efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Doing business as

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

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

D Employer identification number
25-1420599

E Telephone number
(412) 460-3663

G Gross receipts $ 49,976,985

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW PITTSBURGHFOODBANK ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1982

M State of legal domicile PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	120
6	Total number of volunteers (estimate if necessary)	**6**	4,700
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	43,503,633	47,064,600
9	Program service revenue (Part VIII, line 2g)	3,041,215	2,576,937
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,139	87,345
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,463	-157,156
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,586,524	49,571,726
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,812,319	6,378,513
16a	Professional fundraising fees (Part IX, column (A), line 11e)	489,053	465,989
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,133,737		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	38,741,271	42,114,092
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,042,643	48,958,594
19	Revenue less expenses Subtract line 18 from line 12	1,543,881	613,132

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,915,201	18,832,433
21	Total liabilities (Part X, line 26)	1,966,653	2,725,692
22	Net assets or fund balances Subtract line 21 from line 20	14,948,548	16,106,741

Part II Signature Block

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

Sign Here

****** 2018-03-16
Signature of officer Date

LISA SCALES CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
EUGENE J LOGAN	EUGENE J LOGAN			P00227231

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

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

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 43,183,202 including grants of $) (Revenue $ 2,562,612)

See Additional Data

4b (Code) (Expenses $ 1,280,151 including grants of $) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 1,021,562 including grants of $) (Revenue $ 14,325)

See Additional Data

(Code) (Expenses $ 661,700 including grants of $) (Revenue $)

COMMUNITY OUTREACH AND EDUCATION FOCUSED ON CONNECTING THE PUBLIC TO THE MISSION OF THE FOOD BANK AND BRINGING ATTENTION TO ISSUES OF HUNGER AND POVERTY, WHILE EMPHASIZING THE VALUE OF COMMUNITY SERVICE OUR OUTREACH AND EDUCATION PROGRAMS INCLUDE * ADVOCACY THE FOOD BANK USES VARIOUS STRATEGIES TO MOBILIZE THE PUBLIC TO SPEAK OUT ABOUT THE IMPACT OF HUNGER ON INDIVIDUALS AND FAMILIES AND TO ENCOURAGE ELECTED OFFICIALS TO SUPPORT PUBLIC POLICIES THAT STRENGTHEN AND PROTECT IMPORTANT NUTRITION ASSISTANCE PROGRAMS THESE STRATEGIES INCLUDE THE USE OF SOCIAL MEDIA, SENDING ACTION ALERT EMAILS, ENCOURAGING INDIVIDUALS TO MEET IN PERSON WITH THEIR ELECTED OFFICIALS AND/OR STAFF, CALL-IN DAYS AND LETTER WRITING CAMPAIGNS * MARKETING AND COMMUNICATIONS RESPONSIBLE FOR UNDERSTANDING THE AUDIENCES WITH WHOM THE FOOD BANK IS COMMUNICATING, CREATING RELEVANT AND COMPELLING MESSAGING THOSE GROUPS FIND VALUABLE AND DELIVERING THAT MESSAGING THROUGH A VARIETY OF COMMUNICATIONS CHANNELS * EDUCATION STAFF, BOARD MEMBERS AND VOLUNTEERS ENGAGE MEMBERS OF COMMUNITY GROUPS, SCHOOLS AND UNIVERSITIES, CONGREGATIONS, BUSINESSES AND OTHER AFFILIATIONS IN ACTIVITIES THAT RAISE AWARENESS ABOUT FOOD BANK'S MISSION TO FEED PEOPLE IN NEED AND MOBILIZE THE COMMUNITY TO ELIMINATE HUNGER VOLUNTEER PROGRAM THE FOOD BANK ENGAGES VOLUNTEERS FROM ALL SECTORS OF THE COMMUNITY INCLUDING CORPORATIONS, SCHOOL GROUPS, CHURCH GROUPS AS WELL AS THE PRIVATE SECTOR WHO PROVIDE CLERICAL SUPPORT, SORT AND PACKAGE FOOD DONATIONS, ASSIST WITH FOOD DISTRIBUTIONS, HELP WITH SNAP (FOOD STAMPS) APPLICATIONS, AS WELL AS SUPPORT EVENTS, THIRD PARTY FOOD/FUND DRIVES AND RESCUING FRESH FOOD FROM LOCAL FARMS THROUGHOUT 2016-17, 4,700 VOLUNTEERS CONTRIBUTED MORE THAN 61,000 HOURS TO SUPPORT THE FOOD BANK'S MISSION THESE HOURS ARE THE EQUIVALENT OF 30 FULL-TIME EMPLOYEES

4d Other program services (Describe in Schedule O)

(Expenses $ 661,700 including grants of $) (Revenue $)

4e **Total program service expenses ▶** 46,146,615

Part 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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
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*	11c		No
d	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*	11d		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*	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? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	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?	**20b**		
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**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *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?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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)			
a	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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	32		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	120		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *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?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *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*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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	1a	29		
	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	29		
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			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	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			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 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 ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶BART HUCHEL 1 NORTH LINDEN STREET DUQUESNE, PA 15110 (412) 460-3663

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								447,692	0	92,377

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RUSS REID COMPANY 2 N LAKE AVENUE SUITE 600 PASADENA, CA 91101	DIRECT MAIL SERVICE	517,895

