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Form **990**

Department of the Treasury

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)

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

2009

Open to Public

Internal	i (CVCIIUC						
A Fo	r the 2	2009 calendar yea	r, or tax year beginning 07-01-20	009 and ending 06-30-2010)	D Employer ic	lentification number
_		pplicable Please	C Name of organization GREATER PITTSBURGH COMMUNITY	FOOD BANK		. ,	
_	lress ch	label or	Doing Business As			25-14205 E Telephone r	
	ne chai	type. See				(412) 460	- 3663
_	ıal retui	Instruc-	Number and street (or P O box if m 1 NORTH LINDEN STREET	all is not delivered to street addres	ss) Room/suite	G Gross receipt	
_	mınated						
_	ended i		City or town, state or country, and 2 DUQUESNE, PA 15011	ZIP + 4			
App	lication	pending					
			ne and address of principal office ROTHERMEL	er		is a group retu ates?	rn for ┌ Yes ┌ No
		1 NOR	TH LINDEN STREET		annie	ites.) 165 J* NO
		Dogor	ESNE,PA 15011			II affiliates inclu	
Ta	x-exem	npt status 🔽 501(c)	(3) 4 (insert no)	or 5 27		o," attach a lis ip exemption n	t (see instructions) umber >
w	ebsit <i>e</i>		URGHFOODBANK ORG		11(0)	- F	
					I. v		84 0: : : (1
	n of org rtI		on Trust Association Other ►	•	L Year of fo	rmation 1982	M State of legal domicile PA
	1	•	e organization's mission or most	significant activities			
v		COMMITTED TO	ELIMINATING HUNGER THRO	UGHOUT SOUTHWESTERN	PENNSYLVA	ANIA	
GUYEIIIGIIICE							
Ĭ							
<u> </u>	2	Check this box দ	If the organization discontinue	d its operations or disposed	of more than	25% of its net	assets
	3	Number of voting r	nembers of the governing body (Part VI, line 1a)		:	3
0 0 0	4	Number of indepen	dent voting members of the gov	erning body (Part VI, line 1b)		42
ACHMINES &	5	Total number of en	nployees (Part V , line 2a)				510
<u> </u>			lunteers (estimate if necessary)			•	5 10,40
•		-	ted business revenue from Part '	, , , , , , , , , , , , , , , , , , , ,	•		/a
	ь	Net unrelated busi	ness taxable income from Form	990-1, line 34	D.:	T	'b
	8	Contributions and	I grants (Part VIII, line 1h) .		Pric	31,844,905	Current Year 30,857,762
ā	9		revenue (Part VIII, line 2g)			1,885,487	1,689,132
Rayente	10	_	ne (Part VIII, column (A), lines			88.023	168,518
ř	11		art VIII, column (A), lines 5, 6d	, ,		-43,591	-67,713
	12		dd lines 8 through 11 (must equ		2	,	·
			<u> </u>			33,774,824	32,647,699
	13		r amounts paid (Part IX, column				0
	14	•	r for members (Part IX, column				0
8	15	10)	mpensation, employee benefits	(Part 1x, Column (A), lines 5		3,935,048	4,686,577
Expenses	16a	Professional fund	raısıng fees (Part IX, column (A), lıne 11e)			0
ਡੌ	ь	Total fundraising exp	enses (Part IX, column (D), line 25) 陆	564,732			
	17	Other expenses (Part IX, column (A), lines 11a-	11d, 11f-24f)		29,256,773	28,290,236
	18		Add lines 13–17 (must equal Pa			33,191,821	32,976,813
. 02	19	Revenue less exp	enses Subtract line 18 from lin	e 12		583,003	-329,114
net Assets of Fund Balances						g of Current Year	End of Year
5 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	20	Total assets (Par	t X, line 16)			14,284,008	14,018,780
4 E	21	Total liabilities (F	art X, line 26)			1,545,143	1,550,459
ž¤_	22	Net assets or fun	d balances Subtract line 21 froi	m line 20		12,738,865	12,468,321
$\overline{}$	t II	Signature Blo					
Par		Under penalties of pe	rjury, I declare that I have examined the correct, and complete Declaration of pr				
Pai				. ,			, ,
Par					1		
Sign		and belief, it is true, o	· · · · · · · · · · · · · · · · · · ·			-02-01	
Sign		and belief, it is true, o	ır		2011- Date	-02-01	
Sign		and belief, it is true, o	r EL CHIEF EXECUTIVE OFFICER			-02-01	
Sign		Signature of office JOYCE ROTHERME Type or print nam	r EL CHIEF EXECUTIVE OFFICER	Date	Date		tifying number
Sign Here		Signature of office JOYCE ROTHERME Type or print nam	r EL CHIEF EXECUTIVE OFFICER	s	Date	Preparer's identice instruction	, ,
Sign Here		Signature of office JOYCE ROTHERME Type or print nam Preparer's signature Susan	r EL CHIEF EXECUTIVE OFFICER e and title M Kirsch	s	Date	Preparer's iden	, ,
Sign Here	arer's	Signature of office JOYCE ROTHERME Type or print nam Preparer's signature Susan Firm's name (or yours if self-employed),	EL CHIEF EXECUTIVE OFFICER e and title M Kirsch SCHNEIDER DOWNS & CO INC	s	Date	Preparer's iden	, ,
Sign Here	arer's	Signature of office JOYCE ROTHERME Type or print nam Preparer's signature Susan Firm's name (or yours	r EL CHIEF EXECUTIVE OFFICER e and title M Kirsch	s	Date	Preparer's iden (see instruction	, ,

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 28,417,250 including grants of \$) (Revenue \$ 1,458,170)
	THROUGH THE REGULAR FOOD DISTRIBUTION PROGRAM, THE FOOD BANK ACCEPTS GOVERNMENT COMMODITIES, PRODUCE, FOOD AND NON-FOOD GROCERY

