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DLN: 93493178000257

# ارج

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

OMB No 1545-0047 2015

Open to Public Inspection

		C Name of organization	ginning 10-01-2015 , and ending 09-30-20	)16	7 p. rl		:c
_	eck if applicabl Idress change	PENNSYLVANIA ASSOCIATION FOOD BANKS	OF REGIONAL			-	ification number
_	ame change				_ 23-23	03821	
	ıtıal return	Doing business as HUNGER-FREE PENNSYLVANIA	A				
Fı eturn,	nal 'terminated		ox if mail is not delivered to street address) Room/s	suite	E Telepho	ne numbe	er
	ended return	4050 WASHINGTON ROAD NO			(724)	743-30	00
Ap	plication pendi	City or town, state or province MCMURRAY, PA 15317	e, country, and ZIP or foreign postal code		<b>G</b> Gross re	eceipts \$	11,857,499
		<b>F</b> Name and address of p	rincipal officer	H(a) Ic t	his a group	roturn f	or.
		SHEILA CHRISTOPHER	·		ordinates?	recuiiii	ol
		4050 WASHINGTON RO. MCMURRAY,PA 15317	AD NO F	N c	all subordı	natec	
<b>T</b> a	x-exempt stat	us <b>v</b> 501(c)(3) 501(c)(	) ◀ (insert no ) 4947(a)(1) or 527		uded?	iates	□Yes □ No
w	ebsite: ► V	VWW HUNGERFREEPA ORG			•	•	see instructions)
K Forr	n of organizati	on   Corporation   Trust   A	Association		oup exempti formation 198		tate of legal domicile PA
	-						
Pa		mmary					
	,	describe the organization's mi NG WITH MEMBERS TO ADD	ssion or most significant activities RESS HUNGER ISSUES				
e C							
Governance							
<u> </u>	Chook	this have Tifthe arganizati	ion discontinued its operations or disposed	l of more than	2 F 0/ of ito	not non	
Š	2 CHeck	this box P   If the organizati	ion discontinued its operations of disposed	i oi more man	1 2 3 70 01 115	Het ass	ets
	3 Numbe	er of voting members of the go	overning body (Part VI, line 1a)			3	19
Activities &	4 Numbe	er of independent voting memb	pers of the governing body (Part VI, line 1b	)		4	19
₹	<b>5</b> Total r	number of individuals employe	ed in calendar year 2015 (Part V, line 2a)			5	2
֝֝֝֟֝֝֟֝֝֟֝֟֝֟֝֟֝֟֝	<b>6</b> Total r	number of volunteers (estimat	e ıf necessary)			6	2
•	<b>7a</b> Total u	inrelated business revenue fro	om Part VIII, column (C), line 12		[	7a	0
	<b>b</b> Netunr	elated business taxable incon	ne from Form 990-T, line 34			7b	0
				Pr	ior Year		Current Year
	8 Con	tributions and grants (Part VI	III, lıne 1h)		11,415,4	103	11,857,397
Ģ	<b>9</b> Prog	gram service revenue (Part V		0	0		
Rəvenue	<b>10</b> Inve	estment income (Part VIII, co		14	102		
α	<b>11</b> Oth	er revenue (Part VIII, columr		0	0		
	<b>12</b> Tota 12)	_	gh 11 (must equal Part VIII, column (A), lı	ne	11,415,4	17	11,857,499
	<b>13</b> Gra	nts and similar amounts paid	(Part IX, column (A), lines 1-3)		11,141,2	259	11,592,040
	<b>14</b> Ben	efits paid to or for members (F	Part IX, column (A), line 4)			0	0
£	<b>15</b> Sala 5-1	· · · · · · · · · · · · · · · · · · ·	nployee benefits (Part IX, column (A), lines		160,7	770	162,079
Expenses		•	rt IX, column (A), line 11e)			0	
хbе	<b>b</b> Total	l fundraising expenses (Part IX, colui	mn (D), line 25) ▶ <sup>0</sup>				
ш		· · · · ·	(A), lines 11a-11d, 11f-24e)		113,5	583	106,682
			7 (must equal Part IX, column (A), line 25)		11,415,6	512	11,860,801
	<b>19</b> Rev	enue less expenses Subtract	t line 18 from line 12		- 1	95	-3,302
કું <u>જ</u>				Beginning	of Current	/ear	End of Year
Net Assets or Fund Balances	<b>20</b> Tota	al assets (Part X, line 16) .			135,9	989	138,344
A B		· · · · · · · · · · · · · · · · · · ·		'	46,7		52,371
ž Š			tract line 21 from line 20	•	89,2	_	85,973
		nature Block			/-		,
Jnde ny ki	r penalties (	of perjury, I declare that I hav d belief, it is true, correct, and	re examined this return, including accompa d complete Declaration of preparer (other				
	I II —	****			2017-06-27		
Sign	ı   <i>7</i>	gnature of officer			Date		
Here	1 2.	HEILA CHRISTOPHER EXECUTIVE DIF	RECTOR				
	<b> </b>	/pe or print name and title  Print/Type preparer's name	Preparer's signature	Date	1	PTIN	
D~:-	1	EUGENE J LOGAN	EUGENE J LOGAN	CI	heck if elf-employed	P002272	31
Paid		Firm's name ► SCHNEIDER DOV	L VNS & CO INC		rm's EIN 🕨 25	5-1408703	3
	parer	Firm's address ► ONE PPG PLACE S			none no (412)		
use	Only	PITTSBURGH PA			•		

Form	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥦	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰	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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	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	11b		No
c	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	<b>11</b> c		No
	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 3	<b>11</b> d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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 "Yes," complete Schedule G, Part II</i>	18		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	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?	<b>24</b> c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $\raiseta$	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 "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
			arm 000	1/20151

Part V	Statements	Regarding	Other	IRS Filinas	and Tax	Compliance

Fell	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> 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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_		
<b>-</b> -		5c		NI -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
	were not tax deductible?	6b		
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		 No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13</b> a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

#### 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	⊋.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	PA Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Vpon request Other (explain in Schedule O)			
.9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and record  SHEILA CHRISTOPHER 4050 WASHINGTON ROAD NO F MCMURRAY, PA 15317 (724) 941-1472	s		

