial States	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,774,824
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,191,821
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	583,003
4	Net unrealized gains (losses) on investments	4	-292,369
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-292,369
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	290,634
Par	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial		33,648,564
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	69	
Ь	Donated services and use of facilities	-	
с	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV) 2d 166,1		
e	Add lines 2a through 2d	. 2e	-126,260
3	Subtract line 2e from line 1	. 3	33,774,824
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIV)	-	
b	Other (Describe in Part XIV)		C
c 5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		33,774,824
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		
1	Total expenses and losses per audited financial statements	. 1	33,357,930
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 166,1	09	
e	Add lines 2a through 2d	. 2e	166,109
3	Subtract line 2e from line 1	. 3	33,191,821
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	. 4c	С
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	33,191,821
	rt XIV Supplemental Information		
	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 rt V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	1, Part XIV, lır	nes 1b and 2b,
ran	t v, nne 4, rait x, rait x1, nne o, rait x11, nnes zu anu 4b, anu rait x111, nnes zu anu 4b		

Ident if ier	Return Reference	Explanation
		PART XII, LINE 2D SPECIAL EVENT EXPENSE \$166,109 PART XIII, LINE 2D SPECIAL EVENT EXPENSE \$166,109

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493032010000

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on						m 990-EZ, line 6a.	Inspection																		
	the organization R PITTSBURGH C	OMMUNITY FOOD BANK				Employer ide	ntification number																		
	K T T T T T T T T T T T T T T T T T T T		•			25-1420599	1																		
Part I	Fundraising	Activities. Complete	ıf the o	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.																		
a b c	licate whether the Mail solicitations Email solicitations Phone solicitation In-person solicita	s	hrough a	ny of the	e Solicitation of r	non-government grants government grants																			
or k b If "	key employees list Yes," list the ten h	nave a written or oral agree ed in Form 990, Part VII) ighest paid individuals or least \$5,000 by the orga	or entity entities (f	ın conne undraise	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fu																			
	Name of individual entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts ((v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total		•		F																					
							-																		

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

			(a) Event #1	(b) Event #2	(c) O ther Events	/4\ T -	tal Eve	ntc
				(b) Event #2	(c) Other Events	(A dd col		
			BLUES EVENT (event type)	(event type)	(total number)	cc	(c))	
Ф	4		259,245		(total number)		250	9,245
		ross receipts	·					
Revenue	c	ess Charitable ontributions	155,995					5,995
	_	ross revenue (line 1 linus line 2)	103,250				10	3,250
	4 C	ash Prizes	0					
ses	5 N	on-cash Prizes	C					
Ben	6 R	ent/Facility costs	0					
Direct Expenses	7 0	ther direct expenses	166,109				16	6,109
ē	8 D	rect expense summary Add lin	es 4 through 7 ın column	(d)			16	6,109
_	9 N	et income summary Combine lii	nes 3 and 8 in column (d))			-62	2,859
Par		Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	gaming rough co	(Add l (c))
æ	1 Gro	oss revenue						
	2 Ca	sh prizes						
Direct Expenses	3 No	n-cash prizes						
<u>ភ</u> ថ្ង	4 Rei	nt/facılıty costs						
밀	5 Otl	her direct expenses						
	6 Vo	lunteer labor	┌ Yes	┌ Yes	Yes			
	7 Dır	ا ect expense summary Add line:	s 2 through 5 in column (d)	.			
	8 Ne	t gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
		- g,		(1	Yes	No
9	Enter ti	he state(s) in which the organiza	tion operates gaming act	tivities				
а		organization licensed to operate	gaming activities in each	n of these states?		• 9a		
Ь	If "No,"	' Explain						
10a b		ny of the organization's gaming l ," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10a		
ט		, Expiaiii						
11	Does +	ne organization operate gaming a	activities with nonmambe	rs?				