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 PRODUCTS FROM THE FOOD BANK'S WHOLESALE BUYING PROGRAM THROUGH THE EFFORTS OF THE FOOD BANK'S OPERATIONS APPROXIMATELY 22,032,679 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW-INCOME INDIVIDUALS AND FAMILIES THROUGH ITS 380+ MEMBER AGENCIES DURING FY2009-10 APPROXIMATELY 5 MILLION POUNDS OF THAT PRODUCT WAS DISTRIBUTED IN OUR REGIONAL AREA OUTSIDE OF ALLEGHENY COUNTY IN FY 2009-10 OUR PROCUREMENT AND MARKETING (PROMAR) DEPARTMENT IS RESPONSIBLE FOR SOLICITING FOOD DONATIONS, PURCHASING FOOD AS NECESSARY AND MAXIMIZING DISTRIBUTION OPPORTUNITIES THROUGH THEIR EFFORTS THE FOLLOWING PROGRAMS ARE MANAGED IN ORDER TO ACCOMPLISH THE DISTRIBUTION GOAL -PRODUCE TO PEOPLE WAS ESTABLISHED TO MOVE PRODUCE, PERISHABLE FOOD, AND OCCASIONALLY OVERSTOCKED ITEMS OFF THE WARREHOUSE SHELVES BEFORE THEY GO TO WASTE AND DISTRIBUTE THEM DIRECTLY TO PEOPLE IN NEIGHBORHOODS OF HIGH NEED THIS PROGRAM ALSO HELPS TO CLOSE THE GAP IN AREAS WHERE PANTRIES MAY HAVE LIMITED STORAGE AND DISTRIBUTION CAPABILITIES THE FOOD BANK INCREASED PRODUCE TO PEOPLE POUNDAGE BY TENFOLD IN FY 09-10, DISTRIBUTING 2 31 MILLION POUNDS TO MORE THAN 100,000 PEOPLE AT 11 SITES IN 5 COUNTIES -FARMS & GLEANING - LOCAL FARMS DONATE TO THE FOOD BANK ADDITIONALLY, WHEN FARMERS HAVE FINISHED THEIR HARVESTING, THE GLEANING PROGRAM ORGANIZES VOLUNTEERS TO HARVEST THE EXCESS OVER 306,000 POUNDS OF FRESH PRODUCE CAME TO THE FOOD BANK IN FY 2009-10 THROUGH THESE FARMING CONNECTIONS -THE FARM STAND PROJECT MAKES FRESH, AFFORDABLE PRODUCE AVAILABLE IN LOW-INCOME NEIGHBORHOODS WITH LIMITED ACCESS TO GROCERY STORES LOCAL RESIDENTS AND SPONSORS RUN THE FARM STANDS WITH ASSISTAN

4b (Code) (Expenses \$ 1,334,100 including grants of \$) (Revenue \$ 67,565)

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 LOW-INCOME PEOPLE IN ALLEGHENY COUNTY AND OUR REGIONAL SERVICE AREA REGIONAL OUTREACH - A 2004 GAP STUDY CONDUCTED BY THE FOOD BANK IN THE 10 SURROUNDING COUNTIES OUTSIDE OF ALLEGHENY PROVIDED HARD DATA SHOWING THAT OUR FOOD ASSISTANCE EFFORTS WERE INSUFFICIENT IN THOSE AREAS, BASED ON THE REPORTED NEED. THE STUDY ALSO SHOWED THAT THE INFRASTRUCTURE NECESSARY TO MEET THE NEEDS OF THE LOW-INCOME POPULATION IS FRAGILE AND IN MANY CASES, INADEQUATE ONE OF THE FOOD BANK'S MAIN GOALS IS TO STRENGTHEN AND BETTER UTILIZE OUR ESTABLISHED PARTNER DISTRIBUTION ORGANIZATIONS (PDO) IN THE 10 RURAL COUNTIES OF OUR SERVICE AREA THE PDOS INCLUDE SMALLER FOOD BANKS LOCATED IN WASHINGTON AND GREENE COUNTIES, THE COMMUNITY ACTION AGENCIES IN ARMSTRONG, FAYETTE AND INDIANA COUNTIES, AND A SALVATION ARMY BRANCH IN BEAVER COUNTY AND A SMALL FOOD BANK IN CAMBRIA COUNTY THAT SERVES CAMBRIA AND SOMERSET COUNTIES WE HELP OUR PARTNERS BUILD THEIR OWN CAPACITIES BY PROVIDING TECHNICAL ASSISTANCE, ACCESS TO RESOURCES AND HOW TO TRAIN AGENCY STAFF/VOLUNTEERS ON -HOW TO ESTABLISH AND OPERATE AN EFFICIENT FOOD DISTRIBUTION SYSTEM, -MANAGE REQUIRED CLIENT AND INCOME DOCUMENTATION PAPERWORK, -SCREEN CLIENTS FOR FOOD STAMP ELIGIBILITY SCREENING AND THUS REDUCE THE CLIENTS' RELIANCE ON THE FOOD ASSISTANCE AGENCY,-VOLUNTEER RECRUITMENT AND RETENTION, AND-INFRASTRUCTURE IMPROVEMENT OR CONSTRUCTION RECOMMENDATIONS ALLEGHENY COUNTY OUTREACH - A GAP STUDY WAS ALSO CONDUCTED FOR ALLEGHENY COUNTY IN 2007 AND IT BECAME APPARENT THAT WE NEEDED TO REDOUBLE OUR EFFORTS TO REACH OUT TO NEW COMMUNITIES OF LOW-INCOME PEOPLE, INCLUDING PEOPLE LIVING WITH DISABILITIES AND THE WORKING POOR OUTREACH AND CAPACITY BUILDING EFFORTS HAVE INCLUDED BRINGING TOGETHER DIVERSE MEMBERS OF A CIRCLE OF MUNICIPAL LEADERS IN TARGETED COMMUNITIES, SOCIAL SERVICE PROVIDERS, AND SUCCESSFULLY ESTABLISHING NEW PARTNERSHIPS AND FORMING COALITIONS IN ALLEGHENY COUNTY BY LEADING A COMPREHENSIVE, EFFECTIVE, COMMUNITY-DRIVEN EFFORT, GREATER PITTSBURGH COMMUNITY FOOD BANK WILL ACHIEVE NOT ONLY ITS STATED ORGANIZATIONAL OBJECTIVES, BUT WILL ALSO HELP ENSURE THE STABILITY OF OUR NEIGHBORHOODS AND THE LONG-TERM WELL-BEING OF ITS CITIZENS WE WILL BE BETTER POSITIONED TO TARGET OUR RESOURCES WHERE THEY WILL BE MOST EFFECTIVE, ELIMINATE DUPLICATION OF SERVICE AND HAVE AN ESTABLISHED NETWORK OF COMMUNITY ADVOCATES AND ACTIVISTS FOCUSED ON ELIMINATING HUNGER IN OUR REGION IN ADDITION TO THE OUTREACH WORK, THE AGENCY RELATIONS TEAM IS CHARGED WITH THE DEVELOPMENT AND MAINTENANCE OF THE FOOD BANK'S RELATIONSHIP WITH ITS 380+ MEMBER AGENCIES WHICH SERVE AS EMERGENCY OR REGULAR FOOD DISTRIBUTION CENTERS, AFTER SCHOOL PROGRAM SITES AND ON-SITE FEEDING PROGRAMS THIS DEPARTMENT MONITORS AGENCIES FOR COMPLIANCE WITH CLIENT INCOME GUIDELINES, FOOD HANDLING, STORAGE AND SAFETY, PARTICIPATORY REQUIREMENTS FOR FEDERALLY-FUNDED MEAL AND SNACK PROGRAMS, ORDERING AND DISTRIBUTING FOOD, AND REPORTING REQUIREMENTS OUR FOOD STAMP OUTREACH COORDINATOR PROVIDES FOOD STAMP PRE-SCREENING AND EDUCATION OF POTENTIALLY ELIGIBLE FOOD STAMP HOUSEHOLDS THROUGHOUT OUR FOOD ASSISTANCE NETWORK. THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) WAS EXPANDED TO INCLUDE THREE ADDITIONAL COUNTIES WHICH INCREASED OUR MONTHLY FOOD BOXES TO 5,615 SENIOR CITIZENS AND WIC ELIGIBLE MOTHERS (AN INCREASE FROM LAST YEAR OF 2,447 BOXES PER MONTH) IN ALLEGHENY, ARMSTRONG, BEAVER, GREENE, LAWRENCE AND SOMERSET COUNTIES THE AFTER SCHOOL PROGRAM NETWORK REACHES APPROXIMATELY 20,000 UNDUPLICATED CHILDREN THROUGH AN AVERAGE OF 70 AFTER SCHOOL PROGRAMS THROUGHOUT THE YEAR