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related							(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) BUCKS COUNTY OPPORTUNITY	0 40		х					0	0	0
COUNCIL - MEMBER			^					Ŭ		
(2) BUTLER COUNTY FOOD PROGRAM MEMBER	0 40		х					0	0	0
(3) CENTRAL PENNSYLVANIA FOOD BANK MEMBER	0 40		х					0	0	0
(4) COMMUNITY FOOD WAREHOUSE OF MERCER COUNTY - MEMBER	0 40		х					0	0	0
(5) FOOD FOR FAMILIES - CAMBRIA MEMBER	0 40		х					0	0	0
(6) GREATER BERKS FOOD BANK MEMBER	0 40		х					0	0	0
(7) GREATER WASHINGTON COUNTY FOOD BANK BANK - MEMBER	0 40		х					0	0	0
(8) INDIANA COUNTY COMMUNITY ACTION PROGRAM - MEMBER	0 40		х					0	0	0
(9) MONTGOMERY COUNTY COMMUNITY ACTION - MEMBER	0 40		х					0	0	0
(10) PHILABUNDANCE FOOD BANK MEMBER	0 40		х					0	0	0
(11) SECOND HARVEST FOOD BANK OF LEHIGH VALLEY & NE PA - MEMBER	0 40		х					0	0	0
(12) SHARE FOOD PROGRAM MEMBER	0 40		х					0	0	0
(13) WEINBERG NE PA REGIONAL FOOD BANK - MEMBER	0 40		х					0	0	0
(14) WESTMORELAND COUNTY FOOD BANK MEMBER	0 40		х					0	0	0
	•									Form <b>990</b> (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						Repo compo froi organ (W- 2	prtable ensation the nization /1099-	(E) Reportable compensa from relati organizati (W- 2/109	tion ed ons 99-	Estin amou otl compe from	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	IVI.	(SC)	MISC)		_	zation elated zations
(15) Y	ORK COUNTY FOOD BANK	0 40		×						0		0		0
MEMB	ER ECOND HARVEST FOOD BANK OF	0 40												
		0 40			×					0		0		0
	HWEST PA - PRESIDENT REATER PITTSBURGH COMMUNITY	0 40												
		U 40			x					0		0		0
	BANK - VICE PRESIDENT HESTER COUNTY FOOD BANK	0 40												
TREAS					x					0		0		0
	AYETTE COUNTY COMMUNITY	0 40												
ACTIO	N AGENCY - SECRETARY	•••••			X					0		0		0
(20) 5	HEILA CHRISTOPHER TIVE DIRECTOR	40 00			х					83,020	0			3,069
LALCC	TIVE DINCETON													
1b	Sub-Total			<u> </u>	<u> </u>		l	<u> </u>						
С	Total from continuation sheets to Part VII	, Section A .			▶									
d	Total (add lines 1b and 1c)				▶			1	83,020		0			3,069
2	Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	bove	e) w	ho red	ceiv	ed more	e than			T	
3	Did the organization list any <b>former</b> officer, on line 1a? If "Yes," complete Schedule J for			y em		yee	, or hı	ghe	st comp	ensated	employee		Yes	No
4	For any individual listed on line 1a, is the sorganization and related organizations grea	um of reportable	comp	ensa	tion						the	3		No
	individual	• • • •	•	• •	•, •	υπ <i>-</i>	•	•	uule J To	·		4		No
5	Did any person listed on line 1a receive or services rendered to the organization? If "Y								ganızat • •	on or ind	ıvıdual for	5		No
											L		•	
	ction B. Independent Contractors													
1	Complete this table for your five highest co compensation from the organization Report												tax year	
	( <b>A</b> ) Name and busine	ess address								<b>(E</b> Description			(C Comper	
												-		
									+			$\dashv$		
									1					

Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII									
		Check if Schedule O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514				
	<b>1</b> a	Federated campaigns 1a									
unt	ь	Membership dues 1b	39,094								
ons, Gifts, Grants Similar Amounts	С	Fundraising events 1c									
fs.	d	Related organizations 1d									
ila Gi		Government grants (contributions) 1e	11,800,780								
ns, Sin	e										
utic ier	f	All other contributions, gifts, grants, and similar amounts not included above	17,523								
tributic Other	g	Noncash contributions included in lines 1a-1f \$					ĺ				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		11,857,397							
			Business Code								
Program Service Revenue	2a		540555 5545								
₹ ×	b										
Se F	c										
ž.	d										
8	е										
ogra	f	All other program service revenue									
Ĕ	g	Total. Add lines 2a-2f	>								
	3	Investment income (including dividend		102			102				
	4	and other similar amounts) Income from investment of tax-exempt bond p	- F								
	5	Royalties	· <b>▶</b>								
		(ı) Real	(II) Personal								
	6a	Gross rents									
	b	Less rental									
	С	expenses Rental income									
	d	or (loss)  Net rental income or (loss)									
		(i) Securities	(II) O ther								
	7a	Gross amount from sales of									
		assets other than inventory									
		Less cost or									
	b	other basis and sales expenses									
	С	Gain or (loss)									
	d	Net gain or (loss)									
<u>•</u>	8a	Gross income from fundraising events (not including									
e e		\$									
Se		of contributions reported on line 1c) See Part IV, line 18									
e e		a									
Other Revenue		Less direct expenses <b>b</b>									
		Net income or (loss) from fundraising e	events >								
	<b>7</b> a	Gross income from gaming activities See Part IV, line 19									
		a									
		Less direct expenses <b>b</b> Net income or (loss) from gaming activ	ution								
	٠	Net income or (loss) from gaining activ	vities								
	10a	Gross sales of inventory, less returns and allowances .									
		а									
	b	Less cost of goods sold <b>b</b>									
	С	Net income or (loss) from sales of inve									
	11a	Miscellaneous Revenue	Business Code								
	11a b										
	С										
	d	All other revenue									
	e	Total. Add lines 11a-11d	•								
	12	Total revenue. See Instructions	🛓								
		_	- [	11,857,499	0		102 Form <b>990</b> (2015)				

