

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Faith-based organizations**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Deliver 75 meals a day to home bound seniors. Provide lunch/dinner to 125 low income children. (State funding is received for each of these programs) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	Exp. \$60,800.00 Exp. \$47,000.00	28a
29	Emergency Food Pantry \$ Energy (for people with utility shutoff) Angel Food Program (low cost food) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	Exp. \$11,000.00 Exp. \$10,000.00 Exp. \$22,000.00	29a
30	Clothing/Food Walk-through (free food and clothing) 100 Christmas Food Bags & Turkey 100 Thanksgiving Food Bags (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	Exp. \$500.00 Exp. \$2,500.00 Exp. \$2,500.00	30a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a
32	Total program service expenses (add lines 28a through 31a) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Ann Grieder	Exe. Director 20 hrs./week	\$20,000/year	0	0
Jami Broom	Dev. Coordinator 5 hrs./week	5,000/year	0	0
Ray Tolbert	Dir. of Soc. Services 35hrs/week	17,745/year	0	0
Anita	MOW Prog. Coord. 32 hrs./week	\$9.00/hour	0	0
Beverly McIlwain - 634 Sheridan Ave Pittsburgh, PA 15206	MOW Scheduler 5 hours/week	\$7.50/hour	0	0
Dorothy	Food Prog. Cook 17 hrs./week	\$8.00/hour	0	0
Ed	Food Prog. Cook 17 hrs/week	\$7.15/hour	0	0
Bert	Office Assistant 23 hrs./week	\$7.15/hour	0	0
Jack Peffer - 368 Woodlands Drive Verona, PA 15147	Pres.- Bd. of Dir.	0	0	0
Rev. Michael Wilson - 533 Peebles Wilksburg, PA 15222	VP-Bd. of Dir.	0	0	0
Laura Lou - 5649 Woodmont St. Pittsburgh, PA 15217	Secretary-Bd. of Dir.	0	0	0
Larry Viehland - 1401 N. Negley Ave. Pittsburgh, PA 15206	Treasurer-Bd. of Dir.	0	0	0
Tom Ochs - 101 Washington St. Apt. 3 Pittsburgh, PA 15218	Fin.. Sec.-Bd. of Dir.	0	0	0
Rev. Richard Payne - 300 Peebles St. Wilksburg, PA 15222	Bd. of Dir.	0	0	0
Gail Gratton - 139 Morewood Ave. Pittsburgh, PA 15213	Bd. of Dir.	0	0	0
Above Bd. of Dir. are the executive board. The full l		0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		✓
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b \$33,500.00	✓
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0	
d Enter amount of tax on line 40c reimbursed by the organization	▶ 0	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ▶		✓
42a The books are in care of ▶ Larry Viehland		
Located at ▶ _____ Telephone no. ▶ () _____		
ZIP + 4 ▶ _____		
b 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)? If "Yes," enter the name of the foreign country: ▶ _____		✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43 0		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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

	Yes	No
46		✓
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		✓
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		✓
- b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Sign Here

Signature of officer: Thomas A. Ochs, Financial Secretary Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check If self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's Identifying Number (See instructions): _____

EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No