4c (Code) (Expenses \$ 620,382 including grants of \$) (Revenue \$ 33,783)

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 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 10,000 VOLUNTEERS (5,000 MORE THAN LAST YEAR) GAVE MORE THAN 37,000 HOURS OF SERVICE TO THE FOOD BANK IN FY2009-10, SAVING THE FOOD BANK WELL OVER HALF A MILLION DOLLARS IN STAFF TIME.

d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 582,714 including grants of \$) (Revenue \$ 135,131)

4e Total program service expenses►\$ 30,954,446

Part IV	Checklis	t of	Red	uire	d 9	Sche	dules
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			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, Part II	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 similar funds or 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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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," complete Schedule D, Part IV.	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
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 line 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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28Ь	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "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		No
	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
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			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		Νο
	required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12B]		

1 NORTH LINDEN STREET DUQUESNE, PA 15110 (412) 460-3663

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

Se	ction A. Governing Body and Management					
<u> </u>	casa soverning sour und ridhagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	30			
b	Enter the number of voting members that are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management.			3		No
4	Did the organization make any significant changes to its organizational documents sfiled?		·	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization	anızatı	ion's assets?	5	103	Νο
6	Does the organization have members or stockholders?			6		No
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold		rother nersons?	7b		No
8	Did the organization contemporaneously document the meetings held or written action			7.5		110
а	year by the following The governing body?			8a	Yes	
a b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,				165	
	organization's mailing address? If "Yes," provide the names and addresses in Sched	ule O		9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
ке	venue Code.)				Yes	No
10-	Does the organization have local chapters, branches, or affiliates?			10a	163	No
	If "Yes," does the organization have written policies and procedures governing the ac	• ctivitii	es of such chanters	104		110
	affiliates, and branches to ensure their operations are consistent with those of the o	rganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governi	ng bod	ly before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fe	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
	to conflicts?			12b	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 revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the org participation in joint venture arrangements under applicable federal tax law, and take	anızat	ion to evaluate its			
	organization's exempt status with respect to such arrangements?			16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶PA					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing interest policy, and financial statements available to the public. See Additional Data					
20	State the name, physical address, and telephone number of the person who possess	es the	books and records of th	ne orga	ınızatıor	n 🕨
	SHARON HARM					

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8		
1b	Total	8,111 0		75,466		
2	Total number of individuals (including but not limited to those listed above) who received mo \$100,000 in reportable compensation from the organization 1	re than				
			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest comon line 1a? <i>If "Yes," complete Schedule J for such individual</i>	npensated employee		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization rendered to the organization? If "Yes," complete Schedule J for such person	ition for services		No		
S	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received \$100,000 of compensation from the organization	d more than				
	(A) Name and business address	(B) Description of services	(C Comper			
TED	CO CONSTRUCTION CO PLACE NEGIE, PA 15106 GENERAL	RAL CONSTRUCTION		547,075		
OÑE	ICTURE MEDIA SOLUTIONS ALTOONA PLACE SBURGH, PA 15228	RTISING/PROF SVCS		320,629		
33 R	PORT CREATIVE COMMUNICATIONS AILROAD AVE SUITE 1 DIRECTORY, MA 02332	CT MAIL SVC		285,350		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🕒 3