Form 990 (2015)	Page <b>10</b>
Part IX Statement of Functional Expenses	
Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)	
Check if Schedule O contains a response or note to any line in this Part IV	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,592,040	11,592,040		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	86,089	78,341	7,748	
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	57,355	57,355		
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	5,178	3,529	1,649	
10	Payroll taxes	40.457	42.000	550	
		13,457	12,888	569	
11	Fees for services (non-employees)				
a	Management				
Ь	Legal				
c	Accounting	22,534	17,975	4,559	
d	Lobbying	5,372	5,372		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,121	14,620	1,501	
12	Advertising and promotion				
13	Office expenses	10,737	7,413	3,324	
14	Information technology				
15	Royalties				
16	Occupancy	12,900	10,320	2,580	
17	Travel	11,449	5,045	6,404	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,797	4,011	2,786	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,799	2,239	560	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONSUMABLE SUPPLIES	17,117	12,267	4,850	
b	DUES & SUBSCRIPTIONS	365		365	
c	STAFF DEVELOPMENT	298	298		
d					
e	All other expenses	193	101	92	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	11,860,801	11,823,814	36,987	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A)		(B)
	Ι.		Beginning of year	_	End of year
	1	Cash-non-interest-bearing	27,977	1	46,488
	2	Savings and temporary cash investments	108,012	2	89,315
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	2,541
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
				5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9			9	
	_	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D  10a			
	ь	Less accumulated depreciation 10b		<b>10</b> c	
	11	Investments—publicly traded securities		11	
	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)	135,989	16	138,344
	17	Accounts payable and accrued expenses	46,714	17	52,371
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
豆		persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Tabel Habitation Add Import 17 through 25	46 714	25	52.371
	26	Total liabilities. Add lines 17 through 25	46,714	26	32,371
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶			
<u>ia</u>	27	Unrestricted net assets	75,395	27	81,544
ထိ	28	Temporarily restricted net assets	13,880	28	4,429
DE .	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
\$ <b>\$</b> €	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>S</b> e	33	Total net assets or fund balances	89,275	33	85,973
	34	Total liabilities and net assets/fund balances	135,989	34	138,344

Schedule O

Single Audit Act and OMB Circular A-133?

t XI	Reconcilliation of Net Asse
	Check if Schedule O contains a re

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11,8	357,499
2	Total expenses (must equal Part IX, column (A), line 25)			44.6	260.001
3	Revenue less expenses Subtract line 2 from line 1	2		11,8	360,801
_	Reference less expenses subclue and mineral and a first and a firs	3			-3,302
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			89,275
5	Net unrealized gains (losses) on investments				
_	Denoted assurance and use of facultures	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
_		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			85,973
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	▼ Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig		2c	Yes	

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

3а

3b

Yes

Yes

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-2303821

Name: PENNSYLVANIA ASSOCIATION OF REGIONAL

FOOD BANKS

#### Form 990, Part III, Line 4a

4a (Code ) (Expenses \$ 11,823,814 including grants of \$ 11,592,040) (Revenue \$ )

ADMINISTRATION FOR THE FEDERAL COMMODITY SUPPLEMENTAL FOOD PROGRAM FOR PENNSYLVANIA (CSFP) TO ITS MEMBER ORGANIZATIONS IN THE COMMONWEALTH OF PENNSYLVANIA MEMBERSHIP CONSISTS OF 19 REGIONAL FOOD BANKS AND COMMUNITY ACTION AGENCIES LOCATED THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA OVER 34,619 INDIVIDUALS ARE PROVIDED A MONTHLY FOOD PACKAGE (SENIORS OVER THE AGE OF 60) THAT IS INTENDED TO SUPPLEMENT THEIR DIETS VIA NUTRITIOUS USDA COMMODITY FUNDING

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Data - DLN: 93493178000257

# **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.

2015

OMB No 1545-004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or

990EZ)

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization Employer identification number PENNSYLVANIA ASSOCIATION OF REGIONAL FOOD BANKS 23-2303821 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga listed in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
			Yes	No		
Total						

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 10,364,988 10,881,765 11,484,711 11,415,403 11,857,397 56,004,264 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 10,364,988 10,881,765 11,484,711 11,415,403 11,857,397 56,004,264 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 Public support. Subtract line 5 56,004,264 from line 4 Section B. Total Support Calendar year (f)Total (c)2013 (a)2011 (b)2012 (d)2014 (e)2015 (or fiscal year beginning in) 10,364,988 10,881,765 11,484,711 11,415,403 11,857,397 56,004,264 Amounts from line 4 Gross income from interest, dividends, payments received 14 on securities loans, rents, 102 128 royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 56,004,392 through 10 **12** Gross receipts from related activities, etc. (see instructions.) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 100 000 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 100 000 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 🗸 b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

	II. If the organization	1 fails to qualify	y under the tes	ts listed below	<u>, piease compie</u>	ete Part .	11.)	
_Se	ction A. Public Support	T	1	1	1			_
/ a = 6	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> ⊤otal
(OF 1	iscal year beginning in) ► Gifts, grants, contributions, and							
-	membership fees received (Do							
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished							
	in any activity that is related to							
	the organization's tax-exempt purpose							
3	Gross receipts from activities							
-	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit							
	to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5							
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							
	persons							
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that exceed							
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
_	from line 6 )							
	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)20	15	<b>(f)</b> Total
9	iscal year beginning in) ► A mounts from line 6							
10a	Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated							
	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							
	VI)							
13	Total support. (Add lines 9, 10c,							
	11, and 12)	ion the commit	l nia fir-t - '	threat formal	64h +a		017.30	
14	First five years.If the Form 990 is f	or the organization	on's first, second	, tnira, fourth, or	ππ tax year as a	section	01(c)(.	· · · · · · · · · · · · · · · · · · ·
	check this box and stop here	lia Cummant D						<u>▶</u>
	ction C. Computation of Pub			4.2 1 (0)				
15	Public support percentage for 2015			13, column (f))		15		
16	Public support percentage from 20:	14 Schedule A, P	art III, line 15			16		
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge				
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colur	mn (f))	17		
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line 1	١7		18		
	<b>33 1/3% support tests—2015.</b> If the				t line 15 is more t		3% and	lline 17 is not
1 7 a	more than 33 1/3%, check this box	•		•			•	↑ IIIIe 17 is not
h	<b>33 1/3% support tests—2014.</b> If the							•
	18 is not more than 33 1/3%, check	-						
20	<b>Private foundation.</b> If the organization		-	· ·		•	_	<b>▶</b> □