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 156,045				
b Membership dues	1b				
c Fundraising events	1c 209,548				
d Related organizations	1d				
e Government grants (contributions)	1e 8,132,628				
f All other contributions, gifts, grants, and similar amounts not included above	1f 38,566,379				
g Noncash contributions included in lines 1a-1f $ 28,053,017					
h **Total.** Add lines 1a-1f ▶		47,064,600			
Program Service Revenue	Business Code				
2a WHOLESALE FOOD PROGRAM	900099	2,249,266	2,249,266		
b SHARED MAINTENANCE FEES	900099	240,427	240,427		
c TRUCKING SERVICES	900099	72,919	72,919		
d MEMBERSHIP DUES	900099	14,325	14,325		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f ▶		2,576,937			
3 Investment income (including dividends, interest, and other similar amounts) ▶		81,309			81,309
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	157,893 / 5,885				
b Less cost or other basis and sales expenses	157,742 / 0				
c Gain or (loss)	151 / 5,885				
d Net gain or (loss) ▶		6,036			6,036
Other Revenue 8a Gross income from fundraising events (not including $ 209,548 of contributions reported on line 1c) See Part IV, line 18 a	43,298				
b Less direct expenses b	247,517				
c Net income or (loss) from fundraising events ▶		-204,219			-204,219
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	47,063			47,063
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶		47,063			
12 Total revenue. See Instructions ▶		49,571,726	2,576,937	0	-69,811

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	624,210	247,991	293,724	82,495
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	4,196,533	3,322,619	616,638	257,276
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	267,747	213,208	35,519	19,020
9 Other employee benefits	872,930	747,806	102,425	22,699
10 Payroll taxes	417,093	313,647	74,790	28,656
11 Fees for services (non-employees)				
a Management				
b Legal	865		865	
c Accounting	51,502		51,502	
d Lobbying	26,509	26,509		
e Professional fundraising services See Part IV, line 17	465,989			465,989
f Investment management fees	17,665		17,665	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	413,825	240,616	144,497	28,712
12 Advertising and promotion	223,440	85,911	116,845	20,684
13 Office expenses	595,802	421,725	52,157	121,920
14 Information technology	314,945	201,628	67,740	45,577
15 Royalties				
16 Occupancy	330,996	319,782	8,539	2,675
17 Travel	100,757	76,618	17,978	6,161
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,263	50,754	17,228	5,281
20 Interest				
21 Payments to affiliates	21,060	15,818	3,814	1,428
22 Depreciation, depletion, and amortization	554,854	526,699	21,445	6,710
23 Insurance	82,922	79,330	2,739	853
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD DISTRIBUTION	37,973,647	37,973,647		
b AGENCY SUPPORT	698,706	686,712	3,880	8,114
c FREIGHT AND TRUCKING	528,058	527,999	59	
d MEMBERSHIP & SUBSCRIPTI	39,190	16,824	15,004	7,362
e All other expenses	66,086	50,772	13,189	2,125
25 **Total functional expenses.** Add lines 1 through 24e	48,958,594	46,146,615	1,678,242	1,133,737
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

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	4,442,707	1	4,963,228
	2	Savings and temporary cash investments	1,412,557	2	2,009,971
	3	Pledges and grants receivable, net	722,577	3	374,663
	4	Accounts receivable, net	274,601	4	234,420
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,935,745	8	2,455,866
	9	Prepaid expenses and deferred charges	32,708	9	52,538
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 10,929,750			
	b	Less accumulated depreciation — 10b: 7,257,214	3,630,084	10c	3,672,536
	11	Investments—publicly traded securities	4,464,222	11	5,069,211
	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)	16,915,201	16	18,832,433
Liabilities	17	Accounts payable and accrued expenses	994,857	17	1,392,867
	18	Grants payable		18	
	19	Deferred revenue	971,796	19	1,332,825
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,966,653	26	2,725,692
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	13,123,113	27	13,834,795
	28	Temporarily restricted net assets	1,825,435	28	2,271,946
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	14,948,548	33	16,106,741
	34	Total liabilities and net assets/fund balances	16,915,201	34	18,832,433

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,571,726
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,958,594
3	Revenue less expenses Subtract line 2 from line 1	3	613,132
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,948,548
5	Net unrealized gains (losses) on investments	5	545,061
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	16,106,741