		<u> </u>						Page 9
Part \	<u>/##1</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$2 \$	1a	Federated cam	paigns 1a	185,334				
듄듯	ь	Membership du	es 1b	15,110				
ωğ	c	Fundraising eve	ents 1c	199,120				
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) 1e	8,365,158				
F S	f	All other contribution	ons, gifts, grants, and 1f	22,093,040				j j
Other Revenue Program Service Revenue and other similar amounts	g	Noncash contri	butions included in					
Other Revenue Program Service Revenue and other similar amounts		lines 1a-1f \$	5,749,591 					
Other Revenue	h	Total. Add lines	s 1a-1f	· · · •	30,857,762			
Other Revenue				Business Code				
า Service Reveni	2a	WHOLESALE FOOD	PROGRAM	900,099	1,477,622	1,477,622		
	Ь	SHARED MAINTENA	ANCE FEE	900,099	178,826	178,826		
925	С	TRUCKING SERVIC	CES	900,099	32,684	32,684		
<u> </u>	d							
Program Service Revei	e							
	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		1,689,132			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	⊢	102,231			102,231
	4	Income from inves	stment of tax-exempt bond p	proceeds				
	5	Royalties		•				
	_		(ı) Real	(II) Personal				
	l .	Gross Rents Less rental						
	"	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	l_	Gross amount	(ı) Securities 2,537,698	(II) O ther 10,503				
	/a	from sales of	2,337,090	10,303				
		assets other than inventory						
	Ь	Less cost or other basis and	2,470,928	10,986				
		sales expenses Gain or (loss)	66,770	-483				
			s)		66,287			66,287
	—	Gross income f			,			,
ě		events (not inc	luding					
듄		Ψ	,120 s reported on line 1c)					
ě		See Part IV, lin						
교 ds			а	100,866				
Ě			penses b	174,096	-73,230			-73,230
U	<u> </u>		(loss) from fundraising	events F	-73,230			-73,230
	94	See Part IV, lin	rom gaming activities ie 19					
			а					
	Ь		penses b					
	—		loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	entory				
		Miscellaneous	s Revenue	Business Code				
	11a	PHONE EXCIS	E CREDIT	900,099	3,371	3,371		<u> </u>
	ь	MISC		900,099	2,146	2,146		
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		5,517			
			_	*_	3,317			
	12	Total revenue.	See Instructions	· · •	32,647,699	1,694,649	C	95,288

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	Section 501(c)(3) and 501(c)(4) organizations mu	st complete all c	columns.	(D)	
	ll other organizations must complete column (A) but are not required to		ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	683,468	265,404	394,090	23,974
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	2,921,565	2,376,238	418,664	126,663
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	168,352	131,371	27,533	9,448
9	Other employee benefits	656,733	552,418	80,457	23,858
10	Payroll taxes	256,459	207,416	38,100	10,943
11	Fees for services (non-employees)				
а	Management				
b	Legal	5,000		5,000	
c	Accounting	26,665	25,033	1,024	608
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	5,654		5,654	
g	Other	572,042	190,711	60,024	321,307
12	Advertising and promotion	326,453	164,458	159,945	2,050
13	Office expenses	660,649	461,094	70,160	129,395
14	Information technology	99,825	61,284	30,609	7,932
15	Royalties				
16	Occupancy	312,318	304,556	6,404	1,358
17	Travel	61,592	47,776	12,921	895
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,968	28,503	6,511	954
20	Interest				
21	Payments to affiliates	16,078	12,105	3,315	658
22	Depreciation, depletion, and amortization	471,870	449,009	18,956	3,905
23	Insurance	64,456	62,502	1,601	353
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FOOD	25,084,953	25,084,953		
b	AGENCY SUPPORT	268,277	262,774	5,503	
c	FREIGHT AND TRUCKING	241,316	241,316		
d	MISCELLANEOUS	19,446	7,851	11,164	431
e	WAREHOUSE EXPENSE	17,674	17,674		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	32,976,813	30,954,446	1,357,635	664,732
26	Joint costs. Check here ► ☐ 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				

Pa	rt X	Balance Sheet								
					(A)		(B)			
	1				Beginning of year		End of year			
	1	Cash—non-interest-bearing			2,376,393		603,012			
	2	Savings and temporary cash investments	•		3,550,757		1,352,663			
	3	Pledges and grants receivable, net	•		79,941	3	1,155,363			
	4	Accounts receivable, net		245,304	4	526,201				
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	bles from current and former officers, directors, trustees, key employees, and compensated employees Complete Part II of							
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and						
		Schedule L			6					
ssets	7	Notes and loans receivable, net			7					
8	8	Inventories for sale or use			2,555,382	8	3,078,354			
⋖	9	Prepaid expenses and deferred charges			29,677	9	33,881			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	9,062,697						
	Ь	Less accumulated depreciation	10b	4,155,914	4,330,630	10c	4,906,783			
	11	Investments—publicly traded securities			1,115,924	11	2,362,523			
	12	Investments—other securities See Part IV, line 11		12						
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11				15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			14,284,008	16	14,018,780			
	17	Accounts payable and accrued expenses .			737,468	17	702,136			
	18	Grants payable		18						
	19	Deferred revenue	807,675	19	848,323					
	20	Tax-exempt bond liabilities		20						
es G	21	Escrow or custodial account liability Complete Part IV of Schedul		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
<u>-</u> =		persons Complete Part II of Schedule L				22				
	23	Secured mortgages and notes payable to unrelated third parties				23				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D				25				
	26	Total liabilities. Add lines 17 through 25			1,545,143	26	1,550,459			
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	nes 27						
θ̈		through 29, and lines 33 and 34.								
an	27	Unrestricted net assets			11,270,490	27	10,630,028			
Fund Balance	28	Temporarily restricted net assets		1,468,375	28	1,838,293				
돧	29	Permanently restricted net assets			29					
∄		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plete						
ö		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 fu			32					
Net	33	Total net assets or fund balances			12,738,865	33	12,468,321			
_	34	Total liabilities and net assets/fund balances	14,284,008	34	14,018,780					

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection **Employer identification number**