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

_	I, complete Sections A and D, and complete Part V )			
56	ection A. All Supporting Organizations	1	Voc	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	1	ı	
	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes  Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

**11**c

Pai	t IV	Supporting Organizations (continued)			
Se	ction	B. Type I Supporting Organizations			
				Yes	No
1	appoii If "No organi appoir	e directors, trustees, or membership of one or more supported organizations have the power to regularly into or elect at least a majority of the organization's directors or trustees at all times during the tax year? "" describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the zation's activities. If the organization had more than one supported organization, describe how the powers to it and/or remove directors or trustees were allocated among the supported organizations and what conditions or strong, if any, applied to such powers during the tax year.	1		
2	that o If "Ye:	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? 5," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that ed, supervised or controlled the supporting organization	2		
Se	ction	C. Type II Supporting Organizations			
				Yes	No
1	truste If "No	a majority of the organization's directors or trustees during the tax year also a majority of the directors or es of each of the organization's supported organization(s)? "" describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons ontrolled or managed the supported organization(s)	1		
Se	ction	D. All Type III Supporting Organizations			
				Yes	No
1	organ tax ye	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (1) a written notice describing the type and amount of support provided during the prior ear, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of ganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ <i>If "No</i>	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? "explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the ited organization(s)	2		
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at uses during the tax year?  5," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
_					
		E. Type III Functionally-Integrated Supporting Organizations			
1 b		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test-Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government er instructions)			
2	<u>A ctivi</u>	ties Test Answer (a) and (b) below.		Yes	No
a	s uppo If "Yes furthe	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive?  5," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly is identify those supported organizations and explain how these activities directly is identify those supported organizations, and how the station determined that these activities constituted substantially all of its activities	2a		
Ŀ	the or If "Yes	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in?  5," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have ed in these activities but for the organization's involvement	2b		
3	Paren	t of Supported Organizations Answer (a) and (b) below.			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b		e organization exercise a substantial degree of direction over the policies, programs and activities of each supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard</i>	3b		

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

	heck here if the organization satisfied the Integral Part Test as a qualifying t	rust on N	ov 20,1970 <b>See inst</b>	ructions. All other
Т	ype III non-functionally integrated supporting organizations must complete	Sections	A through E	Г
				(B) Current Year
	Section A - Adjusted Net Income		(A) Prior Year	(optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	heck here if the current year is the organization's first as a non-functionally- estructions)	integrate	d Type III supporting o	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accom	plish exempt purposes								
2 Amounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp								
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons							
4 Amounts paid to acquire exempt-use assets									
5 Qualified set-aside amounts (prior IRS approval rec	auıred)								
6 Other distributions (describe in Part VI) See instru	. ,								
·	30013								
7 Total annual distributions. Add lines 1 through 6									
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide							
9 Distributable amount for 2015 from Section C, line	6								
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015						
Distributable amount for 2015 from Section C, line 6									
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)									
<b>3</b> Excess distributions carryover, if any, to 2015									
a									
b									
<b>d</b> From 2013									
e From 2014									
f Total of lines 3a through e									
<b>g</b> Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i Carryover from 2010 not applied (see instructions)									
j Remainder Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2015 from Section D, line 7									
\$									
a Applied to underdistributions of prior years									
<b>b</b> Applied to 2015 distributable amount									
c Remainder Subtract lines 4a and 4b from 4									
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c									
8 Breakdown of line 7									
a									
<b>c</b> Excess from 2013									
<b>d</b> From 2014									
e From 2015									

#### DLN: 93493178000257

## **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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

lf th line	, , , , =	s" on Form 990, Part IV, Line 5 (Perinstructions), then			•
Na	me of the organization	·		Employer iden	tification number
	OD BANKS	L		23-2303821	
Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn actı	ıvıtıes ın Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	is exempt under section 501(c) or is a section 527 organization.  rect and indirect political campaign activities in Part IV  is exempt under section 501(c)(3).  by the organization under section 4955  by organization managers under section 4955  cax, did it file Form 4720 for this year?  is exempt under section 501(c), except section 501(c)(3).  Ing organization for section 527 exempt function activities  funds contributed to other organizations for section 527  cas 1 and 2 Enter here and on Form 1120-POL, line 17b  cas 1 and 2 Enter here and on Form 112		
1	Enter the amount of any excise	e tax incurred by the organization ur	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana-	gers under sectior	n 4955 <b>▶</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			▼
5	Enter the names, addresses ar organization made payments I amount of political contribution	nd employer identification number (f For each organization listed, enter tl ns received that were promptly and i	ne amount paid fro directly delivered	m the filing organization's f to a separate political orga	to which the filing unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
2					
3					
4					
5					
6					

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

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

**B** Check ► If the filing organization checked box A and "limited control" provisions apply (a) Filing (b) Affiliated Limits on Lobbying Expenditures organization's group totals (The term "expenditures" means amounts paid or incurred.) totals Total lobbying expenditures to influence public opinion (grass roots 3,587 1a lobbvina) Total lobbying expenditures to influence a legislative body (direct lobbying) 1,785 Total lobbying expenditures (add lines 1a and 1b) 5,372 Other exempt purpose expenditures 11,855,429 Total exempt purpose expenditures (add lines 1c and 1d) 11,860,801 743,040 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 Grassroots nontaxable amount (enter 25% of line 1f) 185.760

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

TYes T	Ю
--------	---

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

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> ⊤otal				
Lobbying nontaxable amount	695,213	724,251	720,781	743,040	2,883,285				
Lobbying ceiling amount (150% of line 2a, column(e))					4,324,928				
Total lobbying expenditures	4,650	5,116	4,064	5,372	19,202				
Grassroots nontaxable amount	173,803	181,063	180,195	185,760	720,821				
Grassroots ceiling amount (150% of line 2d, column (e))					1,081,232				
Grassroots lobbying expenditures	3,105	3,416		3,587	12,817				
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  4,650  Grassroots nontaxable amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  (a) 2012  (b) 2013  Lobbying nontaxable amount  (50% of line 2a, column(e))  Total lobbying expenditures  4,650  5,116  Grassroots nontaxable amount  (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  (a) 2012 (b) 2013 (c) 2014  Lobbying nontaxable amount 695,213 724,251 720,781  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures 4,650 5,116 4,064  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures 3,105 3,416 2,709	Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount 695,213 724,251 720,781 743,040  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures 4,650 5,116 4,064 5,372  Grassroots nontaxable amount 173,803 181,063 180,195 185,760  Grassroots ceiling amount (150% of line 2d, column (e))				