Part 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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 25-1420599
Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONTY BEDI BOARD MEMBER (EXITED 12/2016)	0 10	X						0	0	0
MARVA BROWN BOARD MEMBER	0 40	X						0	0	0
STEVE CARPENTER BOARD MEMBER (ENTERED 01/2017)	0 40	X						0	0	0
RANDY CORNELIUS BOARD MEMBER (EXITED 12/2016)	0 30	X						0	0	0
ROCCO D'ANGELO BOARD MEMBER (EXITED 12/2016)	0 20	X						0	0	0
ANNE FOULKES BOARD MEMBER	0 20	X						0	0	0
BILL FULLER BOARD MEMBER (ENTERED 01/2017)	0 30	X						0	0	0
JEROME GLOSTER BOARD MEMBER (ENTERED 01/2017)	0 20	X						0	0	0
TERRI GOULD BOARD MEMBER (EXITED 12/2016)	0 40	X						0	0	0
SUSAN GROMIS KAPLAN BOARD MEMBER (EXITED 12/2016)	0 20	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES GROSJEAN BOARD MEMBER	0 30	X						0	0	0
DR RODERICK L HARRIS BOARD MEMBER	0 10	X						0	0	0
IMOGENE HINES BOARD MEMBER	0 30	X						0	0	0
KEN JOHNSTON BOARD MEMBER	0 20	X						0	0	0
ABASS KAMARA BOARD MEMBER	0 20	X						0	0	0
SUZIE LACHUT BOARD MEMBER	0 60	X						0	0	0
CAROLINE LEE BOARD MEMBER	0 10	X						0	0	0
GREGORY LINTNER BOARD MEMBER (EXITED 12/2016)	0 30	X						0	0	0
ED MCCALLISTER BOARD MEMBER	0 20	X						0	0	0
JIM MCDONALD BOARD MEMBER (EXITED 12/2016)	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA MCELLIGOTT BOARD MEMBER	0 30	X						0	0	0
GARY MULHOLLAND BOARD MEMBER	0 20	X						0	0	0
MICHAEL MULLEN BOARD MEMBER	0 10	X						0	0	0
JEAN RUSH BOARD MEMBER	0 20	X						0	0	0
JANEL SKELLEY BOARD MEMBER	0 30	X						0	0	0
ED STEINMETZ BOARD MEMBER	0 20	X						0	0	0
REV DAVID TAYLOR BOARD MEMBER (EXITED 12/2016)	0 30	X						0	0	0
REGINA VERCILLA BOARD MEMBER (ENTERED 01/2017)	0 30	X						0	0	0
DON ZIEGLER BOARD MEMBER	0 50	X						0	0	0
KEVIN T HOLDEN EMERITUS BOARD MEMBER	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HERB SHEAR EMERITUS BOARD MEMBER	0 10	X						0	0	0
MEL STEALS - BOARD CHAIR THRU 12/2016)/BOARD MEMBER (EFF 01/2017)	0 30	X						0	0	0
GEORGE MCGRADY - VICE PRES (THRU 12/2016)/BD CHAIR(EFF 01/2017)	2 00	X		X				0	0	0
JOHN MCINTYRE BOARD VICE CHAIR (EFF 01/2017)	1 00	X		X				0	0	0
MAUREEN SWEENEY SECRETARY (EXITED 12/2016)	0 40	X		X				0	0	0
LAURA SOLLER SECRETARY (EFF 01/2017)	1 00	X		X				0	0	0
AMY LEWIS - TREASURER THRU 12/2016)/BOARD MEMBER (EFF 01/2017)	0 40	X		X				0	0	0
DAVE SHARICK TREASURER (EFF 01/2017)	1 50	X		X				0	0	0
LISA SCALES CHIEF EXECUTIVE OFFICER	55 00			X				163,248	0	19,736
DONALD LUTOVSKY CHIEF FIN OFFICER	48 00			X				99,886	0	24,724

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRACI WEATHERFORD-BROWN CHIEF ADVANCEMENT OFFICER	45 00			X				98,949	0	25,128
JUSTIN LEE CHIEF OPERATIONS OFFICER	45 00			X				85,609	0	22,789
MARNIE SCHILKEN - CHIEF IMPACT OFFICER (ENTERED 03/2017)	45 00			X				0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	37,733,949	40,478,811	41,294,208	43,503,633	47,063,502	210,074,103
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	37,733,949	40,478,811	41,294,208	43,503,633	47,063,502	210,074,103
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,451,778
6 **Public support.** Subtract line 5 from line 4						203,622,325

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	37,733,949	40,478,811	41,294,208	43,503,633	47,063,502	210,074,103
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,471	74,489	84,588	86,048	81,309	406,905
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	139,521	195,362	175,722	201,691	91,459	803,755
11 **Total support.** Add lines 7 through 10						211,284,763

12 Gross receipts from related activities, etc (see instructions)	12	13,660,098

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	96 370 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	95 820 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	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*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

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

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,556	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	7,953	
c Total lobbying expenditures (add lines 1a and 1b)	26,509	
d Other exempt purpose expenditures	48,932,085	
e Total exempt purpose expenditures (add lines 1c and 1d)	48,958,594	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	6,343	20,410	20,865	26,509	74,127
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	5,074	16,328	16,692	18,556	56,650

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		332,699		332,699
b Buildings		7,492,813	4,784,556	2,708,257
c Leasehold improvements				
d Equipment		1,437,514	1,207,529	229,985
e Other		1,666,724	1,265,129	401,595
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				3,672,536

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	50,364,304
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	545,061		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	247,517		
e	Add lines **2a** through **2d**			2e	792,578
3	Subtract line **2e** from line **1**			3	49,571,726
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	49,571,726

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

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

1	Total expenses and losses per audited financial statements			1	49,206,111
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	247,517		
e	Add lines **2a** through **2d**			2e	247,517
3	Subtract line **2e** from line **1**			3	48,958,594
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	48,958,594

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 25-1420599
Name: GREATER PITTSBURGH COMMUNITY FOOD BANK

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOOD BANK IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE U S INTERN AL REVENUE CODE (IRC) AND IS NOT A PRIVATE FOUNDATION UNDER SECTION 509 OF THE IRC ACCORD INGLY, NO PROVISION FOR INCOME TAXES IS RECORDED IN THE FINANCIAL STATEMENTS THE FOOD BAN K'S STATEMENTS OF FINANCIAL POSITION AT JUNE 30, 2017 AND 2016 DO NOT INCLUDE ANY LIABILIT IES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE FOOD BANK HAS NO UNRECOGNIZED TA X BENEFITS THE FOOD BANK'S POLICY IS TO RECORD INTEREST AND PENALTIES RELATED TO UNRECOGN IZED TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE, IF INCURRED OR ASSESSED THE FOOD BANK IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS BEFORE 2014