		ne organiz		OOD DANK					Employer ide	entification r	number		
GREA	IER PII	ISBURGH	COMMUNITY FO	JOD BANK					25-142059	9			
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All org	anızatıon	s must comp	lete this pa					
The	organı	zation is	not a private	e foundation because	eitis (Forli	nes 1 thro	ugh 11, check	only one box	x)				
1	Γ	A churc	h, conventio	on of churches, or as	sociation of	churches	section 170(b)	(1)(A)(i).					
2	Г	A scho	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Sched	ule E)						
3	Г	A hosp	tal or a coop	perative hospital ser	vice organiza	atıon descr	nbed in sectio i	170(b)(1)(A)(iii).				
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	ction with a	ı hospıtal desc	ribed in sect	ion 170(b)(1))(A)(iii). Ent	er the		
5	Γ	=	-	rated for the benefit	_	or univers	ity owned or op	perated by a	governmental	l unit describ	 ed in		
6	Γ	A feder	al, state, or l	local government or	governmenta	al unit desc	cribed in sectio	on 170(b)(1)	(A)(v).				
7	▽	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	\sqcap	A comn	nunity trust (described in section	170(b)(1)(A	(Co	mplete Part II)					
9	Γ	Anorga	inization tha	t normally receives	(1) more tha	an 331/3%	of its support	from contrıb	utions, memb	ership fees, a	nd gross		
		receipt	s from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	ceptions, ar	nd (2) no more	than 331/3%	% of		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)											
	_	•			•			•	•				
10	<u> </u>	-	_	anızed and operated	•								
11	ı	one or i	more publicly	anized and operated v supported organiza ves the type of suppo b Type II	tions describ orting organiz	bed in sect zation and	ion 509(a)(1)	or section 5 11e throug	09(a)(2) See h 11h	•	(a)(3). Check		
e	Γ	other th	-	x, I certify that the o on managers and oth	•		•	•	•	•	•		
f		If the o check t	rganization r his box	eceived a written de						I supporting	organization,		
g			g persons?	006, has the organiz	ation accep	ted any gin	t of Contribution	on none any c	or the				
			- .	ectly or indirectly co	ntrols, eithe	r alone or	together with p	ersons desc	rıbed ın (ıı)		Yes No		
		and (III)	below, the g	governing body of the	the support	ed organız	ation?			11 g(i)			
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)			
		(iii) a 3	5% controll	ed entity of a person	described ii	n (ı) or (ıı) i	above?			11g(iii))		
h 		Provide	the followin	g information about t	he supporte	d organizat	tion(s)						
	Name suppo	(iii) Type of organization lame of ipported anization (iii) Item (described on lines 1- 9 above or IRC section		(iv) Is the organizate col (i) lis your gove docume	e Ion In ted In Irning	(v) Did you no organiza col (i) o suppo	tify the tion in f your	(vi) Is th organizat col (i) org in the U	e :ion in anized	(vii) A mount of support?			
				(see instructions))	Yes	No	Yes	No	Yes No				

Total

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.) Part II

	Complete only if yo	d checked the	box on line 3,	7, 01 0 01 1 arc.	,			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	22,908,90	25,221,48	7 24,076,264	31,844,905	30),857,762	134,909,324
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	22,908,90	25,221,48	7 24,076,264	31,844,905	30	,857,762	134,909,324
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							6,968,936
_	(f)							
6	Public Support. Subtract line 5 from line 4							127,940,388
S	ection B. Total Support			·				
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0.9	(f) Total
_	beginning in)	22,908,906	214,296	24,076,264	31,844,905		,857,762	134,909,324
7 8	A mounts from line 4 Gross income from interest,	22,908,900	214,290	24,070,204	31,644,903	30,	.037,702	134,909,324
0	dividends, payments received on securities loans, rents, royalties and income from similar sources	143,962	214,296	218,546	117,499		102,231	796,534
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	104,715	297,688	127,558	103,250		106,383	739,594
11	Total support (Add lines 7 through 10)					1		136,445,452
12	Gross receipts from related activiti		•			12		21,005,958
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, secon	d, thırd, fourth, or t	fifth tax year as a	501(c)(3	}) organız	zation, ▶□
S	ection C. Computation of Pul							
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	e 11 column (f))		14	<u> </u>	93 770 %
15	Public Support Percentage for 200	8 Schedule A , P	art II, line 14			15	1	91 820 %
	33 1/3% support test—2009. If the and stop here. The organization qua	alıfıes as a publi	cly supported org	anızatıon				▶ ▽
Ь	33 1/3% support test—2008. If the	-			sa, and line 15 is :	3 3 1/3%	or more,	check this ►
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization median Part IV how the organization medians.	— 2009. If the ord tion meets the "	ganization did not facts and circum:	check a box on lir stances" test, che	ck this box and st	op here.	Explain	ed
Ь	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nızatıon meets tl	ne "facts and circ	umstances" test,	check this box an	d stop h e	ere.	▶ ┌
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions				-			▶⊏ ▶⊏
	manachona							F ;

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version: **EIN:** 25-1420599

Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

) (Revenue \$

135.131)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

)(Expenses \$

4d. Other program services

(Code

582,714 including grants of \$ UNDER THE NUTRITIONAL EDUCATION PROGRAM, PROMAR IS ALSO CHARGED WITH MAINTAINING THE NUTRITIONAL VALUE OF FOOD DISTRIBUTED AT 75% 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 HEALTHIER 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 ACOUISITION OF HEALTHIER FOODS BY 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 EMPHASIZING THE VALUE OF COMMUNITY SERVICE THE HUNGER EDUCATION PROGRAMS INCLUDE -ADVOCACY REALIZING THAT PUBLIC POLICY AFFECTS OUR WORK JUST AS SURELY AS ANY OTHER FACTOR, WE HAVE DEVELOPED A PLAN TO MOBILIZE SUPPORT AND WORK WITH GOVERNMENT REPRESENTATIVES AT EVERY LEVEL TO MARSHAL RESOURCES TO ALLEVIATE HUNGER IN SOUTHWESTERN PENNSYLVANIA -COMMUNICATIONS THE FOOD BANK HAS EMBARKED UPON AN AGGRESSIVE PUBLIC AWARENESS AND EDUCATION CAMPAIGN. KNOWN AS THE CAMPAIGN TO END HUNGER AS THE TITLE SUGGESTS. THIS CAMPAIGN IS A CALL TO ACTION FOR EVERY CITIZEN AND EVERY RELEVANT AGENCY, GOVERNMENT AND PRIVATE, TO WORK TO GETHER TO ELIMINATE HUNGER IN OUR REGION, AS DESCRIBED IN THE BLUEPRINT TO END HUNGER, WRITTEN IN 2004 SUPPORTED BY CORPORATE AND FOUNDATION UNDERWRITING AND LOCAL MEDIA PARTNERS, THE CAMPAIGN TO END HUNGER HAS ENHANCED THE SUCCESS OF ALL FOOD BANK OPERATIONS AND PROGRAMS, AND SUPPORTS THE ADVOCACY PROGRAM TO MAKE OUR REGION AND OUR STATE A MODEL FOR THIS NATION TO END HUNGER RAISING AWARENESS AND COMMUNITY EDUCATION HAVE ALSO HELPED THOSE IN NEED FIND THE FOOD BANK AND RECEIVE FOOD ASSISTANCE. THE KIDS CAMPAIGN TO END HUNGER WAS LAUNCHED IN 2008 THIS PROGRAM ENCOURAGES THE EMPOWERMENT OF CHILDREN IN HELPING TO END HUNGER IN THEIR COMMUNITIES INDIVIDUALLY AND IN GROUPS, KIDS HAVE HAD FOOD DRIVES AND FUNDRAISERS THAT HELP THE FOOD BANK -EDUCATION THROUGH THE FOOD BANK SPEAKERS BUREAU, STAFF, BOARD MEMBERS AND OTHER VOLUNTEERS GO OUT TO COMMUNITY GROUPS, SCHOOLS, CONGREGATIONS AND OTHER PUBLIC EVENTS AND FORUMS AND RAISE AWARENESS ABOUT THE FOOD BANK AND HUNGER ISSUES