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total Add lines 1c through 1i	Yes	No		(b)	nt
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	Yes	No		A moun	<u></u>
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?	Yes				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?			_		
Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
Other activities?					
<u></u>	I				
Total Add lines 1c through 1i					
5					
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
If "Yes," enter the amount of any tax incurred under section 4912					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	)1(c)	)(5),	or s	ectio	n 
		-		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."					
Dues, assessments and similar amounts from members	1				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
Current year	2a				
Carryover from last year	2b				
Total	2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
Taxable amount of lobbying and political expenditures (see instructions)	5				
Part IV Supplemental Information	-				

Explanation

DLN: 93493178000257

# **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

(Form 990)

**SCHEDULE D** 

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. Internal Revenue Service

Nan	ne of the organization ISYLVANIA ASSOCIATION OF REGIONAL		Empl	oyer iden	tification r	number
	D BANKS		23-2	303821		
Pai		r <b>Advised Funds or Other Similar F</b> ed "Yes" on Form 990, Part IV, line 6.	unds	r Acco	unts.	
	<u> </u>	(a) Donor advised funds	(b)	Funds an	d other acc	ounts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor funds are the organization's property, subject to		nor advi:	ed	Гу	′es □ N
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	iny othe			′es
L		ete if the organization answered "Yes" (	on Forn	า 990, P	art IV, lın	e 7.
	Purpose(s) of conservation easements held by th					
	Preservation of land for public use (e.g., recreducation)	reation or Preservation of a	an histor	ıcallv imr	ortant land	l area
	Protection of natural habitat	Preservation of a				
	Preservation of open space	,				
	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form	of a cons	servation	
	easement on the last day of the tax year	neta a qualifica conscivation contribution in				
				Held a	at the End	of the Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easeme	ents	2b			
	Number of conservation easements on a certified	, ,	2c			
	Number of conservation easements included in (in historic structure listed in the National Register		2d			
	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminat	ed by th	e organiza	ation during	g the
	tax year ▶					
	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>				
	Does the organization have a written policy regard violations, and enforcement of the conservation $\boldsymbol{\varepsilon}$		idling of		┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	ervation	easements	during the
	A mount of expenses incurred in monitoring, inspi	ecting, handling of violations, and enforcing o	onserva	tion ease	ements duri	ing the year
	Does each conservation easement reported on Ii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)	☐ Yes	┌ No
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia			nent, and	
ri	Organizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Sim	ilar Asse	ets.
	If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its reversessets held for public exhibition, education,	or rese	arch in fui		
	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education,	statem	ent and ba		
( i	Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$			
	Assets included in Form 990, Part X					
	If the organization received or held works of art, following amounts required to be reported under S		or financ			
	Revenue included on Form 990. Part VIII. line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Part	• • • •	Organizations Maintaining (continued)	Collections of A	Art, His	storica	al Tr	easure	s, or (	Other	Similar A	ssets
3	Using collec	the organization's acquisition, according to the control of the co	ession, and other re	cords, cl	heck an	y of th	ne followi	ng that	are a s	significant us	se of its
а		Public exhibition		d		Loan	or exchai	nge pro	grams		
b		Scholarly research		е	$\Gamma$	Other					
c	_	Preservation for future generations									
4	•	de a description of the organization?	s collections and ex	plain ho	w they f	urther	the orga	ınızatıo	n's exe	empt purpose	e in
5		g the year, did the organization soli								lar	
Dar	asset t IV	s to be sold to raise funds rather the Escrow and Custodial Arra		as part	of the o	rganız	ation's c	ollectio	n?	Ye	s No
Pall	CIV	Complete if the organization a Part X, line 21.	_	n Form	990, P	art I\	/, line 9	, or re	porte	d an amou	nt on Form 99
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todian or other inte	rmediary	for cor	ntrıbut	ions or o	ther as:	sets n	ot <b>Ye</b>	es No
b	If"	Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing	table				An	nount
c	Вед	jinning balance						10	:		
d	Ado	ditions during the year						10	ı		
е	Dıs	tributions during the year						16	:		
f		ding balance						1f			
<b>2</b> a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for esc	row or	custodia	al accou	ınt lıab	oility? <b>Ye</b>	es No
ь Ра	If"Ye r <b>t V</b>	s," explain the arrangement in Part <b>Endowment Funds.</b> Comple									
			(a)Current year	<b>(b)</b> Pi	nor year	b	(c)Two ye	ars back	( <b>d)</b> Th	ree years back	(e)Four years ba
1a	_	nning of year balance				_					
Ь	Conti	ributions • • • • • • •									
c	Net II losse	nvestment earnings, gains, and s									
d	Grant	ts or scholarships									
e		r expenditures for facilities irograms									
f	A dmı	nistrative expenses									
g	End o	of year balance									
2	Provid	de the estimated percentage of the	current year end bal	ance (lır	ne 1g, c	olumn	ı (a)) held	d as			
а	Board	designated or quasi-endowment <b>&gt;</b>									
b	Perma	anent endowment ►									
c		orarily restricted endowment ► ercentages on lines 2a, 2b, and 2c	should equal 100%								
3a		nere endowment funds not in the pos ization by	ssession of the orga	nızatıon	that are	e held	and adm	ınıstere	d for t	he	Yes No
	<b>(i)</b> un	related organizations									a(i)
h		lated organizations									a(ii)
ь 4		ribe in Part XIII the intended uses of									30
	t VI	Land, Buildings, and Equip									
		Complete If the organization a Description of property			90, Pa Cost or	other l	basis	a.See (b) or other l		990, Part 2 Accumulate (c) depreciation	ed (d)Book val
								(other)			
				· ·							
		gs		<del> </del>							
		nent									
				·							
	Other			!					ļ		1