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

DLN: 93493032010000

25-1420599

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Inspection Name of the organization **Employer identification number** GREATER PITTSBURGH COMMUNITY FOOD BANK

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (e) In Approved (g)Written from the (a) Name of interested person and (c)O riginal principal default? by board or agreement? (d)Balance due organization? amount purpose committee? From Yes No Yes Yes No Part III **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (b) Relationship (e) Sharing of organization's between interested (c) A mount of (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes No DENO DECIANTIS FAMILY MEMBER SEE SCH OTHE FOOD BANK'S Νo PUBLIC RELATIONS **COORDINATOR IS THE** SISTER-IN-LAW OF DENO DECIANTIS, A BOARD MEMBER THE EMPLOYED FAMILY MEMBER IS COMPENSATED AT FAIR MARKET VALUE FOR SERVICES PROVIDED TO THE ORGANIZATION THE BOARD MEMBER DOES NOT PARTICIPATE IN PERFORMANCE OR COMPENSATION MATTERS REGARDING THIS INDIVIDUAL

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DLN: 93493032010000

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number

					25-1420599			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
7	Boats and planes							
	Intellectual property		_					
	Securities—Publicly traded .	X	8	100,841	FAIR MARKET VAL	UE		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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							
	Food inventory	Х		18,673,454	AVG WHOLESALE	VALU	E	
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other (describe)							
	Other (describe)							
	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
							Yes	No
30a	During the year, did the organiza hold for at							
	least three years from the date of		•	not required to be used for a	exempt purposes			۱
	for the entire holding period? .					30a		No
ь 31	If "Yes", describe the arrangeme			equal of any non-standard	contributions?	31		No
	Does the organization have a gif	•		·			 	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues ı	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Part I, Column (b) Method for Determining Number of THE ORGANIZATION'S RECORDKEEPING PRACTICE IS Contributors CALCULATED ON A MEASUREMENT OF WEIGHT METHOD AND VALUED AT \$1 58 PER POUND PER FEEDING AMERICA AUDITED VALUATION REPORT DURING THE FISCAL YEAR, NUMEROUS DONORS FROM THE COMMUNITY AT LARGE DONATED APPROXIMATELY 11,819,477 POUNDS OF FOOD ITEMS

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DLN: 93493032010000

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for

responses to specific questions for the Form 990 or to provide any additional information.

2008

OMB No 1545-0047

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number

25-1420599

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	UNDER THE NUTRITIONAL EDUCATION PROGRAM, PROMAR IS ALSO CHARGED WITH INCREASING THE NUTRITIONAL VALUE OF FOOD DISTRIBUTED FROM LAST YEARS 55% TO 75% IN FISCAL YEAR 08-09, CURRENTLY, A HEAD OF SCHEDULE. THE PROMAR TEAM PREVENTS WASTING EFFORT, MONEY AND PRODUCT BY DEFTLY MATCHING FOOD WITH PEOPLE, PROVIDING RECIPES, AND CONDUCTING COOKING DEMONSTRATIONS AT AGENCIES AND FARM STANDS. THE NUTRITION EDUCATION PROGRAMS INCLUDE -CHOOSING HEALTHY OPTIONS PROGRAM (CHOP) PROMOTES THE ACQUISITION, DISTRIBUTION, AND CONSUMPTION OF HEALTHER FOOD THE PROGRAM WAS DEVELOPED TO INCREASE THE PERCENTAGE OF HEALTHY FOODS AVAILABLE ON THE FOOD BANK'S INVENTORY, AND TO EDUCATE FOOD BANK, AGENCY, AND PARTNER DISTRIBUTION ORGANIZATION STAFF, VOLUNTEERS, AND EMERGENCY FOOD RECIPIENTS ON THE VALUE AND USE OF FOOD AS PART OF A HEALTHY DIET ALSO IT HELPS INCREASE CONSUMPTION OF HEALTHIER FOOD AMONG NUTRITIONALLY AT-RISK EMERGENCY FOOD RECIPIENTS CHOP INCLUDES A FOOD RANKING SYSTEM THAT IDENTIFIES THE HEALTHIEST FOOD CHOICES ON THE INVENTORY AND IS USED AS A TEACHING TOOL FOR THE ACQUISITION OF HEALTHIER FOOD SEY FOOD SOURCING STAFF AT THE FOOD BANK AND AGENCY STAFF WHO ARE RESPONSIBLE FOR ORDERING FOOD FOR DISTRIBUTION IN THE COMMUNITY THE FOOD BANK'S HUNGER EDUCATION PROJECT IS EDUCATING THE PUBLIC AND CHILDREN ABOUT THE ISSUES OF HUNGER AND POVERTY, WHILE EMPHASZING THE YULIC OF COMMUNITY SERVICE THE HUNGER EDUCATION PROJECT IS EDUCATION CAFECT OF THE ACQUISITION OF HEALTHIEF FOOD BANK HAS EMBARKED UPON AN AGGRESSIVE PUBLIC AWARENESS AND EDUCATION CAMPAIGN, KNOWN AS THE CAMPAIGN TO SHORT AND WORK WITH GOVERNMENT REPRESENTATIVES AT EVERTY LEVEL. TO MARSHAL RESOURCES TO ALLEY ATTE HUNGER BOUCATION PROVETTY, WHILE EMPHASZING THE YOUNGER NOW. THE HUNGER BOUCATION CAMPAIGN, KNOWN AS THE CAMPAIGN TO END HUNGER AND EVERY RELEVANT AGENCY, GOVERNMENT REPRESENTATIVES AT EVERTY LEVEL. TO COMMUNITY SERVICE THE HUNGER IN SOUTHWESTERN PENNSYLVANIA -COMMUNICATIONS THE FOOD BANK HAS EMBARKED UPON AN AGGRESSIVE PUBLIC AWARENESS AND EDUCATION CAMPAIGN, K