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Average Position (check all hours that apply) c		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
LORI ASHBY BOARD MEMBER (ENT 9/09)	50	×						0	0	0
MONTY BEDI BOARD MEMBER	10	x						0	0	0
TONY BRADY BOARD MEMBER	10	X						0	0	0
WILLIAM COTTER BOARD MEMBER	40	Х						0	0	0
ROCCO D'ANGELO BOARD MEMBER	1 00	X						0	0	0
DENO DECIANTIS BOARD MEMBER	1 50	X						0	0	0
DEBRA DOERR BOARD MEMBER	30	X						0	0	0
LISA FLORO BOARD MEMBER	20	X						0	0	0
SUSAN FLYNN BOARD MEMBER	50	Х						0	0	0
HENRY GORMAN BOARD MEMBER	40	Χ						0	0	0
TERRI GOULD BOARD MEMBER	40	Х						0	0	0
MARK GRAY BOARD MEMBER	3 00	Χ						0	0	0
KEVIN HOLDEN BOARD MEMBER	10	Х						0	0	0
BILL MCCLOY BOARD MEMBER	40	Χ						0	0	0
JIM MCDONALD BOARD MEMBER (ENT 6/10)	10	Χ						0	0	0
GEORGE MCGRADY BOARD MEMBER (ENT 9/09)	10	Χ						0	0	0
MICHAEL MULLEN BOARD MEMBER	10	Χ						0	0	0
WILLIAM NICHOLS BOARD MEMBER	40	Χ						0	0	0
NATE NORMAN JR BOARD MEMBER (ENT 9/09)	50	X						0	0	0
MICHELE OSWALD BOARD MEMBER	30	Χ						0	0	0
MIM SEIDEL BOARD MEMBER	60	X						0	0	0
MEL STEALS BOARD MEMBER (ENT 9/09)	20	X						0	0	0
MAUREEN SWEENEY BOARD MEMBER	30	X						0	0	0
REV DAVID TAYLOR BOARD MEMBER	1 00	Х						0	0	0
CAROL WASHINGTON BOARD MEMBER	20	Х						0	0	0

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

Compensated Employees, and (A)	(B)		(((D)	(E)	(F)
Name and Title	A verage hours	age Pos s			cka /)	II		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
HERB SHEAR EMERITUS MEMBER	40	Х						0	0	0
NED BASTOW BOARD MEMBER (EXIT 9/09)	0 00	X						0	0	0
ANN CALLEN BOARD MEMBER(EXIT 9/09)	0 00	Х						0	0	0
DEBBIE CROSBY BOARD MEMBER(EXIT 3/10)	0 00	Х						0	0	0
RAY JOHNSON BOARD MEMBER (EXIT 11/09	0 00	Х						0	0	0
DAVE REDICK BOARD MEMBER(EXIT 9/09)	0 00	Х						0	0	0
JASON WELLS BOARD MEMBER (EXIT 1/10)	0 00	Х						0	0	0
GREG WRIGHT BOARD MEMBER (EXIT 11/09	0 00	Х						0	0	0
WILLIAM WULFSOHN BOARD MEMBER(EXIT 6/10)	0 00	Х						0	0	0
CAROL ROBINSON PRESIDENT	8 00	Х		Х				0	0	0
MATT SWIDER VICE PRESIDENT	2 00	Х		Х				0	0	0
SCOTT LAMMIE SECRETARY (ENT 6/10)	30	Х		Х				0	0	0
GREG LINTNER TREASURER	3 00	Х		Х				0	0	0
JOYCE ROTHERMEL CHIEF EXECUTIVE OFFICER	53 00			х				113,443	0	17,069
ANNE HAWKINS CHIEF DEVELOP OFFICER	45 00			х				75,163	0	11,777
LISA SCALES CHIEF PRO GRAM OFFICER	45 00			Х				84,818	0	9,285
SHARON HARM CHIEF FINANCIAL OFFICER	48 00			X				76,432	0	14,227
LEO HOKAJ CHIEF TECHNOLOGY OFFICER	48 00			X				71,425	0	14,732
CYNTHIA MOORE CHIEF OUTREACH OFFICER	45 00			Х				66,830	0	8,376

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD	25,084,953	25,084,953		
AGENCY SUPPORT	268,277	262,774	5,503	
FREIGHT AND TRUCKING	241,316	241,316		
MISCELLANEOUS	19,446	7,851	11,164	431
WAREHOUSE EXPENSE	17,674	17,674		

DLN: 93493032000031

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 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III		- 3	3	, · · · · · · · · · · · · · · · ·	,,
		mploye	rıde	ntıfıca	ation numbe	er
GR	EATER PITTSBURGH COMMUNITY FOOD BANK	5-1420) E O C	,		
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se				anizatio	n.
				, 015	,u	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV				
2	Political expenditures	-	-	\$		
3	Volunteer hours					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		۰	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		۰	\$ <u>_</u>		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	☐ No
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ection	50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	vities	•	\$ _		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5.	27				
	exempt funtion activities			\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	۰	\$		
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	┌ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Alsoe	nter	the a	mount of po	litical

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election					
	Check If the filing organization belongs to	<u> </u>							
В	Check If the filing organization checked bo	x A and "limited control" provisions apply	(a) Filing	(b) A ffiliated					
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1 a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	6,714						
b	Total lobbying expenditures to influence a legisl	1,678							
c	Total lobbying expenditures (add lines 1a and 1	Total lobbying expenditures (add lines 1a and 1b)							
d	Other exempt purpose expenditures	32,968,421							
е	Total exempt purpose expenditures (add lines 1	32,976,813							
f	Lobbying nontaxable amount Enter the amount columns	Lobbying nontaxable amount Enter the amount from the following table in both 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 (enter 25% of li	ne 1f)	250,000						
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0						
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0						

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 2a through 2f on page 4.)