Schedule D	(Form 990) 2015			Page <b>3</b>
Part VII	Investments—Other Securities.	complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or catego	ory	(b)Book value	(c)Method of valuation
	(including name of security)			Cost or end-of-year market value
	al derivatives -held equity interests			
(3)Other	-nera equity interests			
-				
	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments—Program Related. Complete if the organization answer	ed 'Yes' on Form 9	90. Part IV. line 11c.c	an Form COO Book V June 12
	(a) Description of investment		(b) Book value	(c) Method of valuation
	(a) Description of investment		(b) Book value	Cost or end-of-year market value
-				
-				
	mn (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. Complete if the organiza	<u>tion answered 'Yes' o</u> scription	n Form 990, Part IV, line	(b) Book value
	(a) Des	scription		(b) Book value
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) lın	ne 15)		
Part X	Other Liabilities. Complete if the o	rganızatıon answer	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
	See Form 990, Part X, line 25.	(h) Book valu	. <u>.</u>	
1.	(a) Description of liability	(b) Book valu	ie l	
Federal inc	ome taxes			
-				

	Reconciliation of Revenue per Audited Financial Statements With Reve	nue per Retu	r <b>n</b>
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	1	11 957 400
2		-	11,857,499
_	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	<u> </u>	
e	Add lines 2a through 2d	. 2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,857,499
4	A mounts 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 XIII )		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		11,857,499
Part	<b>Reconciliation of Expenses per Audited Financial Statements With Exp</b> Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.	enses per Rei	turn.
1	Total expenses and losses per audited financial statements	. 1	11,860,801
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,860,801
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		. ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	<b>—</b>	11,860,801
	t XIII Supplemental Information	. , , , ,	11,000,001
Prov Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this rmation		ny additional
	Return Reference Explanation		
See A	Additional Data Table		

Page <b>5</b>			
	ormation (continued)	art XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

# Additional Data

Software Version:

Software ID:

**EIN:** 23-2303821

FOOD BANKS

Name: PENNSYLVANIA ASSOCIATION OF REGIONAL

FINANC

RETURN

RETU

**Supplemental Information** Return Reference

Explanation

PART X, LINE

PENNSYLVANIA ASSOCIATION OF REGIONAL FOOD BANK (PARF) FOLLOWS THE INCOME TAXES TOPIC OFTH

RNS FOR YEARS BEFORE 2013

E CODIFICATION THAT REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR

IAL STATEMENT DISCLOSURES OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX

PARF HAS ASSESSED THE TAX POSITIONS IT HAS TAKEN OR EXPECTS TO TAKE IN ITS TAX RETURNS, AN

D, AS A RESULT, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED, FURTHER, PARF HAS NO UNRECOGNIZED TAX BENEFITS PARE IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493178000257

Open to Public Inspection

lame of the organization						Employer identification	on number
PENNSYLVANIA ASSOCIATION OF F FOOD BANKS	REGIONAL					23-2303821	
Part I General Information	on Grants and	Assistance					
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organizat</li> <li>Part II Grants and Other Assistan</li> </ul>	ard the grants or ass non's procedures fo nce to Domestic Org	sistance? r monitoring the use particular and Dome	of grant funds in the Un stic Governments. Com				✓ Yes No., for any recipient
that received more than \$5	5,000 Part II can l	be duplicated if additi	onal space is needed	1	T	1	Г
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed										
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance					

AND OTHER RELEVANT INFORMATION

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Return Referer	nce	Explanat	ion					
PART I, LINE 2		DISPOSA RETAINE UNRESOI ESTABLI PROGRAI	AL, FUNDS, EL: ED FOR A PERI LVED CLAIMS SHED A MANA M ACTIVITIES	IGIBILITY OD OF TH ACTION: AGEMENT S MEET PI	' DETERMINATIONS, F, HREE YEARS FROM THE S, AUDITS, OR INVEST REVIEW SYSTEM TO E ROGRAM REQUIREMEN	AIR HEARINGS, AND O END OF THE FISCAL Y IGATIONS, UNTIL THO NSURE THE SUB DISTR TS AND OBJECTIVES	THER PROGRAM ACTIVITIES EAR TO WHICH THEY PERTA SE ACTIVITIES HAVE BEEN IBUTING AGENCIES AND OT AS PART OF THE SYSTEM, PA	IN, OR, IF THEY ARE RELATED TO

PART OF THE ON-SITE REVIEW, PARF MUST EVALUATE ALL ASPECTS OF PROGRAM ADMINISTRATION, INCLUDING CERTIFICATION PROCEDURES, NUTRITION EDUCATION, CIVIL RIGHTS COMPLIANCE, FOOD STORAGE PRACTICES, INVENTORY CONTROLS, AND FINANCIAL MANAGEMENT SYSTEMS. IN ADDITION TO CONDUCTING ON-SITE REVIEWS, PARF MUST EVALUATE PROGRAM

ADMINISTRATION ON AN ONGOING BASIS BY REVIEWING FINANCIAL REPORTS, AUDIT REPORTS, FOOD ORDERS, INVENTORY REPORTS,

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 23-2303821

Name: PENNSYLVANIA ASSOCIATION OF REGIONAL

FOOD BANKS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BUCKS COUNTY OPPORTUNITY COUNCIL 100 DOYLE ST DOYLESTOWN, PA 18901	23-6406222	501(C)(3)	33,934	132,055	ACTUAL USDA COST	FOOD	AID IN HUNGER RELIEF			
BUTLER COUNTY COMMUNITY ACTION DEVELOPMENT 121 SUNNYVIEW CIRCLE SUITE 121 BUTLER,PA 16001	25-6001020	GOVERNMENT A GENCY	23,986	93,326	ACTUAL USDA COST	FOOD	AID IN HUNGER RELIEF			
CENTRAL PENNSYLVANIA FOOD BANK 3908 COREY RD HARRISBURG,PA 17109	23-2202250	501(C)(3)	367,907	1,431,630	ACTUAL USDA COST	FOOD	AID IN HUNGER RELIEF			

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CHESTER COUNTY FOOD 27-0887311 501(C)(3) 32,731 127,358 ACTUAL USDA COST AID IN HUNGER BANK RELIEF 1208 HORSESHOE PIKE DOWNINGTOWN, PA 19335 COMMUNITY FOOD 25-1446242 501(C)(3) 26,589 103,458 ACTUAL USDA COST AID IN HUNGER WAREHOUSE OF MERCER RELIEF COUNTY 109 S SHARPSVILLE AVE