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		TWO CHANGES WERE MADE TO THE FOOD BANK'S BY-LAWS IN NOVEMBER 2008 THE POSITION BOARD MEMBER EMERITUS WAS CREATED AND ONE BOARD MEMBER WAS ELECTED TO THAT STATUS IT IS A TWO YEAR TERM AND CARRIES WITH IT VOTING PRIVILEGES WHEN IN ATTENDANCE, BUT WITH NO ATTENDANCE REQUIREMENT THE SECOND CHANGE WAS TO CREATE AN INVESTMENT COMMITTEE AS A SUB-COMMITTEE OF THE STANDING FINANCE COMMITTEE THE INVESTMENT COMMITTEE WILL MANAGE THE INVESTMENTS OF THE FOOD BANK

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 10		PRIOR TO THE FORM 990 BEING FILED, IT WILL BE REVIEWED BY THE FOOD BANK'S AUDIT COMMITTEE THEY WILL IN TURN SHARE THE COMPLETED FORM 990 WITH THE BOARD OF DIRECTORS BEFORE IT IS FILED						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BOARD MEMBERS, STAFF AND SELECTED VOLUNTEERS 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 AT THE BEGINNING OF 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 CEO AND THE CHAIR OF THE BOARD DEVELOPMENT 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 BEGINNING JANUARY 1, 2010 A CONFLICT OF INTEREST STATEMENT WILL BE REQUIRED FROM ANY ONE INVOLVED WITH HIRING OR PURCHASING PROCESSES

ldentifier	Return Reference	Explanation							
Form 990, Part VI, Section B, line 15		THE FOOD BANK HAS AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE COMPRISED OF THE PRESIDENT, VICE PRESIDENT, AND CHAIR OF THE PERSONNEL COMMITTEE OF THE BOARD THESE INDIVIDUALS MEET ANNUALLY TO EVALUATE THE CEO AND OTHER OFFICERS OF THE ORGANIZATION AND TO REVIEW THEIR COMPENSATION PACKAGES TO ASSIST THE COMMITTEE 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 (STUDY PROVIDED BY THE UNITED WAY AND THE BAYER CENTER FOR NON-PROFIT MANAGEMENT) ARE UTILIZED UPON EVALUATION AND DELIBERATION OF THIS INFORMATION THE COMMITTEE ADVANCES THEIR RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL							

ldentifier	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 of the Food Bank CONFLICT OF INTEREST AND OTHER GOVERNING DOCUMENTS MADE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	FINANCIAL STATEMENT AND REPORTING	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM THE PROCESS INVOLVING OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

Software ID: Software Version:

EIN: 25-1420599

Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(C) Position (check all that apply)								(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MONTY BEDI , BOARD MEMBER	10	Х						0	0	0
TONY BRADY , BOARD MEMBER	20	Х						0	0	0
ANN CALLEN , BOARD MEMBER	40	Х						0	0	0
WILLIAM COTTER , BOARD MEMBER	40	X						0	0	0
DEBBIE CROSBY , BOARD MEMBER	50	Х						0	0	0
ROCCO D'ANGELO , BOARD MEMBER	1 00	Х						0	0	0
DENO DECIANTIS , BOARD MEMBER	1 50	Х						0	0	0
DEBRA DOERR , BOARD MEMBER	30	Х						0	0	0
LISA FLORO , BOARD MEMBER	30	Х						0	0	0
SUSAN FLYNN , BOARD MEMBER	1 00	Х						0	0	0
HENRY GORMAN , BOARD MEMBER	80	Х						0	0	0
TERRI GOULD , BOARD MEMBER	40	X						0	0	0
MARK GRAY , BOARD MEMBER	3 20	Х						0	0	0
KEVIN HOLDEN , BOARD MEMBER	20	Х						0	0	0
GREGORY LINTNER , BOARD MEMBER	3 00	Х						0	0	0
BILL MCCLOY , BOARD MEMBER	1 20	Х						0	0	0
WILLIAM NICHOLS , BOARD MEMBER	40	Х						0	0	0
MICHELE OSWALD , BOARD MEMBER	50	Х						0	0	0
DAVE REDICK , BOARD MEMBER	1 00	Х						0	0	0
HERBERT SHEAR , BOARD MEMBER	40	Х						0	0	0
MIM SEIDEL , BOARD MEMBER	60	Х						0	0	0
MAUREEN SWEENEY , BOARD MEMBER	40	Х						0	0	0
REV DAVID TAYLOR , BOARD MEMBER	60	Х						0	0	0
CAROL WASHINGTON , BOARD MEMBER	40	Х						0	0	0
GREG WRIGHT , BOARD MEMBER	40	X						0	0	0
WILLIAM WULFSOHN , BOARD MEMBER	40	Х						0	0	0
CAROL ROBINSON , PRESIDENT	8 00	X		Х				0	0	0
MATT SWIDER , VICE PRESIDENT	5 00	Х		Х				0	0	0
NED BASTOW, SECRETARY	2 50	Х		Х				0	0	0
RAY JOHNSON , TREASURER	5 00	Χ		Х				0	0	0

Form 990, Part VII - Section Aaa

of in 550, Fart VII Section Add											
		(C) Position (check all that apply)								(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
JASON WELLS , ASST TREASURER	60	Х		Х				0	0	0	
JOYCE ROTHERMEL , CHIEF EXECUTIVE OFFICER	53 00			х				106,918	0	14,608	
SHARON HARM , CHIEF FINANCIAL OFFICER	48 00			х				72,697	0	14,608	
ANNE HAWKINS , CHIEF DEVELOPMENT OFFICE	45 00			х				71,439	0	12,227	
LEO L HOKAJ , CHIEF TECHNOLOGY OFFICER	48 00			х				69,429	0	15,017	
LISA SCALES , CHIEF OPERATING OFFICER	45 00			х				78,422	0	7,352	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

GREATER PITTSBURGH COMMUNITY FOOD BANK IS A NON-PROFIT ORGANIZATION COMMITTED TO ELIMINATING HUNGER AND DEVELOPING COLLABORATIVE STRATEGIES TO ENCOURAGE SELF-RELIANCE IN AREAS IN WHICH WE SERVE.WE ACCOMPLISH THIS MISSION BY:1) SERVING AS A CENTRAL COLLECTION FACILITY FOR GROCERY PRODUCTS AND DISTRIBUTING THEM TO MEMBER AGENCIES SERVING THE NEEDY IN SOUTHWESTERN PENNSYLVANIA;2) INVOLVING THE COMMUNITY AS FOOD DONORS, VOLUNTEERS AND FINANCIAL SUPPORTERS OF THE FOOD BANK AND OUR MEMBER AGENCIES;3) WORKING COLLABORATIVELY WITH OTHERS ON PROGRAMS THAT EMPOWER THE NEEDY TO MEET THEIR OWN NUTRITIONAL NEEDS;4) COMMUNICATING THE NATURE OF AND SOLUTIONS TO THE PROBLEM OF HUNGER.