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

	Lobbying Expendi	tures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_c	Total lobbying expenditures	9,622	12,563	8,529	8,392	39,106
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures			6,823	6,714	13,537

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Identifier Return Reference Explanat						

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DLN: 93493032000031

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attacil to Fu	of the second are mistructions.			Ziliop C C	
lame of the organization BREATER PITTSBURGH COMMUNITY FOOD BANK		Emp	loyer identificat	ion numbe	er
WEVIEW LTI I ADDIKOLI COMINIONITI I LOOD DAINK		25-	1420599		
Part I Organizations Maintaining Donor Ac				Comple	te ıf th
organization answered "Yes" to Form 99	,		(h) Eunda and at	harassau	nto
Total number at and of year	(a) Donor advised funds	-	b) Funds and ot	neraccou	nts
Total number at end of year					
Aggregate contributions to (during year) Aggregate grants from (during year)					
, , , , , , , , , , , , , , , , , , ,					
Aggregate value at end of year					
Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		lonor advi	sed	☐ Yes	☐ No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		•		☐ Yes	┌ No
rt III Conservation Easements. Complete	if the organization answered "Yes	" to Forn	า 990, Part IV	, lıne 7.	
Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	Preservation of	a certifie	d historic struct	•	a
			Held at the	End of the	Year
Total number of conservation easements		2a			
Total acreage restricted by conservation easements		2b			
Number of conservation easements on a certified his	toric structure included in (a)	2c			
Number of conservation easements included in (c) ac	quired after 8/17/06	2d			
Number of conservation easements modified, transfe the taxable year 🛌			ie organization d	luring	
Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha		violations, and		┌ No
Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation eas	ements d	uring the year ►		
A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easeme	nts during	g the year ► \$ _		
Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection		☐ Yes	┌ No
In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financ				
rt III Organizations Maintaining Collectio Complete if the organization answered "		s, or Otl	her Similar <i>F</i>	Assets.	
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 fin	for public exhibition, education or rese	arch ın fu			e,
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 researc			•	
(i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X			► \$		
If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		for finan			
Revenues included in Form 990. Part VIII. line 1	-		▶ - \$		

b Assets included in Form 990, Part X

4.11	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cai ir</u>	<u>reasu</u>	ires, or Ot	tne	r Similiar As	ssets	(con	itinued)
3	Using the organization's accession and other items (check all that apply)	records, check an	y of th	ne fol	lowing t	that ar	e a sıgnıfıcaı	nt u	se of its collec	tion		
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ams				
b	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	y furthe	er the o	organization's	s ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	ΓYe	s	∏ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organi	ızatıor			es" to Form 9	990,		-
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbu	itions o	or other asse	ets r	not	Г Ye	s	Г No
b	If "Yes," explain the arrangement in Part XIV	and complete the	follow	/ing t	able		Г	Τ	Aı	nount		
c	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
e	Distributions during the year						H	le				
f	Ending balance						_	lf				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	217 م				Ŀ			┌ Ye	<u> </u>	┌ No
			e Z I '							, re	.	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n ans	:Wer	ad "Va	s" to I	Form 990	Dar	t IV line 10			
ΓŒ	Endowment I unus. Complete I	(a)Current Year		Prior			o Years Back		Three Years Back	(e) Fo	ur Yea	ars Back
1a	Beginning of year balance			-								
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships		 									
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment > %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	idministered	for	the			
	organization by	•								Y	es	No
	(i) unrelated organizations								3a	-		
	(ii) related organizations								. 3a			
	If "Yes" to 3a(II), are the related organization	•						•	3	Ь		
4	Describe in Part XIV the intended uses of th					100 Da	- wh. V. June 1	10				
Par	t VI Investments—Land, Buildings	s, and Equipme	<u>nt. 5</u>			•				. T		
	Description of investment) Cost or is (inves		(b) Cost or ot basis (other		(c) Accumulated depreciation	d (d	l) Boo	k value
1a	Land		•				332,	699				332,699
b	Buildings						6,432,	902	2,571,1	84	3,	,861,718
_	Leasehold improvements						18,	240	7,0	00		11,240
	Equipment					_	1,184,	382	888,4	01		295,981
d	Equipment		· <u>·</u>				1,184, 1,094,		888,4 689,3	_		295,981 405,145

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,647,699
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,976,813
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-329,114
4	Net unrealized gains (losses) on investments	4	58,570
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	58,570
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-270,544
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		,
1	Total revenue, gains, and other support per audited financial statements	1	32,880,365
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 174,096		
e	Add lines 2a through 2d	2e	232,666
3	Subtract line 2e from line 1	3	32,647,699
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	С
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	32,647,699
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	,	33,150,909
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	174,096
3	Subtract line 2e from line 1	3	32,976,813
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	C
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,976,813
Pai	T XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	Positions Under FIN 48	EFFECTIVE JULY 1, 2009, THE FOOD BANK ADOPTED ACCOUNTING GUIDANCE RELATIVE TO UNCERTAINTY IN INCOME TAXES, WHICH PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS THE ADOPTION OF THE ACCOUNTING GUIDANCE DID NOT HAVE A MATERIAL IMPACT ON THE FOOD BANK'S FINANCIAL STATEMENTS
		PART XII, LINE 2D SPECIAL EVENT EXPENSE \$174,096 PART XIII, LINE 2D SPECIAL EVENT EXPENSE \$174,096

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DLN: 93493032000031

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Nan	ne of the organization EATER PITTSBURGH COMI		Employer identification number						
	2 2 3 3 3						25-1420599		
Pa		t ivities. Complet			tion answered "Yes" s part.	to Form	990, Part IV	, line 17.	
1	Indicate whether the orga	nization raised funds	through a	anv of the	following activities Ch	eck all tha	at apply		
_	Mail solicitations	meation raised rainas	tinough v	e	-				
h	Internet and e-mail so	olicitations		f	Solicitation of non-government grants Solicitation of government grants				
	Phone solicitations			a					
d	-								
2a b	Did the organization have or key employees listed in If "Yes," list the ten highe to be compensated at leas	n Form 990, Part VII st paid individuals or) or entity entities	, in conne (fundraise	ection with professional ers) pursuant to agreem	fundraisin ents unde	g activities? r which the fur		
	(i) Name of individual or entity (fundraiser)	(i) Name of individual		of individual (iii) Activity (iii) Activity (iv) Gross receipts		(iv) Gross receipts from activity	(or re fundrais	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization
			Yes	No					
Tota	al			-					

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					eporte	d
		· · ·	(a) Event #1 BLUES EVENT	(b) Event #2	(c) O ther Events	(d) Tota (Add col (
			(event type)	(event type)	(total number)			
喜	1	Gross receipts	299,980	5			299,	986
Revenue	2	Less Charitable contributions	199,120	0			199,	120
	3	Gross income (line 1 minus line 2)	100,86	6			100,	866
	4	Cash prizes		0				
မှာ	5	Non-cash prizes		0				
Sus	6	Rent/facility costs		0				
Expenses	7	Food and beverages	6,84	4			6,	844
Direct	8	Entertainment	62,20				62,	200
à	9	Other direct expenses .	105,05	2			105,	052
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)			174,	096
	11	Net income summary Combine I	nes 3, column d, and line	10		+	-73,	 230
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more	than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota (Add col (_	-
Ð								
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	┌ Yes	Г Yes			
	7	Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Con	nbine lines 1, column d. a	nd line 7				
							Yes	No
9		ter the state(s) in which the organiz the organization licensed to operate						
a b		'No," Explain	gaining activities in eac	ii oi tilese states		· 9a	\dashv	
10a		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	10a	\perp	
b		'Yes," Explain						
11	— Do	es the organization operate gaming	activities with nonmembe	ers?				
12	Is	the organization a grantor, beneficia	ry or trustee of a trust or	a member of a partners h	ıp or other entity			
	iori	med to administer charitable gamin	y'	· · · · · · · · · · · · · · · · · · ·		12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2009

DLN: 93493032000031

Open to Public Inspection

Part I	PITTSBURGH COMMUNITY FOOD	BANK					nployer	identii ica	at ion i	Iumbei	
Part T							5-14205				
	Excess Benefit Train Complete if the organization								lina 40	1 h	
			res on Form 990,					rait V, i			rected?
1	(a) Name of disq	ualified person		(b) Desc	ription of	transa	ction		·	Yes	No
2 Ent	er the amount of tax ımpos	ed on the orgar	ıızatıon managers o	r disqualified pers	ons durın	g the y	ear unde	er			
	tion 4958							• \$ — • *			
		, on line ∠, abov	ve, reimbursed by ti	ne organization .		•		- \$ <u> </u>			
Part II				0 Dant IV lanc 26	-	000 5	7 D+\	4 1 20			
	Complete if the organiz		res on Form 99	U, Part IV, line 26	, or Form	990-E	<u>z, Part (</u> (f)		3 a		
(a) Nam	e of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principal amount	(d)Balance due	(e) In default		A ppro by boa	ved rd or) Writte eement	
		To From			Yes	No	Yes	No	Ye	es	No
Total . Part III	Grants or Assistar Complete If the orga a) Name of Interested pers	ınızatıon ansv	vered "Yes" on Fo Relationship betw	orm 990, Part IV	•		ount of g	grant or t	ype of	assist	ance
Part III	Complete If the orga a) Name of Interested pers Business Transact	inization ansv	vered "Yes" on Fo	prm 990, Part IV reen interested per rganization Persons.	rson	(c) A m			ype of	assist	ance
Part IV	Complete If the orga	tions Involvinization ansv	vered "Yes" on Fo	prm 990, Part IV reen interested per rganization Persons.	rson /, line 28	(c) A m	o, or 28			(e) Sha	aring of ation's nues?

INDIVIDUAL

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

					25-1420599			
Pa	Types of Property				_			
		(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	прричина						
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles	Х	1	16,500	SALE PRICE			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	452,992	FAIR MARKET VAL	UE		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X		15,280,099	AVG WHOLESALE	VALU	E	
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25	O ther ► ()							
	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza			, ,				
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No_
b	If "Yes," describe the arrangem	ent in Part I	Ι					
31	Does the organization have a gif	t acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash • • • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE ORGANIZATION'S RECORDKEEPING PRACTICE IS CALCULATED ON A MEASUREMENT OF WEIGHT METHOD AND VALUED AT \$1 60 PER POUND PER FEEDING AMERICA AUDITED VALUATION REPORT DURING THE FISCAL YEAR, NUMEROUS DONORS FROM THE COMMUNITY AT LARGE DONATED APPROXIMATELY 9,550,062 POUNDS OF FOOD ITEMS
Third Party Use	Part I, Line 32b	THE ORGANIZATION USES AN OUTSIDE BROKER TO SELL SECURITIES RECEIVED AS CONTRIBUTIONS SCHEDULE M, LINE 6 AND PART V, LINE 7H DUE TO THE FACT THAT FORMS 1098-C ARE FILED ON A CALENDAR YEAR BASIS, FORM 1098-C WILL BE FILED FOR THE YEAR ENDED 2010 AND DISCLOSED ACCORDINGLY ON THE JUNE 30, 2011 FORM 990

Schedule M (Form 990) 2009

OMB No 1545-0047

OMB No 1545-004

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

Attach to Form 990.

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

25-1420599

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ORGANIZATION'S BY LAWS WERE AMENDED EFFECTIVE NOVEMBER 24, 2009 SPECIFICALLY, ARTICLE 8 6 WAS AMENDED TO PROVIDE THAT THE EXECUTIVE COMMITTEE BE COMPRISED OF OFFICERS OF THE ORGANIZATION AS WELL AS UP TO TWO, IN LIEU OF ONE, ADDITIONAL DIRECTOR TO BE APPOINTED TO SERVE BY MAJORITY VOTE OF THE OFFICERS
Form 990, Part VI, Section B, line 11		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
Form 990, Part VI, Section B, Iine 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 IN ADDITION, THE HUMAN RESOURCES MANAGER OF THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST STATEMENT WITH EVERY NEW EMPLOYEE DURING NEW EMPLOYEE ORIENTATION EACH YEAR, ALL EMPLOYEES REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT WHICH IS INCLUDED IN THEIR PERSONNEL FILE
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
Form 990, Part VI, Section C, line 19		THE FOOD BANK'S ANNUAL WRITTEN REPORT CONTAINS A SUMMARY OF THE MOST RECENT AUDITED FINANCIAL POSITION CONFLICT OF INTEREST AND OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
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
		the last vistors for Form 000 Cot No. E1.0 E6 V