COUNTY
109 S SHARPSVILLE AVE
SHARON, PA 16146

FAYETTE COUNTY
COMMUNITY ACTION
AGENCY
140 NORTH BEESON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVENUE

UNIONTOWN, PA 15401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FOOD FOR FAMILIES -25-1423020 501(C)(3) 37.688 146,646 ACTUAL USDA COST AID IN HUNGER CAMBRIA RELIEF 945 FRANKLIN STREET JOHNSTOWN, PA 15905

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STREET

DUQUESNE, PA 15110

GREATER BERKS FOOD BANK 1011 TUCKERTON COURT READING,PA 19605	22-2456238	501(C)(3)	94,620	368,196	ACTUAL USDA COST	AID IN HUNGER RELIEF
GREATER PITTSBURGH COMMUNITY FOOD BANK ONE NORTH LINDEN	25-1420599	501(C)(3)	406,067	1,580,117	ACTUAL USDA COST	AID IN HUNGER RELIEF

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) GREATER WASHINGTON 23-2939247 501(C)(3) 44,539 173,317 ACTUAL USDA COST AID IN HUNGER COUNTY FOOD BANK RELIEF 1020 ROUTE 519 EIGHTY FOUR, PA 15330 31.865 124.002 ACTUAL USDA COST FOOD INDIANA COUNTY 25-6069770 501(C)(3) AID IN HUNGER

COMMUNITY ACTION PROGRAM 1849 SOUTH 6TH STREET INDIANA, PA 15701	25 0003770	001(0)(0)	31,003	12.,002		RELIEF
MONTGOMERY COUNTY COMMUNITY ACTION DEVELOPMENT	23-1689892	501(C)(3)	57,008	221,831	ACTUAL USDA COST	AID IN HUNGER RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMISSION

113 EAST MAIN STREET NORRISTOWN, PA 19401

**(b)** EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (a) Name and address of (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 23-2290505 501(C)(3) 281,652 1.095.994 ACTUAL USDA COST AID IN HUNGER PHILABUNDANCE FOOD BANK RELIEF 302 WEST BERKS STREET PHILADELPHIA, PA 19122 SECOND HARVEST FOOD 23-1669589 501(C)(3) 138,877 540,409 ACTUAL USDA COST AID IN HUNGER BANK OF LEHIGH VALLEY & RELIEF 2045 HARVEST WAY

NF PA ALLENTOWN, PA 18104 SECOND HARVEST FOOD 25-1405798 179,093 696,905 ACTUAL USDA COST FOOD 501(C)(3) AID IN HUNGER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ERIE, PA 16501

BANK OF NW PA RELIEF 1507 GRIMM DRIVE

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) SHARE FOOD PROGRAM 23-2360819 277.992 1,081,727 ACTUAL USDA COST AID IN HUNGER 501(C)(3) 2901 WEST HUNTING PARK RELIEF AVE

WEINBERG NE PA REGIONAL FOOD BANK 165 AMBER LANE WILKESBARRE,PA 18703	23-1653093	501(C)(3)		ACTUAL USDA COST	AID IN HUNGER RELIEF
PHILADELPHIA,PA 19129					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DELMONT, PA 15626

WESTMORELAND COUNTY 23-1422682 501(C)(3) 93,935 365,533 ACTUAL USDA COST AID IN HUNGER FOOD BANK

RELIEF 100 DEVONSHIRE DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (a) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment other) assistance 23-2452484 501(C)(3) 52.055 202,564 ACTUAL USDA COST FOOD AID IN HUNGER

YORK COUNTY FOOD BANK RELIEF 254 WEST PRINCESS STREET

YORK, PA 17404

**SCHEDULE M** 

Department of the

(Form 990)

DLN: 93493178000257

## **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2015

> Open to Public Inspection

Treasury Internal Revenue Service Name of the organization PENNSYLVANIA ASSOCIATION OF REGIONAL Employer identification number FOOD BANKS 23-2303821 Part I Types of Property

		(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d noncash contrib	etermining	ts
1	Art—Works of art			19			
	Art—Historical treasures .						
	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
_	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .						
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						
	Real estate—Other						
	Collectibles						
	Food inventory	X	425,994	9,222,089	ACTUAL USDA CO	ST	
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other ► ()						
	Other ► () Other ► ()						
	Other ▶ ()						
	Number of Forms 8283 received	by the orga	Inization during the tay yea	r for contributions			
23	for which the organization comple				29		0
				-	•	Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1 through 28, that		
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requii	ed to be used		
	for exempt purposes for the enti	re holding p	eriod?			30a	No
b	If "Yes," describe the arrangeme	ent in Part I	II				
31	Does the organization have a gif	t acceptano	ce policy that requires the i	eview of any non-standard	contributions?	31	No
32a	Does the organization hire or us contributions?	•	-	to solicit, process, or sell r	noncash 	32a	No
b	If "Yes," describe in Part II						
33	If the organization did not report	: an amount	in column (c) for a type of	property for which column (a	a) is checked,		
	describe in Part II		, , , , , ,	,	•		

PART I. COLUMN (B) RECIEVED APPROXIMATELY 11,305,625 POUNDS OF VARIOUS FOOD ITEMS. THE AMOUNT IN FOOD BANKS RECEIVED

COLUMN (B) REPRESENTS CASES OF FOOD THE PENNSYLVANIA ASSOCIATION OF REGIONAL

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493178000257 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O 2015 (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ► Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasurv www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number PENNSYLVANIA ASSOCIATION OF REGIONAL FOOD BANKS 23-2303821 990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. ANY ACTION REQUIRED TO BE TAKEN BETWEEN REGULAR MEETINGS OF THE BOARD OF DIRECTORS MAY BE PART VI. TAKEN BY THE EXECUTIVE COMMITTEE ALL ACTIONS OF THE EXECUTIVE COMMITTEE MUST BE RATIFIED SECTION A, BY THE BOARD AT THE NEXT REGULAR MEETING LINE 1

990 Schedule O. Supplemental Information Return Explanation

A MEMBER OF THE ORGANIZATION IS DEFINED AS A NON-PROFIT CHARITABLE ORGANIZATION EXEMPT UND ER IRC SECTION 501(C)(3) OR COUNTY LEAD AGENCY THAT ADMINISTERS AT LEAST ONE FOOD PROGRAM

Reference FORM 990.