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 247,517

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 247,517

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
RUSS REID COMPANY 2 N LAKE AVE SUITE 600 PASADENA, CA 91101	DIRECT MAIL AND STRATEGY & PLANNING		No	2,369,500	465,989	1,903,511
Total			▶	2,369,500	465,989	1,903,511

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

PA

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

Revenue		(a) Event #1 2016 FEED MORE FESTIVAL (event type)	(b) Event #2 2017 FEED MORE FESTIVAL (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	75,146	85,587	92,113	252,846
	2 Less Contributions	48,865	84,790	75,893	209,548
	3 Gross income (line 1 minus line 2)	26,281	797	16,220	43,298
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,901	26,138	10,640	55,679
	7 Food and beverages	0			
	8 Entertainment	39,076	69,200		108,276
	9 Other direct expenses	42,951	19,450	21,161	83,562
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				247,517
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-204,219

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART II, REPORTING FUNDRAISING REVENUE	GREATER PITTSBURGH COMMUNITY FOOD BANK'S FUNDRAISING EVENT GENERATED CONTRIBUTION AND QUID PRO QUO REVENUE IN ACCORDANCE WITH FORM 990, SCHEDULE G INSTRUCTIONS, CONTRIBUTION REVENUE RECEIVED IN CONNECTION WITH A FUNDRAISING EVENT IS SUBTRACTED FROM THE EVENT'S GROSS RECEIPTS AND REPORTED AS CONTRIBUTION REVENUE IN THE STATEMENT OF REVENUE THE BALANCE IS REFERRED TO AS GROSS INCOME ON SCHEDULE G, PART II, LINE 3 EXPENSES DIRECTLY CONNECTED WITH THE FUNDRAISING EVENT ARE SUBTRACTED FROM GROSS INCOME AND OFTEN CREATE THE MISTAKEN IMPRESSION THAT THE EVENT WAS NOT A FINANCIAL SUCCESS THE FOOD BANK BELIEVES THAT THE FOLLOWING IS A MORE ACCURATE PRESENTATION OF THE FINANCIAL RESULTS OF THE ORGANIZATION'S FUNDRAISING EVENT GROSS RECEIPTS $252,846 LESS EXPENSES ($247,517) NET FUNDRAISING REVENUE $ 5,329

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 LISA SCALES CHIEF EXECUTIVE OFFICER	(i)	137,798	25,000	450	10,489	9,247	182,984	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE BOARD CHAIR, BOARD VICE CHAIR AND A MEMBER OF THE BOARD MEET ANNUALLY TO EVALUATE THE CEO OF THE ORGANIZATION AND TO REVIEW THE COMPENSATION PACKAGE TO ASSIST THE COMMITTEE, SALARY RANGES AND DATA FROM OTHER COMPARABLE FOOD BANKS THROUGHTOUT THE FEEDING AMERICA NETWORK AS WELL AS FROM WITHIN THE REGION'S HUMAN SERVICES NON-PROFIT COMMUNITY ARE UTILIZED UPON EVALUATION AND DELIBERATION OF THIS INFORMATION THE COMMITTEE ADVANCES THEIR RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL
PART I, LINE 5	THE CEO RECEIVED A BONUS OF $25,000 BASED ON ACHIEVED STRATEGIC OBJECTIVES (1) REVENUE AND AWARENESS, AND (2) ORGANIZATIONAL STRATEGIES AND OBJECTIVES
PART I, LINE 7	THE FOLLOWING INDIVIDUALS RECEIVED A NON-FIXED BONUS CFO - $5,000 CHIEF ADVANCEMENT OFFICER - $5,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number
25-1420599

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	156,954	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	451	27,871,725	AVG WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HEAT TRACE CABLE)	X	1	10,413	FMV
26 Other ▶ (GIFT CARDS)	X	1	8,925	CASH VALUE
27 Other ▶ (FOOD VOUCHERS)	X	1	5,000	CASH VALUE
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 2

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

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION CALCULATES DONATED FOOD IN A MEASUREMENT OF WEIGHT DURING THE FISCAL YEAR, THE ORGANIZATION RECEIVED APPROXIMATELY 16,687,271 POUNDS OF VARIOUS FOOD ITEMS THE AMOUNTS RECORDED IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTORS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493081007048

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
GREATER PITTSBURGH COMMUNITY FOOD BANK

Employer identification number

25-1420599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THROUGH THE REGULAR FOOD DISTRIBUTION PROGRAM, THE FOOD BANK ACCEPTS GOVERNMENT COMMODITIE S, PRODUCE, FOOD AND NON FOOD GROCERY PRODUCTS DONATED BY BOTH NATIONAL AND LOCAL FOOD MAN UFACTURERS AND DISTRIBUTORS, AS WELL AS CONCERNED COMMUNITY INDIVIDUALS WHO CONDUCT LOCAL FOOD DRIVES IN ADDITION TO THE GOVERNMENT COMMODITIES AND DONATED PRODUCT, THE FOOD BANK PURCHASED 27 PERCENT OF THE FOOD IT DISTRIBUTED IN FY 2016-17 ADDITIONALLY AGENCIES HAVE THE OPTION TO PURCHASE PRODUCTS FROM THE FOOD BANK'S WHOLESALE BUYING PROGRAM THROUGH THE EFFORTS OF THE FOOD BANK'S OPERATIONS APPROXIMATELY 28,951,271 POUNDS OF GROCERY PRODUCTS WERE DISTRIBUTED TO LOW-INCOME INDIVIDUALS AND FAMILIES THROUGH ITS NETWORK OF MORE THAN 400 AGENCIES DURING FY 2016-17 MORE THAN 12,671,663 POUNDS OF THAT PRODUCT WAS DISTRIBUTE D IN OUR REGIONAL AREA OUTSIDE OF ALLEGHENY COUNTY OUR SOURCING AND DISTRIBUTION PROGRAMS DEPARTMENT IS RESPONSIBLE FOR PROCUREMENT OF FOOD AND GROCERY ITEMS, AS WELL AS A NUMBER OF FOOD DISTRIBUTION PROGRAMS KEY PROGRAMS ARE LISTED BELOW * PRODUCE TO PEOPLE ESTABLI SHED IN 2006 TO DISTRIBUTE PRODUCE, PERISHABLE FOOD, AND OTHER GROCERY ITEMS DIRECTLY TO P EOPLE IN NEIGHBORHOODS OF HIGH NEED THIS PROGRAM ALSO HELPS TO IMPROVE FRESH PRODUCE ACCE SS IN AREAS WHERE PANTRIES MAY HAVE LIMITED RESOURCES TO STORE AND DISTRIBUTE FRESH FOOD PRODUCE TO PEOPLE DISTRIBUTED 3 52 MILLION POUNDS AT 17 SITES IN EIGHT COUNTIES IN FY 2016 -17 * THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) USDA PROGRAM BENEFITING AT-NEED SEN IORS IN FY 2016-17, CSFP DISTRIBUTED SENIOR BOXES TO APPROXIMATELY 5,800 SENIOR CITIZENS EACH MONTH IN ALLEGHENY, ARMSTRONG, BEAVER, GREENE, LAWRENCE AND SOMERSET COUNTIES, REACHI NG UP TO 6,500 INDIVIDUALS IN THE COURSE OF A YEAR * THE COMMUNITY TABLE PROGRAM (CT) CO NNECTS RESTAURANTS, CATERERS AND OTHER FOOD SERVICES WITH ON-SITE FEEDING AGENCIES IN THEI R AREA AND ESTABLISHES THE DONATION OF SCHEDULED PREPARED MEALS IN FY 2016-17, NEARLY 173 ,000 MEALS WERE DISTRIBUTED THROUGH COMMUNITY TABLE * THE RETAIL STORE DONATION PROGRAM ONGOING DONATION PROGRAM WHICH INCLUDES 180 RETAIL STORES UNSOLD FOOD PRODUCTS AS WELL AS MEAT THAT HAS BEEN FROZEN BEFORE ITS 'BEST IF USED BY' DATE IS PICKED UP, RETURNED, INSPE CTED AND REDISTRIBUTED TO OUR NETWORK OF MORE THAN 400 AGENCIES IN FY 2016-17, BY INCREAS ING DIRECT PICKUP OF DONATED FOODS BY OUR MEMBER AGENCIES, WE HAVE INCREASED SHELF LIFE, Q UALITY, QUANTITY, AND VARIETY OF PRODUCT DONATED OUR RETAIL STORE DONORS CONTRIBUTED 6,84 3,368 POUNDS IN FY 2016-17 * GREEN GROCER A "FARMERS MARKET ON WHEELS," GREEN GROCER SEL LS FRESH FRUITS AND VEGETABLES, AS WELL AS DAIRY ITEMS, EGGS, MEAT, AND MORE IN AREAS WITH LOW INCOME AND LOW ACCESS TO FRESH FOODS--SO CALLED "FOOD DESERTS" IN FY 2016-17--ITS FI RST FULL YEAR IN OPERATION--GREEN GROCER SOLD NEARLY $49,000 WORTH OF FOOD, WITH 28 PERCEN T SOURCED FROM FARMERS WITHIN IN OUR REGION GREEN GROCER SERVED AN ESTIMATED AVERAGE 140 CUSTOMERS PER WEEK IN FY 2016-

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	17 * FRESH PRODUCE EXPANSION INITIATIVE BY DEVELOPING A DEMAND-BASED ALLOCATION MODEL (AD VANCE CHOICE) FOR MEMBER AGENCIES AND PROGRAMS, WE HAVE BEEN ABLE TO PROCURE AND DISTRIBUT E PRODUCE IN THE QUANTITIES AND KINDS DESIRED BY OUR NETWORK IN AN MANNER MUCH MORE "JUST IN TIME" THAN OUR TRADITIONAL AGENCY PULL METHOD WORKING TO SECURE TRAINING AND INFRASTRU CTURE GRANTS FOR OUR MEMBER AGENCIES ALSO FACILITATED DISTRIBUTION OF FRESH FOODS BECAUSE OF THIS CONCERTED WORK, FY 2016-17 REALIZED A GAIN OF 1 MILLION POUNDS OF FRESH FRUIT AND VEGETABLES DISTRIBUTED TO PEOPLE IN NEED, FOR A TOTAL OF OVER 8 MILLION POUNDS * PRODUCE PROGRAM IN ADDITION TO OUR LOCAL FARM DONORS, THE FOOD BANK WORKS WITH PRODUCE DISTRIBUT ORS, WHOLESALERS, AND OTHER FOOD BANKS AND PRODUCE BROKERS AT THE LOCAL, REGIONAL AND NATI ONAL LEVEL TO PROCURE PRODUCE DONATIONS THE FOOD BANK OCCASIONALLY INCURS COSTS ASSOCIATE D WITH THESE DONATIONS MORE THAN EIGHT MILLION POUNDS OF FRESH PRODUCE MOVED THROUGH THE FOOD BANK IN FY 2016-17 * LOCAL FARM DONATIONS LOCAL FARMS DONATE EXCESS AND SECONDS TO THE FOOD BANK THROUGHOUT THE GROWING SEASON THROUGH ON FARM PICK-UPS, OR BY DONATING AT TH E END OF A FARMERS' MARKET DIRECTLY TO A MEMBER AGENCY THROUGH THE FARMERS' MARKET CONNECT ION PROGRAM ADDITIONALLY, WHEN FARMERS HAVE FINISHED THEIR HARVESTING, THE GLEANING PROGR AM ORGANIZES VOLUNTEERS TO HARVEST THE EXCESS LARGE SCALE GROWERS ALSO PICK AND PACK PROD UCE FOR DONATION TO THE FOOD BANK AND THE GROWER IS REIMBURSED FOR LABOR AND PACKAGING COS TS ASSOCIATED WITH THE DONATION MORE THAN 850,000 POUNDS OF FRESH PRODUCE CAME TO THE FOO D BANK IN FY 2016-17 THROUGH THESE FARMING CONNECTIONS REPACK PROGRAM OUR REPACK CENTER, WHICH IS LOCATED IN OUR FACILITY, MAKES A VARIETY OF PRODUCTS CONSUMER FRIENDLY WHILE ENG AGING THE COMMUNITY USING VOLUNTEERS THE PRODUCTS, INCLUDING FRESH PRODUCE, FROZEN MEATS AND OTHER GROCERY ITEMS ARE THEN DISTRIBUTED TO FAMILIES VIA OUR DIRECT DISTRIBUTIONS AS W ELL AS TO OUR MEMBER NETWORK WHO THEN UTILIZES THEM IN THEIR FEEDING PROGRAMS OR DISTRIBUT ES THEM TO THE FAMILIES THAT THEY SERVE THE REPACK CENTER PRODUCES AN AVERAGE OF 510,000 POUNDS PER MONTH FOOD IS DISTRIBUTED TO PEOPLE IN NEED, WHILE AT THE SAME TIME DIVERSE PO PULATIONS ARE BROUGHT TOGETHER, EMPHASIZING THE IMPORTANCE AND RELEVANCE OF COMMUNITY SERV ICE THE HEALTH AND WELLNESS AREA PROVIDES FOOD AND NUTRITION RESOURCES, EDUCATION, AND IN TERVENTIONS TO HELP THOSE WE SERVE PREVENT AND MANAGE DIET-RELATED DISEASE AND STABILIZE T HEIR LIVES HEALTH AND WELLNESS INITIATIVES INCLUDE * CHOOSING HEALTHY OPTIONS PROGRAM (C HOP) CHOP IS A FOOD RANKING SYSTEM BASED ON THE NUTRIENT-RICH FOOD INDEX THE SYSTEM IS D ESIGNED TO PROMOTE THE SOURCING AND DISTRIBUTION OF HEALTHY FOOD CHOP ALLOWS OUR SOURCING TEAM TO EVALUATE POTENTIAL PURCHASES AND FOR AGENCIES AND PARTNER DISTRIBUTION STAFF TO C HOOSE HEALTHIER OPTIONS FOR THEIR CLIENTS THE CHOP SYSTEM HAS BEEN ADOPTED BY MANY OTHER FOOD BANKS IN THE FEEDING AMER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ICA NETWORK * KIDS COOK IS A HANDS ON COOKING AND NUTRITION EDUCATION OFFERED IN SCHOOLS , AFTER SCHOOL PROGRAMS, AND SUMMER PROGRAMS IN ALLEGHENY COUNTY CLASSES ARE OFFERED IN A REAS WHERE A HIGH PERCENTAGE OF STUDENTS QUALIFY FOR FREE OR REDUCED LUNCH DURING FY 2016 -17, STAFF AND HEALTH CORPS MEMBERS LED 103 KIDS COOK SESSIONS, REACHING 1,462 STUDENTS * THE COOKING, ACTIVITY, AND NUTRITION (CAN) NEWSLETTER CAN IS DISTRIBUTED TO EVERY PANTRY CLIENT IN ALLEGHENY COUNTY AND PANTRY CLIENTS IN OUR REGIONAL COUNTIES WITH NEARLY 200,0 00 NEWSLETTERS DISTRIBUTED IN 2016-17, CAN IS THE PRIMARY METHOD BY WHICH WE PROVIDE NUTRI TION EDUCATION TO OUR NEIGHBORS IN NEED EACH ISSUE PROVIDES NUTRITION AND COOKING TIPS, R ECIPES USING OUR AVAILABLE INVENTORY * RECIPE CARDS FOOD BANK RECIPE CARDS OFFER OUR CLI ENTS COOKING TIPS AND RECIPE ADVICE FOR THE HEALTHY PREPARATION OF FOODS DISTRIBUTED THROU GH OUR NETWORK IN 2016-17 THE RECIPE CARDS WERE REVISED TO MEET NEW NUTRITION STANDARDS T HAT REFLECT THE HEALTH NEEDS OF THE CLIENTS WE SERVE IN PARTNERSHIP WITH THE GREATER PITT SBURGH LITERACY COUNCIL, RECIPES WERE RE-DESIGNED TO BE USER-FRIENDLY TO LOW-LITERACY CLIE NTS * SENIOR BOX NEWSLETTER THE SENIOR NEWSLETTER IS WRITTEN TO COMPLIMENT THE SENIOR BO XES DISTRIBUTED THROUGH THE CSFP PROGRAM EACH ISSUE FEATURES EASY-TO-PREPARE RECIPES BASE D ON THE FOOD PROVIDED IN THE BOX RECIPES ARE WRITTEN WITH SENIORS' PREFERENCES AND NUTRI TION NEEDS IN MIND AND ARE DESIGNED FOR ONE OR TWO PERSON HOUSEHOLDS THE NEWSLETTER ALSO INCLUDES HEALTH INFORMATION TAILORED TO THIS POPULATION * HEALTHCARE PARTNERSHIPS FOOD I NSECURITY CREATES CONDITIONS WHERE PEOPLE ARE MORE LIKELY TO BE ILL AND LESS LIKELY TO MAN AGE THEIR HEALTH THE HEALTHCARE COORDINATOR DEVELOPS STRATEGIC COLLABORATIONS BETWEEN THE FOOD BANK AND ORGANIZATIONS IN THE HEALTH AND HEALTHCARE SECTORS THE COORDINATOR WORKS T O SENSITIZE CURRENT HEALTH CARE PRACTITIONERS TO FOOD INSECURITY ISSUES, SPREADS AWARENESS OF FOOD ASSISTANCE RESOURCES, AND LAYS THE FOUNDATION FOR COLLABORATIVE INTERVENTIONS THA T ASSESS AND ADDRESS PATIENT FOOD SECURITY STATUS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	FOOD SAFETY FOR FOOD PANTRIES WE RELY ON A NETWORK OF MORE THAN 400 AGENCIES TO DISTRIBUTE GROCERIES TO PEOPLE IN NEED IN ORDER TO MITIGATE RISK ASSOCIATED WITH THIS VOLUNTEER-DRIVEN FOOD DISTRIBUTION NETWORK, WE PROVIDE TRAINING TO ALL PANTRIES THAT DISTRIBUTE GROCERIES DIRECTLY TO CONSUMERS THESE CLASSES SPECIFICALLY ADDRESS ISSUES RELATED TO AVOIDING TIME/TEMPERATURE ABUSE AND CROSS-CONTAMINATION THEY ADDRESS A NEED FOR FOOD SAFETY TRAINING THAT SPEAKS TO WHAT OUR PANTRIES EXPERIENCE AND IS GEARED TOWARD EFFECTIVE DISTRIBUTION OF GROCERIES AGENCIES PREPARING OR SERVING FOOD TO CLIENTS RECEIVE RESTAURANT-LEVEL CERTIFICATION IN SAFE PREPARATION TECHNIQUES AN ONLINE FORMAT FOR THESE CLASSES WAS LAUNCHED IN APRIL 2016 DURING THE COURSE OF FY 2016-17, 100 PEOPLE TOOK THE ONLINE TEST AND 13 PEOPLE TOOK THE SERVSAVE TEST THROUGH ALLEGHENY COUNTY HEALTH DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	NETWORK OUTREACH PROGRAM - THE OUTREACH TO OUR NETWORK OF FOOD ASSISTANCE PROGRAMS FOCUSES ON PROVIDING QUALITY PRODUCT, SERVICE AND EQUAL ACCESS TO FOOD ASSISTANCE TO ELIGIBLE PEOPLE IN NEED WITHIN OUR 11-COUNTY SERVICE AREA IN ADDITION TO THE OUTREACH EFFORTS, THE NETWORK DEVELOPMENT TEAM IS CHARGED WITH THE DEVELOPMENT AND MAINTENANCE OF THE FOOD BANK'S RELATIONSHIP NETWORK OF MORE THAN 400 AGENCIES THAT SERVE AS EMERGENCY OR REGULAR FOOD DISTRIBUTION CENTERS, AFTER SCHOOL PROGRAM SITES AND ON-SITE FEEDING PROGRAMS THIS TEAM MONITORS AGENCIES FOR COMPLIANCE WITH CLIENT INCOME GUIDELINES, SAFE FOOD HANDLING, FACILITY STORAGE AND SAFETY, PARTICIPATORY REQUIREMENTS FOR FEDERALLY-FUNDED MEAL AND SNACK PROGRAMS, ORDERING AND DISTRIBUTING FOOD AND REPORTING REQUIREMENTS THE FOOD BANK ALSO SECURES GRANTS TO HELP MEMBER AGENCIES OBTAIN OR UPGRADE EQUIPMENT LIKE REFRIGERATORS, SHELVING, COMPUTERS AND PRINTERS WE BUILD THE CAPACITY OF MEMBER AGENCIES BY PROVIDING TRAININGS, WORKSHOPS, AN ANNUAL PROFESSIONAL DEVELOPMENT CONFERENCE, AND INFORMATION ABOUT ADDITIONAL COMMUNITY RESOURCES THAT MAY PROVIDE ASSISTANCE TO THE CLIENTS THEY SERVE THE NETWORK DEVELOPMENT TEAM WORKS TO STRENGTHEN AND BETTER USE OUR ESTABLISHED PARTNER DISTRIBUTION ORGANIZATIONS (PDOS) AND REDISTRIBUTION ORGANIZATIONS (RDOS) IN BOTH THE URBAN AND 10 RURAL COUNTIES OF OUR SERVICE AREA THE PDOS AND RDOS INCLUDE SMALLER FOOD BANKS AND PROGRAMS LOCATED IN ALLEGHENY, WASHINGTON AND GREENE COUNTIES, THE COMMUNITY ACTION AGENCIES IN ARMSTRONG, FAYETTE AND INDIANA COUNTIES, A SALVATION ARMY BRANCH IN BEAVER COUNTY AND A SMALL FOOD BANK IN CAMBRIA COUNTY THAT SERVES CAMBRIA AND SOMERSET COUNTIES WE HELP EACH PARTNER BUILD ITS OWN CAPACITY BY PROVIDING TECHNICAL ASSISTANCE, ACCESS TO RESOURCES AND TRAINING MODELS FOR STAFF/VOLUNTEERS ON * ESTABLISHING AND OPERATING AN EFFICIENT FOOD DISTRIBUTION SYSTEM * MANAGING REQUIRED CLIENT AND INCOME DOCUMENTATION PAPERWORK * RECRUITING AND RETAINING VOLUNTEERS * IMPROVING INFRASTRUCTURE * BOARD DEVELOPMENT * BUILDING A DONOR BASE THROUGH DIRECT MAIL AND OTHER FUNDRAISING ACTIVITIES BY LEADING A COMPREHENSIVE, EFFECTIVE, AND COMMUNITY-DRIVEN EFFORT, THE FOOD BANK WILL ACHIEVE NOT ONLY ITS STATED ORGANIZATIONAL OBJECTIVES, BUT WILL ALSO HELP PROVIDE STABILITY OF OUR NEIGHBORHOODS AND THE LONG-TERM WELL-BEING OF COMMUNITIES THE FOOD BANK WILL BE BETTER POSITIONED TO TARGET RESOURCES WHERE THEY WILL BE MOST EFFECTIVE AND HAVE AN ESTABLISHED NETWORK OF COMMUNITY ADVOCATES AND ACTIVISTS FOCUSED ON ELIMINATING HUNGER IN OUR REGION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	FOOD SECURITY PARTNERSHIP CREATED TO SIGNIFICANTLY REDUCE HUNGER IN SOUTHWESTERN PA BY INCREASING PARTICIPATION IN FOOD ASSISTANCE PROGRAMS, SUPPORTING COMMUNITY LED EFFORTS TO IMPROVE FOOD SECURITY AND FACILITATING COLLABORATIONS BETWEEN ORGANIZATIONS TO BETTER SERVE OUR HUNGRY NEIGHBORS THE STRATEGY BEHIND THIS WORK INVOLVES ENGAGING PARTNER ORGANIZATIONS FROM A VARIETY OF SECTORS (E G NONPROFIT, FOR-PROFIT, GOVERNMENT, EDUCATION, AND FAITH-BASED) TO REACH OUT TO THE PEOPLE THEY ALREADY SERVE WITH FOOD ASSISTANCE RESOURCES AND INFORMATION, ENCOURAGE THEIR MEMBERS TO SUPPORT FOOD ASSISTANCE PROGRAMS, AND PARTICIPATE IN COLLABORATIONS BETWEEN THE SECTORS THE PARTNERSHIP PRIMARILY FOCUSES ON INCREASING UTILIZATION OF SNAP, SCHOOL MEALS AND THE SUMMER FOOD SERVICE PROGRAM THE FOOD SECURITY PARTNERSHIP PROVIDED SUPPORT TO 45 SPONSOR PARTNERS THAT SERVED NEARLY 1,040,000 MEALS TO CHILDREN IN OUR 11 COUNTY SERVICE AREA DURING THE SUMMER OF 2016 THROUGH THE SUMMER FOOD SERVICE PROGRAM ALSO, THE FOOD SECURITY PARTNERSHIP HELPED 798 INDIVIDUALS SUBMIT SNAP APPLICATIONS PROVIDING THEM WITH ACCESS TO 771,562 MEALS IN ALLEGHENY, CAMBRIA AND INDIANA COUNTIES

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CHAIR, VICE CHAIR, AND A MEMBER OF THE BOARD MEET ANNUALLY TO EVALUATE THE CEO OF THE ORGANIZATION TO ASSIST THE COMMITTEE SALARY RANGES AND DATA FROM OTHER COMPARABLE FOOD BANKS THROUGHOUT THE FEEDING AMERICA NETWORK AS WELL AS FROM WITHIN THE REGION'S HUMAN SERVICES NON-PROFIT COMMUNITY (STUDY PROVIDED BY THE UNITED WAY AND THE BAYER CENTER FOR NON-PROFIT MANAGEMENT) ARE UTILIZED UPON EVALUATION AND DELIBERATION OF THIS INFORMATION THE COMMITTEE ADVANCES THEIR RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL DURING FISCAL YEAR 2016-17, AN OUTSIDE CONSULTANT WAS HIRED TO DO A COMPENSATION STUDY FOR THE ENTIRE ORGANIZATION LOOKING AT ALL NON-PROFITS IN SOUTHWESTERN PENNSYLVANIA

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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