PART VI.

AND IS ENGAGED IN SOLICITING FOOD FROM THE FOOD INDUSTRY , TRANSPORTING , RECEIVING , OR SORT ING AND DISTRIBUTING THE FOOD TO NON-PROFIT CHARITABLE AGENCIES THAT SUPPLY FOOD TO THE NE

SECTION A. LINE 6 EDY. ILL. AND/OR INFANTS THAT HAVE BEEN ACCEPTED ACCORDING TO PREVAILING GUIDELINES MEMBE

RS ARE ALSO REFERRED TO AS PARTNER ORGANIZATIONS

Return Explanation

FORM 990, BOARD MEMBERSHIP IS RESERVED TO THOSE PARTNER ORGANIZATIONS REFERRED TO AS MEMBER ORGANIZA

PART VI,
SECTION A,
ITIONS EACH MEMBER ORGANIZATION DESIGNATES A VOTING REPRESENTATIVE TO SERVE ON THE BOARD O
F DIRECTORS IN THE ABSENCE OF THE VOTING REPRESENTATIVE, HE OR SHE SHALL BE EMPOWERED TO
LINE 7A
APPOINT A PROXY EACH MEMBER ORGANIZATION IS ENTITLED TO ONE VOTING REPRESENTATIVE AT BOAR

D MEETINGS

Return
Reference

FORM 990. AS DISCLOSED, BOARD MEMBERS ARE DESIGNATED REPRESENTATIVES OF A PARTNER ORGANIZATION ALSO

BEEN ELECTED TO SERVE AS OFFICERS OF THE ORGANIZATION KAREN SEGGI, PRESDENT, GLENN BERGM

PART VI,
SECTION A,
LINE 7B
GGREGATE COMPRISE THE GOVERNING BODY AS A RESULT, THE MEMBER ORGANIZATIONS GOVERN THE ORGANIZATION AND A CCORDINGLY A PPROVE ALL DECISIONS THE FOLLOWING VOTING REPRESENTATIVES HAVE

AN, VICE PRESIDENT, LARRY WELSCH, TREASURER, HEATHER FOOR, SECRETARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS FORWARDED TO THE TREASURER PRIOR TO FILING TO REVIEW, COMMENT AND PROVIDE RECOMMENDATIONS A FINAL VERSION OF FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI.	THE BY LAWS OF THE ORGANIZATION CONTAIN AN ARTICLE THAT ADDRESS CONFLICTS OF INTEREST. THE DIRECTORS. OFFICERS AND STAFF OF THE ORGANIZATION HAVE A DUTY TO CONDUCT AFFAIRS OF THE OR
SECTION B.	GANIZATION ETHICALLY WITH HONESTY AND INTEGRITY DIRECTORS, OFFICERS AND STAFF OF THE ORGA
LINE 12C	NIZATION ARE REQUIRED TO DISCLOSE TO THE BOARD ANY SITUATION WITH A CONFLICTING INTEREST O
LINE 120	I R DUALITY OF INTEREST THAT COULD POSSIBLY CAUSE A BREACH OF THEIR DUTIES IF A CONFLICT EX
	ISTS, THE DIRECTOR OR OFFICER INVOLVED SHALL NOT VOTE ON OR PARTICIPATE IN THE DISCUSSIONS
	OR DELIBERATIONS WITH RESPECT TO THE MATTER MEETING MINUTES REFLECT THE DISCLOSURE OF AN
	Y CONFLICTS PRESENTED AND THE ABSENCE OF THE OFFICER OR DIRECTOR DURING DISCUSSION REGARDI
	ING THE ISSUE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. AN INTERESTE
	D PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNIT
	Y TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING
	BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOS
	URE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE IN
	TERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DET
	ERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR C
	OMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXITS IF THE GOVERNING BOARD OR C
	OMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBL
	E CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFOR
	D THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. AFTER EXERCISING D
	UE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION OB
	TAINED WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSO
	N OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRA
	NSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CON
	FLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTIO
	N OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST AND WHETHER IT IS FAIR AND REASONA
	BLE AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANT
	ED BY THE CIRCUMSTANCES, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION ANY
	IDENTIFIED CONFLICT, PERSONS ASSOCIATED WITH IDENTIFIED CONFLICT, AND DECISIONS MADE REGA
	RDING THE NATURE OF THE CONFLICT ARE DOCUMENTED IN THE MINUTES OF THE GOVERNING BODY AND A
	SSOCIATED COMMITTEES

990 Schedule O, Supplemental Information				
Return Reference	Explanation			
FORM 990, PART VI, SECTION B, LINE 15A	AN ANNUAL EVALUATION IS COMPLETED BY THE EXECUTIVE COMMITTEE COMPRISED OF THE BOARD PRESIDENT, VICE PRESIDENT, TREASURER, SECRETARY AND BOARD MEMBER AT LARGE. THE COMMITTEE RELIES ON AN INDEPENDENT OUTSIDE SURVEY WHEN DETERMINING EXECUTIVE COMPENSATION			

c

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. THE ORGANIZATION WILL PROVIDE GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY AND FINANCIAL PART VI. STATEMENTS TO REQUESTING PARTIES UPON REQUEST SECTION C. LINE 19

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REPORTING

## FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND THE TREASURER REVIEWS THE INTERNAL GENERATED FINANCIAL STATEMENTS MONTHLY AN INDEPENDENT ACCOUNTING FIRM COMPILES QUARTERLY FINANCIAL STATEMENTS FOR THE EXECUTIVE COMMITTEE TO REV IEW AND PRESENT AT THE NEXT QUARTERLY MEETING OF THE BOARD OF DIRECTORS THE TREASURER WOR KS WITH THE INDEPENDENT AUDITING FIRM THROUGHOUT THE AUDIT PROCESS THE FINAL DRAFT AUDIT IS REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED. THE TREASURER PRESENTS THE EXECUTIVE

Explanation

IS REVIEWED BY THE EXECUTIVE COMMITTEE AND APPROVED THE TREASURER PRESENTS THE EXECUTIVE COMMITTEE APPROVED AUDIT TO THE ENTIRE BOARD AT THE NEXT QUARTERLY MEETING FOR FINAL APPROVAL THE PROCESS INVOLVING OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMEN TS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR